# UK Medical Careers Research Group Oxford University

# **1996 cohort of UK Medical Graduates**

# Report of First Survey, conducted in 1997 Report produced February 2018 Atena Barat

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## Summary

- The UK Medical Careers Research Group has surveyed doctors who qualified in the UK in 1996 at varying intervals. This report describes the findings from the 1997 survey.
- A response rate of 76.8% (2926/3810) was achieved.
- The doctors' median age was 25 years at the time of the survey, about three-quarters were single and almost a quarter were living with a spouse or partner, 96.9% had no children, and approximately a fifth were non-white.
- Only 7% of respondents had obtained a professional qualification before entering medical school, and 41% had obtained a non-clinical qualification during medical school.
- The respondents, one year after graduation, were reasonably sure of their long-term career choice, with 77.7% describing their career choice as a 'definite' or 'probable' choice (27.3% definite). There was little difference between men and women in the certainty of their choice.
- At this stage of SHO rotations, hospital medical specialties (25.5%), following by surgical specialties (21.9%) and general practice (20.2%) were highly ranked as first choices for long term career. A higher percentage of those choosing general practice, the surgical specialties, and psychiatry were definite about their choice, compared with other specialties.
- Twelve 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, experience of chosen subject as student, and self-appraisal had the most effect on career choice; future financial prospects, domestic situation, and inclination before medical school had the least effect. Hours or working conditions and domestic circumstances were more significant for women than for men; otherwise, the results for men and women were very similar.
- A large majority (77.8%) of respondents definitely or probably intended to practise medicine in the UK for the foreseeable future. There was no appreciable difference by sex.
- Thirteen statements on aspects of respondents' work and training were scored with *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, *strongly disagree*, or *no opinion*. Almost two-thirds of respondents felt they worked excessive hours and about a half were dissatisfied with the

working conditions in their current post. 80.3% felt they had to perform an excessive amount of routine work, and only 19.3% thought that cover for absent doctors was satisfactory. Whilst over two-thirds said they received good support from senior doctors and nursing staff, only 8.4% held the same view of management. Almost a quarter of respondents felt under too much pressure at work and over a fifth said they were required to perform tasks for which they were not adequately trained; over a half were happy with arrangements for their annual leave.

- Respondents working in the NHS scored two statements about the NHS and equality of opportunity in the same way. About two-thirds thought the NHS was a good equal opportunities employer with regard to women and over a half with regard to ethnicity.
- Six statements about career planning and future career were scored in the same way as above. Nearly two thirds of respondents were satisfied with their future career prospects. Although most respondents agreed with the importance of receiving career advice at the current stage of their training, roughly a third had been able to obtain useful career advice since graduation. Women in particular believed general practice to be more attractive than hospital practice, whilst men in particular stated that their experience of hospital work had made it less likely that they would pursue a hospital career. Over a third concluded that their exposure to general practice had been insufficient to assess it as a career option.
- Job enjoyment and job satisfaction were rated slightly lower than the level of satisfaction felt by respondents with the amount of time their work left them for family, social and leisure activities.

## Introduction

This report describes the results of the first survey of the cohort of 3868 doctors who qualified from UK medical schools in 1996. This first baseline survey of the 1996 qualifiers was carried out during the PRHO year in 1997.

This report focuses on the current employment, career choices and demographics of the respondents. It also contains some information about their views and attitudes and future intentions. It is not intended as an analytical report and does not seek to relate data from this cohort with that obtained from other cohorts.

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

# Methods

The study population comprised all doctors who qualified in medicine in the UK in 1996. Subjects were originally identified in early 1997 using medical school graduation lists provided by the General Medical Council (GMC). Both graduates in the summer of 1996 and the smaller numbers who qualified in the spring of 1997 were included, to ensure that the cohort comprised a complete year of medical school intake. After an initial mailing, up to four 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. A complete list of specialties included in each broad group is reproduced as an appendix.

## Response

Table 1 shows the final response. Excluding non-participants the response rate was 76.8%(2926/3810). Among women it was 82.5% (1530/1855) and among men it was 71.4% (1396/1955).

	Male		Fer	Female		Total	
	Count	Col %	Count	Col %	Count	Col %	
No reply	559	28.0	325	17.4	884	22.9	
Replied	1396	69.9	1530	81.7	2926	75.6	
Not participating	41	2.1	17	0.9	58	1.5	
Total	1996	100.0	1872	100.0	3868	100.0	

Table 1: Response rate

# **Demographics**

### Age

The 2926 respondents whose date of birth was known had a median age of 25 years at the time of the survey. 78.6% were aged 25 or less (25.6% age 25, 27.7% age 24, 6.0% age 23) and 96.2% were 30 or less. The oldest respondent was aged 57 years; the next oldest was 43 years old.

### **Marital status**

Nearly three quarters of the survey respondents were single, and 24% were living with a spouse or partner (Table 2). These proportions did not differ significantly for men and women.

	Male		Fema	Female		al
-	Count	Col %	Count	Col %	Count	Col %
Living with spouse/partner	314	22.6	385	25.2	699	24.0
Single	1071	77.1	1129	74.0	2200	75.5
Widowed, divorced, or separated	5	0.4	11	0.7	16	0.5
Total	1390	100.0	1525	100.0	2915	100.0

 Table 2: Marital status of respondents

### Children and adult dependants

The majority of respondents (96.9%) did not have children; the percentage was similar for men and women (Table 3).

	Male		F	Female		al
	Count	Col %	Count	Col %	Count	Col %
0	1331	95.9	1491	97.9	2822	96.9
1	41	3.0	23	1.5	64	2.2
2	11	0.8	9	0.6	20	0.7
3	4	0.3	0	0.0	4	0.1
6	1	0.1	0	0.0	1	0.0
Total	1388	100.0	1523	100.0	2911	100.0

 Table 3: Numbers of children of respondents

Of the 89 respondents with children, 55 had a youngest child under two years of age, and 71 had a youngest child who was pre-school (i.e. under 5 years of age).

Respondents were asked if they had adult dependants who might affect their ability to pursue their chosen career; 34 did so (1.2% of respondents).

#### Ethnicity

Concerns that an ethnicity question might have a low completion rate were not realised; the 1.6% non-response is lower than for the question about marital status. Non-white respondents comprised 21.6%, with Indians being the largest component, followed by Asian - Other, and Chinese (Table 4). 182 (5.4%) respondents were overseas students.

#### **Table 4: Ethnicity of respondents**

	Т	otal
	Count	Col %
White	2642	78.4
Indian	256	7.6
Pakistani	91	2.7
Bangladeshi	25	0.7
Chinese	120	3.6
Asian-other	141	4.2
Black Caribbean	7	0.2
Black African	25	0.7
Black- other	9	0.3
Other	49	1.5
Mixed	3	0.1
Total	3368	100.0

# **Medical school**

Table 5 displays pre-clinical and clinical medical schools of our respondents. Among pre-clinical medical schools, Cambridge admitted the largest number of students (5.7%) followed by Edinburgh (5.2%). However, Manchester admitted the largest number of students (7.0%) among clinical medical schools, followed by Queen Mary, UCL, and Edinburgh (5.0%). Based on our results, St. Thomas, the London and St. Andrews only admitted medical students at pre-clinical level.

	Pre-c	linical	Clinical		
	Count	Col %	Count	Col %	
Aberdeen	94	2.8	109	3.0	
Birmingham	147	4.4	166	4.0	
Bristol	117	3.5	127	3.0	
Cambridge	191	5.7	108	3.0	
Dundee	113	3.4	136	4.0	

Edinburgh	174	5.2	200	5.0
Glasgow	166	4.9	194	5.0
Leeds	147	4.4	166	4.0
Liverpool	130	3.9	147	4.0
Manchester	165	4.9	266	7.0
Newcastle	114	3.4	133	3.0
Oxford	84	2.5	97	3.0
Sheffield	118	3.5	134	3.0
Cardiff	114	3.4	135	3.0
Imperial College	143	4.2	171	4.0
Guy's Hospital	118	3.5	160	4.0
King's College	95	2.8	101	3.0
The London	71	2.1	0	0.0
The Royal Free	62	1.8	100	3.0
Queen Mary and Westfield	92	2.7	212	5.0
St. George's	120	3.6	159	4.0
St. Mary's	83	2.5	113	3.0
St. Thomas	2	0.1	0	0.0
University College	154	4.6	188	5.0
St. Andrew's	77	2.3	0	0.0
Belfast	121	3.6	137	4.0
Nottingham	124	3.7	139	4.0
Other non-UK	3	0.1	0	0.0
Southampton	111	3.3	124	3.0
Leicester	120	3.6	146	4.0
Total	3370	100.0	3868	100.0

Participants were asked about their age at the time of starting medicine as pre-clinical students. Age range of 2926 respondents was between 16 and 51 : the mode was 18 (N=1716).

## **Professional qualifications**

Table 6 summarizes the percentages and numbers of our respondents who had any type of professional qualifications (other than their medical degree) at the time of the survey. Before entering medical school, 197 out of 2920 respondents obtained a professional or other post-school qualification (7%), and during medical school 1194 out of 2917 respondents (41%) obtained a non-clinical qualification (including BSc, BA, BMedSci and excluding primary medical qualification e.g. MB, ChB). The percentages of men were significantly higher than women at both periods.

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Having qualifications before entering medical school	112	56.9	85	43.1	197	100.0
Having non-clinical qualifications during medical school	635	53.2	559	46.8	1194	100.0

Respondents were also asked to list their additional postgraduate qualifications (if any) obtained since leaving medical school. Table 7 show the number of respondents holding each qualification mentioned.

#### Table 7: Postgraduate qualifications held

Qualification	Numbers
Advanced Cardiac Life Support	46
Advanced Trauma Life Support	8
Bachelor of Arts, Bachelor of Science, Master of Arts	5
Diploma in Aviation Medicine	1
Federal Licensing Examination	1
Fellow in Dental Surgery (Primary)	1
Fellow in Dental Surgery (Final)	1
Fellow of the Royal College of Surgeons London Part 1	2
Member of the Royal College of Obstetricians and Gynaecologists (Part 1)	3
Member of the Royal College of Ophthalmologists	1
Non-medical diploma, degree etc. obtained after leaving medical school	2
Other American Boards	4
Other UK qualifications	14
Total	89

## **Career choices**

These respondents, one year after graduation, were reasonably sure of their long-term career choice, with 77.7% describing their career choice as a 'definite' or 'probable' choice (Table 8).

	Male		Fei	nale	Tota	Total		
-	Count	Col %	Count	Col %	Count	Col %		
Definitely	424	30.5	370	24.3	794	27.3		
Probably	684	49.3	784	51.5	1468	50.4		
Not really	280	20.2	369	24.2	649	22.3		
Total	1388	100.0	1523	100.0	2911	100.0		

#### **Table 8: Firmness of career choice**

Tables 9 - 11 show the first, second and third choices of career expressed by the respondents, with choices grouped into mainstream specialties. Data on first choices show that about a quarter of respondents chose hospital medical specialties following by surgical specialties (21.9%) and general practice (20.2%). There was a significant difference between male and female doctors; whereby men preferred surgical specialties (men: 32.9% vs women: 11.9%) while general practice was more popular among women (25.6% women vs 14.3% men).

	Ma	le	Fen	nale	To	tal
_	Count	Col %	Count	Col %	Count	Col %
Medical specialties	351	25.5	385	25.5	736	25.5
Paediatrics	63	4.6	158	10.5	221	7.7
Accident & Emergency	44	3.2	36	2.4	80	2.8
Surgical Specialties	452	32.9	180	11.9	632	21.9
Obstetrics & Gynaecology	23	1.7	89	5.9	112	3.9
Anaesthetics	96	7.0	112	7.4	208	7.2
Radiology	28	2.0	20	1.3	48	1.7
Clinical Oncology	14	1.0	28	1.9	42	1.5
Pathology	20	1.5	24	1.6	44	1.5
Psychiatry	56	4.1	54	3.6	110	3.8
General Practice	196	14.3	387	25.6	583	20.2
Community Medicine	0	0.0	0	0.0	0	0.0
Public Health Medicine	4	0.3	4	0.3	8	0.3
Other Medical Specialties	12	0.9	22	1.5	34	1.2
Non-medical	15	1.1	11	0.7	26	0.9
Not in paid employment	0	0.0	1	0.1	1	0.0
Total	1374	100.0	1511	100.0	2885	100.0

Table 9: First choices of long term career

	Ma	le	Fem	nale	To	tal
_	Count	Col %	Count	Col %	Count	Col %
Medical specialties	160	21.2	217	23.0	377	22.2
Paediatrics	47	6.2	84	8.9	131	7.7
Accident & Emergency	90	12.0	80	8.5	170	10.0
Surgical Specialties	61	8.1	44	4.7	105	6.2
Obstetrics & Gynaecology	16	2.1	59	6.3	75	4.4
Anaesthetics	91	12.1	64	6.8	155	9.1
Radiology	42	5.6	43	4.6	85	5.0
Clinical Oncology	12	1.6	23	2.4	35	2.1
Pathology	22	2.9	21	2.2	43	2.5
Psychiatry	30	4.0	33	3.5	63	3.7
General Practice	140	18.6	224	23.8	364	21.5
Community Medicine	1	0.1	2	0.2	3	0.2
Public Health Medicine	7	0.9	12	1.3	19	1.1
Other Medical Specialties	18	2.4	25	2.7	43	2.5
Non-medical	16	2.1	10	1.1	26	1.5
Not in paid employment	0	0.0	1	0.1	1	0.1
Total	753	100.0	942	100.0	1695	100.0

#### Table 10: Second choices of long term career

	Ma	le	Fen	nale	To	tal
_	Count	Col %	Count	Col %	Count	Col %
Medical specialties	43	12.9	62	14.8	105	13.9
Paediatrics	20	6.0	27	6.4	47	6.2
Accident & Emergency	22	6.6	32	7.6	54	7.2
Surgical Specialties	22	6.6	18	4.3	40	5.3
Obstetrics & Gynaecology	10	3.0	21	5.0	31	4.1
Anaesthetics	38	11.4	39	9.3	77	10.2
Radiology	14	4.2	14	3.3	28	3.7
Clinical Oncology	1	0.3	10	2.4	11	1.5
Pathology	6	1.8	11	2.6	17	2.3
Psychiatry	15	4.5	16	3.8	31	4.1
General Practice	101	30.2	131	31.3	232	30.8
Community Medicine	0	0.0	2	0.5	2	0.3
Public Health Medicine	6	1.8	3	0.7	9	1.2
Other Medical Specialties	17	5.1	14	3.3	31	4.1
Non-medical	19	5.7	19	4.5	38	5.0
Not in paid employment	0	0.0	0	0.0	0	0.0
Total	334	100.0	419	100.0	753	100.0

#### Table 11: Third choices of long term career

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.

	Definite	probable	Not really	N (100%)
Medical specialties	13.3%	56.0%	30.8%	731
Paediatrics	26.2%	57.5%	16.3%	221
Accident & Emergency	10.1%	45.6%	44.3%	79
Surgical Specialties	45.2%	45.2%	9.7%	629
Obstetrics & Gynaecology	28.6%	57.1%	14.3%	112
Anaesthetics	18.8%	57.7%	23.6%	208
Radiology	8.3%	56.3%	35.4%	48
Clinical Oncology	11.9%	59.5%	28.6%	42
Pathology	27.3%	56.8%	15.9%	44
Psychiatry	33.6%	54.5%	11.8%	110
General Practice	36.7%	44.8%	18.6%	581
Public Health Medicine	12.5%	37.5%	50.0%	8
Other Medical Specialties	2.9%	47.1%	50.0%	34
Non-medical	11.5%	34.6%	53.8%	26
Not in paid employment	0.0%	0.0%	100.0%	1
Total	27.6%	51.0%	21.4%	2874

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

## Factors affecting career choices

Figures 1 to 3 summarise the degree to which each of 12 factors affected the career choice of respondents. Overall, enthusiasm and commitment, self-appraisal, experience of jobs so far, and experience of chosen subject as student had the most effect on career choices, and future financial prospects, domestic situation, and inclination before medical school had the least (see Figure 3). Hours and working conditions, and domestic circumstances, were more significant for women than for men; otherwise, the results for men and women were very similar.







# Intentions to practise in the United Kingdom

A large majority (77.8%) of respondents definitely or probably intended to practise medicine in the UK for the foreseeable future (Table 13); 13.2% were undecided and 9% definitely or probably did not intend to do so. There was no appreciable difference by sex.

	Male		Fema	le	Total	
	Count	Col %	Count	Col %	Count	Col %
Yes- definitely	512	36.8	598	39.3	1110	38.1
Yes- Probably	551	39.6	605	39.7	1156	39.7
Undecided	198	14.2	188	12.3	386	13.2
No- probably not	91	6.5	95	6.2	186	6.4
No- definitely not	40	2.9	37	2.4	77	2.6
Total	1392	100.0	1523	100.0	2915	100.0

Table 13: Intentions of respondents to practise medicine in the UK for the foreseeable future

Table 14 shows the alternative intentions expressed by those who did not <u>definitely</u> intend to practise in the UK. The three categories in Table 14 were not mutually exclusive. 40.9% of respondents would consider practising medicine abroad, 11.2% leaving medicine but remaining in the UK, and 3.6% leaving medicine and the UK.

 Table 14: Percentages and numbers of respondents considering different alternatives to UK medicine

	Male		Female		Total	
-	Count	Col %	Count	Col %	Count	Col %
Practising medicine abroad	784	56.2	815	53.3	1599	54.6
Leaving medicine, remaining in the UK	113	8.1	109	7.1	222	7.6
Leaving medicine & the UK	55	3.9	41	2.7	96	3.3

### **Views and attitudes**

#### Working conditions and support, training and duties

Figures 4-6 show, for men, women and all respondents respectively, the percentages of respondents who scored each of thirteen statements on aspects of their work and training to date 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.

Responses to these statements form a discomfiting picture of working life for junior doctors in their early SHO years. More than two-thirds of respondents, and significantly more women than men, worked longer hours than they thought they should, and only a fifth agreed that if they worked fewer hours their training would suffer. Less than half were satisfied with the working conditions (for example, food, accommodation) associated with their present posts. 80.3% said they were expected to perform an excessive amount of routine work, which could be done by staff without medical qualifications. 59.1% stated that patients expect them to deal with problems over which they have little influence. Only less than a quarter (23.1%) believed that their postgraduate training has been of a high standard. Less than a fifth (19.3%) felt that cover for absent doctors was satisfactory. Whilst 71.5% received good support from senior doctors on their firm in their current post, and almost as many received good support from nursing staff (although the latter was stated by significantly fewer men than women: men 59.7%, women 64.9%), only 8.4% felt they received good support from management. On a more positive note, only a quarter of respondents felt under too much pressure whilst at work, or that they were required to perform clinical tasks for which they did not feel adequately trained (significantly more women than men: women 25.4%, men 18.3%), and slightly more than half (54.3%) found arrangements for annual leave to be satisfactory.







#### The NHS and equality of opportunity

Figures 7-9 show the results from statements relating to the NHS, for those respondents currently (September 1997) working in the NHS. Approximately two-thirds thought that the NHS was a good equal opportunities employer with regard to women (men 65.8%, women 64%), and over a half thought it a good equal opportunities employer with regard to ethnicity (men 51.2%, women 50.8%).







#### Career planning and future career

Figures 10 to 12 show the results of statements relating to career planning and future career. Nearly two thirds of respondents were satisfied with their future career prospects. Roughly a third overall (more men than women: men 39.8%, women 33%) had been able to obtain useful career advice since graduation. Women in particular believed that general practice was more attractive than hospital practice for doctors at present (women 36.5%, men 29.9%), whilst significantly more men than women stated that their experience of hospital work since graduation had reduced their enthusiasm for a hospital career (men 56.1%, women 49.6%). Over a third concluded that their exposure to general practice had been insufficient to assess it as a career option (men 45.7%, women 39.8%). Overall, 93.7% agreed with the statement that it is important to be given career advice at this stage of their training.







#### Job satisfaction

To obtain a measure of job satisfaction five statements were presented 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 scales reversed for the 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> statements) and the average for the 5 statements was calculated. The average score for both men and women was 3.3, indicating a good level of job satisfaction.

### 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 13 shows cumulative percentages for men and women. A third of respondents scored 5 or less, approximately 41% scored 6 or 7 indicating a reasonable level of enjoyment, and a quarter 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 work for family, social, and recreational activities, on a scale from 1 (*not at all satisfied*) to 10 (*extremely satisfied*). Over two-thirds scored 5 or less (see Figure 14), indicating a low level of satisfaction; nearly a tenth scored 8, 9 or 10. There was very little difference between men and women.





# **APPENDIX - 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

# Questionnaire

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

#### Career Preferences and Experiences of Doctors Qualifying in 1996 First Enquiry, 1997

#### YOUR NAME, ADDRESS AND DATE OF BIRTH

We use this information to locate you for future mailings and in order to match your replies to successive surveys in the study.

This sheet is stored separately from the rest of the questionnaire.

Study Reference Number	96	/			
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Name used professionally

Maiden/married /former name (if any)

(Changes of surname are particularly important for future follow-up questionnaires)

Current address	
(Your preferred address for our use)	

	da	ay	mo	nth	ye	ear
Date of birth						

UK Medical Careers Research Group, University of Oxford

# **UK Medical Careers Research Group**

# Career Preferences and Experiences of Doctors Qualifying in 1996 First Enquiry, 1997

	Your replies will be	treated as st	rictly confidential.		
	Please answer the followin by ticking or writing and return the questio	g in the shad	ed boxes provided,		
	Plea	se write clea	rly.		
•	eference Number	96		/	
A. BACKGROU	ND INFORMATION				
1. What is ye	our sex?			Male Female	1 2
2. What was	your age last birthday?				years
3. What is ye	our current marital status?		-	vith spouse	1 2 3 4
4. How man	y children under 16 are norr	nally reside	ent in your household	?	
If the	ere are children, what are the (Enter	eir ages in y r 0 for 0-11 n			
	any dependent adults (e.g. d l whose needs could affect yo	,	• • •	Yes No	12
6. What is ye	our nationality ? UK	<sup>1</sup> C	Other* Joint	UK/Other*	3
	* Please specify				

		Asian:	eshi 4 ese 5	Black Caribbe Black Afric Black-othe	an <sup>8</sup> 9	)
	* Please specify					
8.	Are or were your parents medically q	ualified?		Yes-both paren Yes-moth Yes-fath No-neither pare	er 2 ar 3	
B. MI	EDICAL SCHOOL					
9.	Which was your <i>pre-clinical</i> medical s	chool?				
10.	Which was your <i>clinical</i> medical scho	ol?				
11.	How old were you when you started a	s a pre-clinic	al medical s	tudent ?	У	ears
12.	At the time of your application for me which town or city did you live					
	(If rural, give nearest town or city) how many years had you lived	there (or nea	r there)?		y	ears
13.	Were you an overseas-based student ( fees paid) during your time at medical	-		Yes 1 1	No 2	
C. PR	OFESSIONAL QUALIFICATIONS					
14.	Did you obtain any professional or oth qualifications <i>before</i> entering medical * <i>Plec</i>	-	ool'	Yes* 1 N	No 2	
15.	<b>Did you obtain any non-clinical qualif</b> (Exclude primary medical qualifications, e.g		ng medical s	school ?		
	Yes-BSc, BA, BM6	edSci	<sup>1</sup> Yes-Ot	her* <sup>2</sup> 1	No 3	
	* Plec	use specify				

### 7. Which of the following best describes your ethnic origin?

#### 16. Have you obtained any medical or non-medical academic qualifications since leaving medical school?

Yes*	1	No	2

\* Please give details below (spell out in full rather than initials) and the year passed; for College examinations indicate whether Part 1/Primary etc.

Qualification	Year

#### **D. CURRENT POST**

17.	What is your present job ?	First pre-reg. Second pre-reg.	1 2 3
		Other* None	4
	* Please specify	fy	
18.	Which town or city do you work in o	or near ?	
	(If rural, give nearest town or city)		
19.	When did you start your pre-reg. yea	ear? (Please give month and year) /19	
E. CA	REER CHOICE		
20.	Have you made up your mind about	it your choice of long-term career ?	
	Definitely	<sup>1</sup> Probably <sup>2</sup> Not really	3
21.		<b>areer?</b> List up to 3 choices in order of preference. nual. Be as specific or as general as you wish.	
	1		
	2		
	3		

#### 22. How much have each of the following factors influenced your

**career choice?** *Please answer for each factor, by ticking one of the three boxes.* 

	Not at	A litt	le	A
	all			great
			r	deal
Domestic circumstances	0		1	
Hours/working conditions	0		1	
Future financial prospects	0		1	
Career and promotion prospects	0		1	
Self-appraisal of own skills/aptitudes	0		1	
Advice from others	0		1	
Experience of chosen subject as a student	0		1	
A particular teacher/department	0		1	
Inclinations before medical school	0		1	
Experience of jobs undertaken so far	0		1	
Enthusiasm/commitment : what I really want to do	0		1	
Other reasons*	0		1	

- 23. Apart from temporary visits abroad, do you intend to practise medicine in the United Kingdom for the foreseeable future?
- Yes-definitely Yes-probably Undecided No-probably not No-definitely not

1
2
3
4
5

24. If you did *not* answer 'Yes-definitely' to Question 23, are you not definite about practising in the UK because

You are considering a career in medicine abroad	1
You are considering a non-medical career	2
Other reasons*	3

\* Please specify

25. If you intend to practise medicine outside the UK, what is your main reason for planning to do so?



26. If you intend to practise medicine outside the UK, in which country or continent ?

#### F. YOUR OPINIONS AND ATTITUDES

This part of the questionnaire consists of sections each of which contains a number of attitude statements on a theme. Please consider each statement and circle the shaded response which most accurately reflects your own opinion. Although it may be difficult to make a choice, please answer every statement.

#### Working conditions and support

•	I work too man	-	No:4h an a ana a	Discourse	Cture a slav
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
	My current ar	rangements for <b>l</b>	eave are satisfactory.		
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
	Arrangements	for cover for sta	ff absences are satisfac	tory in my hospit:	al.
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
	I receive good	support from set	nior colleagues in my cu	rrent post.	
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree	0	nor disagree	U	disagree
	T			44	
	Strongly	Agree Agree	rsing staff in my curren Neither agree	Disagree	Strongly
	agree	Agiee	nor disagree	Disaglee	disagree
	agree		nor ursagree		uisagiee
	0		spital management in n	•	
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
	Patients freque	ently expect me t	o deal with problems ov	ver which I have l	ittle influence.
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
	The working c	onditions (e.g. fo	od, accommodation) as	sociated with my	present post are satisfact
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
	I am currently	under too much	pressure whilst at wor	<b>K.</b>	
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree	<u> </u>	nor disagree	<u> </u>	disagree

### Training and duties

10				e 1.1 /		
10.	Strongly	Agree	ve received so far has b Neither agree	Disagree	dard. Strongly	
	agree	8	nor disagree		disagree	
11	If I montrod for		ning would auffor			
11.		-	ning would suffer.			
	Strongly	Agree	Neither agree	Disagree	Strongly	
	agree		nor disagree		disagree	
12.	medical qualif	-	cessive amount of routi	ne work which co	uld be done by staff with	out
	Strongly	Agree	Neither agree	Disagree	Strongly	
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
	0.	Agree	U	Disagree		
13.	agree	0	U	- U	disagree	
13.	agree	0	nor disagree	- U	disagree	
13.	agree I am required	to perform clinica	nor disagree al tasks for which I do	not feel adequatel	disagree y trained.	

#### **Future career**

	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
5.	It is important	to be given care	er advice at this stage of	f my training.	
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree		nor disagree		disagree
6.	I have been ab	le to obtain usefr	ll career advice since gr	aduation.	
•••	Strongly	Agree	Neither agree	Disagree	Strongly
	agree	C	nor disagree	U	disagree
7.	Experience of	hospital work sin	ce graduation has redu	ced my enthusias	m for a hospital career.
	Strongly	Agree	Neither agree	Disagree	Strongly
	agree	C	nor disagree	U	disagree
	-				
8.	My exposure t	n general practic	e has been insufficient f	for me to assess it	as a career option.
8.		-	e has been insufficient f Neither agree		-
8.	My exposure t Strongly agree	o general practic Agree	e has been insufficient f Neither agree nor disagree	for me to assess it Disagree	as a career option. Strongly disagree
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
8. 9.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly

20.	In my experie	ence so far, the NHS	is a good equal op	portunities employe	r, with regard t	o sex.
	Strongly	Agree	Neither agree	Disagree	Strongly	
	agree		nor disagree		disagree	
21.	In my experie	ence so far, the NHS	is a good equal op	portunities employe	r, with regard t	o ethnicity.
	Strongly	Agree	Neither agree	Disagree	Strongly	
	agree		nor disagree		disagree	
	_					

#### **Equal opportunities**

**Job satisfaction** *This section provides a simple measure of job satisfaction which we can use to compare doctors with other professional groups.* 

22.	I find enjoyme	nt in my current	nost		
22.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
23.	I am doing inte	resting and chall	enging work.		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
24.	I feel dissatisfie	d in my current	oost.		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
25.	Most days I am	ı enthusiastic abo	ut my work.		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
26.	I am often bore	ed with my work.			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

**Job enjoyment and lifestyle** For the following two questions we would like you to respond by circling the number which you think most accurately reflects your opinion.

1	2	3	4	5	6	7	8	9	10
Not at	all								Great
How	satisfied are	•	he amount	t of time ye	our work o	currently le	eaves you	for family	y, socia
How		•	he amount	t of time ye	our work o	currently le	eaves you	for family	y, social

Thank you for completing the questionnaire. If you wish, please use the next page to give us any additional comments on your own experiences or circumstances.

#### G. ADDITIONAL COMMENTS

Please give us any comments you wish to make, on any aspect of your training, career choices or work, on this page (and continuation sheets if necessary). As with your responses to the preceding questions, your individual comments will remain totally confidential to senior researchers in the UK Medical Careers Research Group.

#### Thank you for your co-operation.

*Please return this questionnaire to :* UK Medical Careers Research Group, Unit of Health-Care Epidemiology, Institute of Health Sciences, Old Road, Oxford OX3 7BR.