UK Medical Careers Research Group Oxford University

2002 cohort of UK Medical Graduates

Report of Fourth Survey, conducted in 2013

Report produced February 2016
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Introduction

This report describes the results of the fourth survey of the cohort of 4436 doctors who qualified from UK medical schools in 2002. The 2002 cohort has been surveyed previously on three occasions, in 2003, 2005 and 2007. The first mailing for this survey was completed in August 2013, and late replies were received up to February 2014.

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

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

Cohort size and response to survey

The cohort comprises 4436 doctors (1976 men, 2460 women). We were able to obtain contact details for 3282 of the original graduating cohort of 4436 (74.0%). Of these, 2057 responded, 1148 did not, 6 were deceased, and 71 declined to participate. Excluding those who did not participate and the deceased members of the cohort, the response rate was 64.2% (2057/3205). However, this was only 46% of the original graduating cohort.

For men the response rate was 61.6% (807/1310), and for women it was 66.0% (1250/1895).

Demographics

Age

The median age of respondents on 31st October 2013 was 35.4 years (men 35.5, women 35.3).

Domestic situation

84.2% were living with a spouse or partner (men 87.3%, women 82.2%), while 14.6% were not (men 11.6%, women 16.5%) and 1.2% preferred not to answer (men 1.1%, women 1.3%). 66.5% had children under 16 years of age (men 66.2%, women 66.6%). 8.5% had dependent adults living with them (men 8.0%, women 8.7%), 90.4% did not (men 90.5%, women 90.3%), and 1.2% preferred not to answer (men 1.4%, women 1.0%).

Posts held in October 2013

To enable all respondents to be compared at the same career stage, we used information provided on posts held to produce a record for each respondent of the post they held in October 2013. At that date, 88.7% of the respondents were in medicine in the UK NHS (including those in UK academic posts) (men 88.8%, women 88.6%), and 5.1% were practising medicine abroad (men 5.0%, women 5.2%). Focusing only on those doctors who were working in the NHS (N=1818), 20.8% were in Hospital senior grades (men 26.5%, women 17.1%), and 17.3% were GP principals (men 15.7%, women 18.4%). Tables 1-3 give a fuller breakdown of the current posts of respondents.

Table 1: Occupation group of respondents held in October 2013

	Male		Female		Total	
	Count	%	Count	%	Count	%
UK NHS	622	77.4%	1018	81.4%	1640	79.7%
UK Universities	92	11.4%	86	7.0%	178	8.7%
UK Armed Forces	22	2.7%	13	1.0%	35	1.7%
UK Other Public Sector	3	0.4%	4	0.3%	7	0.3%
UK Private Sector Medical	14	1.7%	12	1.0%	26	1.3%
UK Non-Medical	6	0.7%	4	0.3%	10	0.5%
UK Not in paid employment	1	0.1%	32	2.5%	33	1.6%
Abroad Medical	40	5.0%	65	5.2%	105	5.1%
Abroad Non-medical	1	0.1%	1	0.1%	2	0.1%
Abroad Not in paid employment	2	0.2%	7	0.6%	9	0.4%
Unknown	4	0.3%	8	0.6%	12	0.6%
Total	807	100.0%	1250	100.0%	2057	100.0%

Table 2: Grade of posts held in October 2013: responders in NHS and UK Universities

	Male		Female		Total	
	Count	%	Count	%	Count	%
Hospital senior grades	189	26.5%	189	17.1%	378	20.8%
Hospital training grades	277	38.8%	372	33.7%	649	35.7%
Hospital other	12	1.5%	25	2.2%	37	1.9%
GP principals	112	15.7%	203	18.4%	315	17.3%
GP other career grades	48	6.7%	230	20.8%	278	15.3%
GP training grades	11	1.5%	24	2.2%	35	1.9%
Community Health training grades	0	0.0%	4	0.4%	4	0.2%
Public Health senior grades	1	0.1%	2	0.2%	3	0.2%
Public Health training grades	1	0.1%	6	0.5%	7	0.4%
Academic - Clinical fellows*	20	2.8%	9	0.8%	29	1.6%
Academics others*	2	0.3%	3	0.3%	5	0.3%
Public Sector HM Forces	0	0.0%	2	0.2%	2	0.1%
No reply given	38	5.3%	35	3.2%	73	4.0%
Other	3	0.4%	0	0.0%	3	0.2%
Total	714	100.0%	1104	100.0%	1818	100.0%

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

Table 3: Specialty group of posts held in October 2013: responders in NHS and UK Universities

	Mal	e	Fema	ale	Total		
	Count	%	Count	%	Count	%	
Medical Specialties	149	20.9%	176	15.9%	325	17.9%	
Paediatrics	26	3.6%	99	9.0%	125	6.9%	
Emergency Medicine	31	4.3%	26	2.4%	57	3.1%	
General Surgery	22	3.1%	12	1.1%	34	1.9%	
Other Surgical Specialties	121	16.9%	55	5.0%	176	9.7%	
Obstetrics & Gynaecology	10	1.4%	29	2.6%	39	2.1%	
Anaesthetics	84	11.8%	86	7.8%	170	9.4%	
Radiology	26	3.6%	32	2.9%	58	3.2%	
Clinical Oncology	11	1.5%	20	1.8%	31	1.7%	
Pathology	29	4.1%	34	3.1%	63	3.5%	
Psychiatry	28	3.9%	51	4.6%	79	4.3%	
General Practice	172	24.1%	463	41.9%	635	34.9%	
Community Health	0	0.0%	4	0.4%	4	0.2%	
Public Health	2	0.3%	9	0.8%	11	0.6%	
Other Medical-related work	3	0.4%	6	0.5%	9	0.5%	
Two or More Specialties	0	0.0%	2	0.2%	2	0.1%	
Total	714	100.0%	1104	100.0%	1818	100.0%	

Career plans

Employment at the time of responding to the survey

At the time they responded to the survey, 92.0% of respondents were working in medicine in the UK (men 93.7%; women 90.9%), 5.1% were practising medicine abroad (men 5.0%, women 5.2%), 0.6% were working outside medicine (men 1.0%, women 0.4%) and 2.0% were not in paid employment (men 0.4%, women 3.1%).

Intention to practise medicine in the UK

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

Table 4: Intention to practise medicine in the UK

	Number	% of respondents to question
Responders to survey	2057	100.0%
Intention to practise medicine in the UK for the foreseeable future	1898	100.0%
Yes, definitely	1226	64.6%
Yes, probably	507	26.7%
Undecided	96	5.1%
No, probably not	45	2.4%
No, definitely not	24	1.3%
Considerations of those not definitely intent on remaining in UK medicine	671	100.0%
Considering medicine abroad	468	69.7%
Considering leaving medicine, remaining in the UK	225	33.5%
Considering leaving medicine and the UK	41	6.1%
Considerations of those working in medicine abroad - do you plan to return to UK medicine?	97	100.0%
Yes, definitely	15	15.5%
Yes, probably	14	14.4%
Undecided	26	26.8%
No, probably not	30	30.9%
No, definitely not	12	12.4%
Considerations of those working outside medicine or not in paid employment - do you plan to return to UK medicine?	34	100.0%
Yes, definitely	7	20.6%
Yes, probably	7	20.6%
Undecided	7	20.6%
No, probably not	8	30.9%
No, definitely not	5	12.4%

Career choices

Respondents were asked whether they viewed their current specialty/employment type as their final choice of career, 80.8% responded 'definitely' (84.1% of men, 78.6% of women), 16.6% responded 'probably' (men 13.4%, women 18.7%), and 2.6% responded 'not really' (men 2.5%, women 2.7%). Table 5 gives details of current specialties for those doctors who were unsure about their choice of long-term career (N=389). Table 6 gives the alternative specialty which 335 of these doctors are considering as their final choice of long-term career.

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

	Ma	ıle	Fei	male	Total		
	Count	%	Count	%	Count	%	
Medical Specialties	22	17.3%	41	15.6%	63	16.2%	
Paediatrics	2	1.6%	13	5.0%	15	3.9%	
Emergency Medicine	8	6.3%	5	1.9%	13	3.3%	
General Surgery	4	3.1%	3	1.1%	7	1.8%	
Other Surgical Specialties	12	9.4%	10	3.8%	22	5.7%	
Obstetrics & Gynaecology	0	0.0%	6	2.3%	6	1.5%	
Anaesthetics	7	5.5%	9	3.4%	16	4.1%	
Radiology	1	0.8%	4	1.5%	5	1.3%	
Clinical Oncology	0	0.0%	2	0.8%	2	0.5%	
Pathology	2	1.6%	4	1.5%	6	1.5%	
Psychiatry	5	3.9%	16	6.1%	21	5.4%	
General Practice	47	37.0%	116	44.3%	163	41.9%	
Community Health	0	0.0%	1	0.4%	1	0.3%	
Public Health	3	2.4%	0	0.0%	3	0.8%	
Other Medical	7	5.5%	6	2.3%	13	3.3%	
Two or More Specialties	0	0.0%	2	0.8%	2	0.5%	
Non-Medical work	4	3.1%	4	1.5%	8	2.1%	
Unemployed	3	2.4%	20	7.6%	23	5.9%	
Total	127	100.0%	262	100.0%	389	100.0%	

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

	Ma	le	Fem	nale	Total		
•	Count	%	Count	%	Count	%	
Medical Specialties	21	19.8%	46	20.1%	67	20.0%	
Paediatrics	1	0.9%	7	3.1%	8	2.4%	
Emergency Medicine	2	1.9%	5	2.2%	7	2.1%	
Surgical Specialties	7	6.6%	6	2.6%	13	3.9%	
Obstetrics and Gynaecology	0	0.0%	2	0.9%	2	0.6%	
Anaesthetics	5	4.7%	4	1.7%	9	2.7%	
Clinical Oncology	1	0.9%	0	0.0%	1	0.3%	
Pathology	2	1.9%	2	0.9%	4	1.2%	
Psychiatry	3	2.8%	14	6.1%	17	5.1%	
General Practice	6	5.7%	26	11.4%	32	9.6%	
Community Medicine	0	0.0%	10	4.4%	10	3.0%	
Public Health Medicine	5	4.7%	11	4.8%	16	4.8%	
Other Medical Specialties	23	21.7%	41	17.9%	64	19.1%	
Two or More Specialties	3	2.8%	6	2.6%	9	2.7%	
Non-Medical	18	17.0%	31	13.5%	49	14.6%	
Not in Paid Employment	0	0.0%	1	0.4%	1	0.3%	
Unknown	9	8.5%	17	7.4%	26	7.8%	
Total	106	100.0%	229	100.0%	335	100.0%	

Changes of specialty during training

This section was addressed to those doctors who had completed specialty training but did not subsequently work in the specialty; and those who started specialty training but did not complete training in that specialty. There were 416 doctors who replied (20.2% of all respondents). Table 7 gives details of the specialties these 416 doctors had trained in (either fully or partially). 34.1% had previously trained in medical specialties (men 28.4%; women 37.5%), and 28.1% had previously trained in a surgical specialty (men 41.3%; women 20.3%).

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

	Ma	ale	Fe	emale	7	Гotal
	Count	%	Count	%	Count	%
Medical Specialties	44	28.4%	98	37.5%	142	34.1%
Paediatrics	6	3.9%	31	11.9%	37	8.9%
Emergency Medicine	6	3.9%	15	5.7%	21	5.0%
Surgical Specialties	64	41.3%	53	20.3%	117	28.1%
Obstetrics and Gynaecology	0	0.0%	9	3.4%	9	2.2%
Anaesthetics	15	9.7%	13	5.0%	28	6.7%
Radiology	2	1.3%	0	0.0%	2	0.5%
Clinical Oncology	1	0.6%	4	1.5%	5	1.2%
Pathology	3	1.9%	5	1.9%	8	1.9%
Psychiatry	5	3.2%	9	3.4%	14	3.4%
General Practice	8	5.2%	21	8.0%	29	7.0%
Two or More Specialties	1	0.6%	3	1.1%	4	1.0%
Total	155	100.0%	261	100.0%	416	100.0%

Most doctors who had trained in a different specialty (either fully or partially) reached a hospital training grade (91.1%): Table 8. The median year of leaving the specialty was 2007.

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

	Ma	ale	Fe	male	Total		
•	Count	%	Count	%	Count	%	
Hospital senior grades	3	1.9%	0	0.0%	3	0.7%	
Hospital training grades	143	92.3%	235	90.4%	378	91.1%	
Hospital other	1	0.6%	3	1.2%	4	1.0%	
GP principals	3	1.9%	6	2.3%	9	2.2%	
GP other career grades	1	0.6%	2	0.8%	3	0.7%	
GP training grades	3	1.9%	10	3.8%	13	3.1%	
Academic- Clinical fellows	1	0.6%	1	0.4%	2	0.5%	
Other	0	0.0%	3	1.2%	3	0.7%	
Total	155	100.0%	260	100.0%	415	100.0%	

Current and future posts

Respondents were asked 'Which phrase best describes your current post' with the options of Clinical service without teaching or research, Clinical service with some research time, Clinical service with some teaching responsibility, Clinical service with some teaching and research, Clinical service with honorary NHS sessions, and Other. Of those who responded, 45.5% were in a clinical post with some teaching responsibility (Table 9). A further 30.9% worked in a clinical post without teaching or research.

Table 9: Type of current post

	Male)	Fema	le	Total	
	Count	%	Count	%	Count	%
Clinical without teaching or research	198	25.0%	389	31.5%	587	29.0%
Clinical with teaching	313	39.4%	561	45.4%	874	43.1%
Clinical with research	31	4.0%	30	2.4%	61	3.0%
Clinical with teaching and research	130	16.3%	142	11.5%	272	13.4%
Clinical academic	64	8.0%	34	2.8%	98	4.8%
Other	58	7.3%	79	6.4%	137	6.7%
Total	794	100.0%	1235	100.0%	2029	100.0%

Respondents were then asked 'In future, in your long-term career do you intend to work mainly in' with the options of Clinical service without teaching or research, Clinical service with some research time, Clinical service with some teaching responsibility, Clinical service with some teaching and research, Clinical academic with honorary NHS sessions, Undecided, and Other. Of those who responded, 55.4% said that they wanted to work mainly in 'clinical posts with some teaching responsibility' (Table 10). A further 20.9% wanted to work in 'clinical posts with some teaching and research'. More women (58.7%) wanted a clinical post with some teaching and research compared with 47.6% of men, 28.4% of men wanted a clinical post with some teaching and research compared with 17.6% of women, and 4.4% of men wanted a clinical academic post compared with 2.5% of women.

Table 10: Intentions to do teaching and research

	Male		Fem	ale	Tota	al
	Count	%	Count	%	Count	%
Clinical without teaching or research	48	6.0%	118	9.4%	166	8.1%
Clinical with research	43	5.4%	32	2.5%	75	3.6%
Clinical with teaching	318	40%	697	56.0%	1015	49.7%
Clinical with teaching and research	258	32.4%	251	20.1%	509	25.0%
Clinical academic	63	8.0%	37	3.0%	100	5.0%
Undecided	40	5.0%	75	6.0%	115	5.6%
Other	26	3.2%	36	3.0%	62	3.0%
Total	796	100.0%	1246	100.0%	2042	100.0%

Respondents were asked to rate their enjoyment of their current position on a scale of 1 to 10. The median score for respondents was 8 for men and 7 for women.

Respondents were asked to express, on a scale from 1 to 10, their satisfaction with the amount of time their work left them for family, social and recreational activities. The median score for satisfaction with time for leisure was 6 for men and 7 for women.

Working conditions, support and training

84.0% of respondents agreed that they receive good support from nursing staff, 50.8% of respondents agreed that they receive good support from hospital/practice management and 67.8% of respondents agreed that their working conditions are satisfactory (Table 11).

Table 11: Working conditions and support in my current post

		Mal	е	Fema	ale	Tota	al
		Count	%	Count	%	Count	%
I receive	Strongly Agree	246	31.4%	427	35.9%	673	34.1%
good support	Agree	406	51.9%	580	48.7%	986	49.9%
from nursing	Neither Agree nor Disagree	63	8.0%	97	8.1%	160	8.1%
staff	Disagree	17	2.2%	31	2.6%	48	2.4%
	Strongly Disagree	8	1.0%	6	0.5%	14	0.7%
	No Opinion	43	5.5%	50	4.2%	93	4.7%
	Total	783	100.0%	1191	100.0%	1974	100.0%
I receive	Strongly Agree	84	10.7%	187	15.6%	271	13.7%
good support	Agree	289	36.8%	446	37.3%	735	37.1%
from hospital/pr	Neither Agree nor Disagree	204	26.0%	302	25.2%	506	25.5%
actice	Disagree	114	14.5%	170	14.2%	284	14.3%
managem ent	Strongly Disagree	53	6.8%	38	3.2%	91	4.6%
	No Opinion	41	5.2%	54	4.5%	95	4.8%
	Total	785	100.0%	1197	100.0%	1982	100.0%
Му	Strongly Agree	83	10.7%	186	15.6%	269	13.6%
working conditions	Agree	416	53.5%	652	54.5%	1068	54.1%
(e.g. resources,	Neither Agree nor Disagree	149	19.2%	170	14.2%	319	16.2%
environme	Disagree	96	12.4%	155	13.0%	251	12.7%
nt) are satisfactor	Strongly Disagree	31	4.0%	29	2.4%	60	3.0%
у	No Opinion	2	0.3%	4	0.3%	6	0.3%
	Total	777	100.0%	1196	100.0%	1973	100.0%

79.7% of respondents agreed that their training has been long enough, and good enough, to enable them to practise adequately when they first become/became a consultant or GP (Table 12). 86.0% agreed that they have had good professional opportunities in their career to date. 71.3% agreed that they were satisfied with their future career prospects. 42.9% agreed that there may be too few consultant/principal posts in their specialty in future for those eligible for them.

Table 12: Career prospects and training

		Ма	le	Fem	ale	Tot	al
		Count	%	Count	%	Count	%
I have had good	Strongly Agree	222	28.3%	273	22.6%	495	24.9%
professional opportunities in my	Agree	456	58.1%	761	63.1%	1217	61.1%
career to date	Neither Agree nor Disagree	63	8.0%	115	9.5%	178	8.9%
	Disagree	35	4.5%	46	3.8%	81	4.1%
	Strongly Disagree	9	1.1%	10	0.8%	19	1.0%
	No Opinion	0	0.0%	1	0.1%	1	0.1%
	Total	785	100.0%	1206	100.0%	1991	100.0%
My future career	Strongly Agree	176	22.4%	207	17.2%	383	19.2%
prospects are good	Agree	391	49.9%	645	53.5%	1036	52.1%
	Neither Agree nor Disagree	136	17.3%	238	19.7%	374	18.8%
	Disagree	57	7.3%	71	5.9%	128	6.4%
	Strongly Disagree	18	2.3%	22	1.8%	40	2.0%
	No Opinion	6	0.8%	23	1.9%	29	1.5%
	Total	784	100.0%	1206	100.0%	1990	100.0%
There may be too few	Strongly Agree	131	16.8%	151	12.7%	282	14.3%
consultant/principal posts in my specialty in	Agree	222	28.5%	341	28.6%	563	28.6%
future for those eligible for them	Neither Agree nor Disagree	148	19.0%	218	18.3%	366	18.6%
ioi tileiii	Disagree	161	20.6%	290	24.3%	451	22.9%
	Strongly Disagree	60	7.7%	84	7.1%	144	7.3%
	No Opinion	58	7.4%	107	9.0%	165	8.4%
	Total	780	100.0%	1191	100.0%	1971	100.0%
My training has been	Strongly Agree	184	23.4%	238	19.8%	422	21.2%
long enough, and good enough, to enable me	Agree	469	59.7%	695	57.7%	1164	58.5%
to practise adequately when I first	Neither Agree nor Disagree	62	7.9%	106	8.8%	168	8.4%
become/became a	Disagree	51	6.5%	120	10.0%	171	8.6%
consultant or GP	Strongly Disagree	9	1.1%	15	1.2%	24	1.2%
	No Opinion	10	1.3%	30	2.5%	40	2.0%
	Total	785	100.0%	1204	100.0%	1989	100.0%

The 195 respondents who disagreed or strongly disagreed that their training had been long enough, and good enough, to enable them to practise adequately when they first become/became a consultant or GP were asked to indicate in which areas they felt deficient (Table 13).

Areas in which these respondents felt most deficient were: Clinical experience (58.5%), Hospital/practice management (42.1%) and Leadership skills (41.5%). However, these respondents only represented, respectively, 5.7%, 4.1% and 4.1% of all respondents.

Table 13: Training areas which were deficient

	Male (N	l=60)	Female (N	N=135)	Total (N=195)		
	Count	%	Count	%	Count	%	
Clinical skills	21	35.0%	38	28.1%	59	30.3%	
Clinical experience	22	36.7%	92	68.1%	114	58.5%	
Surgical experience	23	38.3%	28	20.7%	51	26.2%	
Leadership skills	23	38.3%	58	43.0%	81	41.5%	
Multi-disciplinary team working	7	11.7%	7	5.2%	14	7.2%	
Hospital/practice management	23	38.3%	59	43.7%	82	42.1%	
Life-long learning skills	9	15.0%	19	14.1%	28	14.4%	
Safety and quality improvement	15	25.0%	26	19.3%	41	21.0%	

Table 14 reports the views of the respondents on three statements concerning the implementation of the European Working Time Directive. 57.7% of respondents disagreed that the implementation of the European Working Time Directive (EWTD) has benefited senior doctors. 41.7% of respondents disagreed that the implementation of the EWTD has benefited junior doctors. 52.3% of respondents disagreed that the implementation of the EWTD has benefited the NHS. Men were a little more negative than women.

Table 14: The European Working Time Directive (EWTD)

		Mal	е	Fema	ale	Tota	al
		Count	%	Count	%	Count	%
The	Strongly Agree	13	1.7%	8	0.7%	21	1.1%
implementation of the EWTD	Agree	66	8.5%	115	9.6%	181	9.2%
has benefited senior doctors	Neither Agree nor Disagree	167	21.4%	209	17.5%	376	19.0%
	Disagree	309	39.6%	491	41.1%	800	40.5%
	Strongly Disagree	154	19.7%	186	15.6%	340	17.2%
	No Opinion	72	9.2%	186	15.6%	258	13.1%
	Total	781	100%	1195	100%	1976	100%
The	Strongly Agree	52	6.7%	55	4.6%	107	5.4%
implementation of the EWTD	Agree	210	26.9%	393	32.8%	603	30.5%
has benefited junior doctors	Neither Agree nor Disagree	117	15.0%	185	15.4%	302	15.3%
junior doctors	Disagree	228	29.2%	319	26.6%	547	27.6%
	Strongly Disagree	140	17.9%	139	11.6%	279	14.1%
	No Opinion	34	4.4%	107	8.9%	141	7.1%
	Total	781	100%	1198	100%	1979	100%
The	Strongly Agree	18	2.3%	15	1.3%	33	1.7%
implementation of the EWTD	Agree	92	11.8%	181	15.2%	273	13.8%
has benefited the NHS	Neither Agree nor Disagree	173	22.1%	254	21.3%	427	21.6%
	Disagree	270	34.5%	428	35.9%	698	35.3%
	Strongly Disagree	177	22.6%	157	13.2%	334	16.9%
	No Opinion	52	6.6%	158	13.2%	210	10.6%
	Total	782	100%	1193	100%	1975	100%

Respondents were asked 'How would you describe the effect of the implementation of EWTD's on your experience of work in your ...' and they were presented with five statements (Table 15). 64.5% of respondents said that the implementation of the EWTD had had a negative effect upon 'Continuity of patient care'. 64.5% of respondents said that the implementation of the EWTD had had a negative effect upon 'Continuity of patient care'. 63.9% of respondents said that the implementation of the EWTD had had a negative effect upon 'Junior doctors' training opportunities'.

Table 15: The European Working Time Directive's (EWTD) effect upon experience of work

				Ge	nder		
		N	lale	Fe	male	T	otal
		Count	%	Count	%	Count	%
	Positive	17	2.2%	34	2.8%	51	2.6%
	Neutral/No Effect	173	22.0%	297	24.9%	470	23.7%
Continuity of patient care	Negative	542	69.0%	736	61.6%	1278	64.5%
	Don't Know/No Opinion	54	6.9%	127	10.6%	181	9.1%
	Total	786	100.0%	1194	100.0%	1980	100.0%
	Positive	89	11.3%	182	15.3%	271	13.7%
	Neutral/No Effect	311	39.6%	485	40.7%	796	40.2%
Quality of patient care	Negative	326	41.5%	378	31.7%	704	35.6%
	Don`t Know/No Opinion	59	7.5%	148	12.4%	207	10.5%
	Total	785	100.0%	1193	100.0%	1978	100.0%
	Positive	61	7.8%	106	8.9%	167	8.4%
	Neutral/No Effect	255	32.5%	426	35.7%	681	34.4%
Efficiency in managing patient care	Negative	410	52.2%	506	42.4%	916	46.3%
	Don't Know/No Opinion	59	7.5%	154	12.9%	213	10.8%
	Total	785	100.0%	1192	100.0%	1977	100.0%
	Positive	41	5.2%	70	5.9%	111	5.6%
	Neutral/No Effect	168	21.4%	246	20.7%	414	21.0%
Junior doctors' training opportunities	Negative	526	67.1%	737	61.9%	1263	63.9%
	Don't Know/No Opinion	49	6.3%	138	11.6%	187	9.5%
	Total	784	100.0%	1191	100.0%	1975	100.0%
	Positive	443	56.6%	684	57.4%	1127	57.1%
	Neutral/No Effect	190	24.3%	259	21.7%	449	22.7%
Doctors' work-life balance	Negative	106	13.5%	130	10.9%	236	12.0%
	Don`t Know/No Opinion	44	5.6%	118	9.9%	162	8.2%
	Total	783	100.0%	1191	100.0%	1974	100.0%

Respondents were presented with three statements about equal opportunities (Table 16). 73.4% of respondents agreed that 'The NHS is a good equal opportunities employer for women doctors'. 63.9% of respondents agreed that 'The NHS is a good equal opportunities employer for doctors from ethnic minorities'. 27.8% of respondents agreed that 'The NHS is a good equal opportunities employer for doctors with disabilities'.

Table 16: Equal opportunities

	_	Male	е	Fem	ale	Tot	al
		Count	%	Count	%	Count	%
The NHS is a good	Agree	566	72.0%	890	74.4%	1456	73.4%
equal opportunities	Neither Agree nor Disagree	80	10.2%	153	12.8%	233	11.7%
	Disagree	34	4.3%	117	9.8%	151	7.6%
employer for	Don't Know/No Opinion	106	13.5%	37	3.1%	143	7.2%
women doctors	Total	786	100.0%	1197	100.0%	1983	100.0%
The NHS is a good	Agree	520	66.2%	749	62.5%	1269	63.9%
equal opportunities	Neither Agree nor Disagree	109	13.9%	157	13.1%	266	13.4%
employer for doctors	Disagree	55	7.0%	59	4.9%	114	5.7%
from ethnic	Don't Know/No Opinion	102	13.0%	234	19.5%	336	16.9%
minorities	Total	786	100.0%	1199	100.0%	1985	100.0%
The NHS is a good	Agree	257	32.7%	295	24.6%	552	27.8%
_	Neither Agree nor Disagree	190	24.2%	262	21.9%	452	22.8%
employer for doctors	Disagree	78	9.9%	109	9.1%	187	9.4%
	Don't Know/No Opinion	261	33.2%	532	44.4%	793	40.0%
with disabilities	Total	786	100.0%	1198	100.0%	1984	100.0%

Career advice: giving and receiving

Most respondents had given career advice to junior doctors, either formally or informally (78.3%: Table 17). More women (26.4%) than men (14.5%) said that they had not given any career advice to junior doctors.

Table 17: Advice given to junior doctors, formally and informally

	Ma	le	Fem	ale	Total	
	Count	%	Count	%	Count	%
Yes, and I had specific training for the role	49	6.2%	57	4.7%	106	5.3%
Yes, but I had no specific training for the role	625	79.3%	834	68.9%	1459	73.0%
No	114	14.5%	320	26.4%	434	21.7%
Total	788	100.0%	1211	100.0%	1999	100.0%

30.9% of respondents said that they had unmet needs for advice on future career planning, management or career change (33.2% women, 27.3% men: Table 18).

Table 18: Career advice: unmet needs

	Mal	е	Fem	ale	Total			
	Count	%	Count	% Count		%		
Yes	213	27.3%	396	33.2%	609	30.9%		
No	566	72.7%	797	66.8%	1363	69.1%		
Total	779	100.0%	1193	100.0%	1972	100.0%		

Families and careers

Opinion was split on whether or not doctors regarded the NHS as a family-friendly employer for doctors with children: 40.0% did and 38.2% did not (Table 19). 63.3% of doctors regarded their specialty as a family-friendly specialty for doctors with children. 46.6% of doctors who had or wanted children were influenced by that fact in their choice of specialty, and 48.9% were not influenced by that.

Table 19: Families and careers

		M	lale	Fe	male	Т	otal
		Count	%	Count	%	Count	%
	Yes	299	37.9%	501	41.3%	800	40.0%
Do you regard the NHS as a	No	322	40.8%	442	36.5%	764	38.2%
family-friendly employer for	Don`t Know	164	20.8%	259	21.4%	423	21.1%
doctors with children?	Prefer not to answer	4	0.5%	10	0.8%	14	0.7%
	Total	789	100.0%	1212	100.0%	2001	100.0%
	Yes	440	56.1%	825	68.1%	1265	63.3%
Do you regard your specialty as a	No	258	32.9%	285	23.5%	543	27.2%
family-friendly specialty for	Don`t Know	83	10.6%	98	8.1%	181	9.1%
doctors with children?	Prefer not to answer	4	0.5%	4	0.3%	8	0.4%
	Total	785	100.0%	1212	100.0%	1997	100.0%
	Yes	214	27.2%	718	59.2%	932	46.6%
Has the fact of having children, or of wanting to have children, influenced your choice of career	No	533	67.7%	445	36.7%	978	48.9%
	Don`t Know	35	4.4%	35	2.9%	70	3.5%
	Prefer not to answer	5	0.6%	14	1.2%	19	1.0%
specialty?	Total	787	100.0%	1212	100.0%	1999	100.0%

46.6% of doctors would describe the level of support they had received from employers in helping them to return to work after their most recent period of Maternity/Paternity/Adoption leave as 'excellent' or 'good'.

Table 20: Returning to work after leave

		Male		Fei	male	To	otal
		Count	%	Count	%	Count	%
	Excellent	61	23.6%	128	17.3%	189	19.0%
How would you describe the level	Good	79	30.5%	196	26.6%	275	27.6%
of support you received from	Acceptable	69	26.6%	225	30.5%	294	29.5%
employers in helping you to return	Poor	21	8.1%	94	12.7%	115	11.5%
to work after your most recent	Very Poor	12	4.6%	54	7.3%	66	6.6%
period of	Did Not Return	0	0.0%	12	1.6%	12	1.2%
Maternity/Paternity/Adoption	Prefer not to answer	17	6.6%	29	3.9%	46	4.6%
leave?	Total	259	100.0%	738	100.0%	997	100.0%

Personal circumstances

Most respondents were living with a spouse or partner (84.2%; Table 21). Slightly more men were living with a spouse or partner than women.

Table 21: Living with a spouse or partner

		Male		Female		Total	
		Count	%	Count	%	Count	%
Are you living with a spouse or partner?	Yes	688	87.3%	999	82.2%	1687	84.2%
	No	91	11.5%	201	16.5%	292	14.6%
	Prefer not to answer	9	1.1%	16	1.3%	25	1.2%
	Total	788	100.0%	1216	100.0%	2004	100.0%

The doctors were then asked 'Is your spouse/partner medically qualified?' 1683 doctors who had replied that they were living with a spouse or partner answered this question (Table 22). 38.5% said that their partner was in medical employment.

Table 22: Is your spouse/partner medically qualified?

		Male		Female		T	otal
		Count	%	Count	%	Count	%
	Yes, and my partner is in medical employment	302	44.0%	346	34.7%	648	38.5%
Is your spouse/partner	Yes, and my partner is not in medical employment	61	8.9%	118	11.8%	179	10.6%
medically qualified?	No	323	47.1%	532	53.4%	855	50.8%
	Prefer not to answer	0	0.0%	1	0.1%	1	0.1%
	Total	686	100.0%	997	100.0%	1683	100.0%

43.9% of doctors said that they had difficulties co-ordinating the location of their careers together (Table 22).

Table 22: Location of spouse

		N	lale	Female		T	otal
		Count	%	Count	%	Count	%
	Yes	317	47.2%	411	41.6%	728	43.9%
Do you and your spouse/partner have	No	348	51.9%	569	57.6%	917	55.3%
difficulties co-ordinating the location of your	Prefer not	6	0.9%	8	0.8%	14	0.8%
careers together?	to answer				2.272		212,5
	Total	671	100.0%	988	100.0%	1659	100.0%

The respondents were asked 'Are there any dependent adults (e.g. disabled, sick or elderly) whose needs could affect your ability to pursue your chosen career?' 90.4% of doctors replied that there were not (Table 23).

Table 23: Dependent adults

		N	Male		Female		otal
		Count	%	Count	%	Count	%
	Yes	63	8.0%	105	8.7%	168	8.4%
Are there any dependent adults (e.g. disabled,	No	710	90.6%	1088	90.3%	1798	90.4%
sick or elderly) whose needs could affect your ability to pursue your chosen career?	Prefer not to answer	11	1.4%	12	1.0%	23	1.2%
	Total	784	100.0%	1205	100.0%	1989	100.0%

The average number of children, per doctor, was 1.2 (SD=1.0). The average for men doctors was 1.2 and for women doctors it was 1.2. 33.5% of doctors had no children (Table 32). The average age of the eldest child was 3.7 years (SD=2.7).

Table 32: Number of children

			Gei	nder	Total
			Male	Female	
	Mana	Count	258	386	644
	None	%	33.7%	33.4%	33.5%
	4 -1-9-1	Count	168	264	432
	1 child	%	22.0%	22.8%	22.5%
How many children under 16 are	2 children	Count	256	404	660
		%	33.5%	34.9%	34.3%
normally resident in your household?	0 131	Count	72	95	167
	3 children	%	9.4%	8.2%	8.7%
	4 obildron	Count	11	6	17
	4 children	%	1.4%	0.5%	0.9%
	E obildron	Count	0	2	2
	5 children	%	0.0%	0.2%	0.1%
Total		Count	765	1157	1922
Total		%	100.0%	100.0%	100.0%

Appendix 1: The questionnaire

UNIVERSITY OF OXFORD

UK Medical Careers Research Group

2013 Survey of Doctors who Graduated in 2002

Information about this survey

About the survey

We have been reporting on doctors' career choices and progression, factors that influence career progression, and doctors' experiences for many years. We have surveyed all medical graduates, from all UK medical schools, in 12 year-of-qualification cohorts. This questionnaire is now being sent to every doctor who graduated in the UK in 2002. This is the fourth occasion on which we have surveyed your graduation year, following previous surveys in 2003, 2005, and 2007.

The results

Our findings are provided, as aggregated statistics, to the Department of Health, GMC, Medical School and Postgraduate Deans, and others, and published in peer reviewed journals. The Department of Health, workforce planners and medical educators take a close interest in our findings. See our website at www.uhce.ox.ac.uk/ukmcrg for details of our work and links to peer-reviewed published papers.

Your views are important

This survey provides a unique opportunity for you to make your views known, and to tell us about your future plans at this important stage in your career. We would like a very high response to ensure that all points of view are represented, and to enable us to form reliable conclusions and recommendations. If you are not working in the NHS, if you are in medicine abroad, or if you are not working in medicine, we still really want to hear from you. We are very interested in doctors who do not work in the NHS, or in medicine at all, as well as those who do.

Confidentiality and ethical approval

The survey is completely confidential and it will not be possible to identify the views of individual respondents either directly or indirectly in the published results. Your reply will be treated as strictly confidential to senior members of our small survey team. It is anonymised on receipt by separating your personal details from the rest of your reply. All replies are held securely by the UK Medical Careers Research Group in the University of Oxford and only aggregated statistical information, as analysed by us, will be made available to people outside it, including the Department of Health.

Our studies have NHS Ethical Committee approval.

Further contact

Typically, we contact doctors at the end of the first year after qualification. We also follow doctors up at intervals of about 2-3 years, thereafter, with a brief questionnaire to ask how your career is progressing and to seek your views about working in medicine (or leaving medicine). We do not anticipate surveying your graduation cohort again for several years. However, if you will never want to give us your views about your work, now or in the future, and wish to be removed from our mailing list, please email mcrg@dph.ox.ac.uk to tell us, giving your name and our reference number, and your GMC number, if known.

Queries

If you have any queries about the questionnaire or the survey, please contact Trevor Lambert, the Study Coordinator, by phone on Oxford (01865) 289389 or email trevor.lambert@dph.ox.ac.uk Thank you very much for your help.

We hope that you will find the questions interesting and that you will enjoy giving us your answers!

Trevor Lambert Professor Michael Goldacre

Study Co-ordinator Director



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2013 Survey of Doctors who Graduated in 2002

ONLINE VERSION AVAILABLE

If you wish, you can complete this survey online at: www.uhce.ox.ac.uk/2002 using reference number: <DataSubjectRef> and password: <password>

Please answer as fully as you can.

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

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

YOUR CAREER PLANS

Which of these for	our statements best	describes your curren	t employment situation?
	Jui Statements Best	acacines your current	t Citipio viliciti Situationi:

Please ir	nterpret 'v	vorking	in medicine	e' to mean	working	in a r	ole whi	ich	requires	a medical	degree.	Please	regard
maternity	/paternity	y/adopti	ion leave o	sabbatica	al leave fi	om a	post a	as w	vorking ir	that post			

Working	in medicine in the UK
Working in me	dicine outside the UK
Worl	king outside medicine
No	ot in paid employment
Depending on your current employment situation, please answer a) or b) or c) below.	
a) If you are working in medicine in the UK, do you intend to continue doing so for the for	reseeable future?
	Yes-definitely
	Yes-probably
	Undecided
	No-probably not
	No-definitely not
If you did <u>not</u> answer "Yes-definitely", are you considering any of the following	? (select all that apply)
	(select all that apply) sing medicine abroad
practi	
practi	sing medicine abroad
practi	sing medicine abroad
practi leaving medicine bu leaving medicin	sing medicine abroad
practi leaving medicine bu leaving medicin	sing medicine abroad ut remaining in the UK ue and leaving the UK
practi leaving medicine bu leaving medicin	sing medicine abroad It remaining in the UK It remaining in the UK It remaining in the UK
practi leaving medicine bu leaving medicin	sing medicine abroad ut remaining in the UK ue and leaving the UK Yes-definitely Yes-probably
practi leaving medicine bu leaving medicin	sing medicine abroad It remaining in the UK Yes-definitely Yes-definitely Yes-probably Undecided





2013 Survey of Doctors who Graduated in 2002

c) <u>If you are working outside medicine</u> or <u>are not in paid employment</u> , do you plan to return to UK medicine?
Yes-definitely
Yes-probably
Undecided
No-probably not
No-definitely not
YOUR CAREER CHOICES
What is your <u>current</u> specialty? Please give your specialty, and subspecialty (if appropriate), or area of work if non-medical.
We appreciate that most doctors, at your level, have made their specialty choices.
Nonetheless, do you regard your current specialty (or type of employment if you are not working as a doctor) as your final choice of long-term career?
Definitely
Probably
Not Really
If you did <u>not</u> answer 'Definitely' :
What <u>alternative</u> specialty, or area of work, are you considering as your final choice of long-term career? Please give your choice of specialty or subspecialty (if medical), or your career choice if non-medical. Be as general or specific as you wish.
CHANGES OF SPECIALTY DURING TRAINING
We are interested in doctors who completed specialty training but did not subsequently work in the specialty; and in doctors who started specialty training but did not complete training in that specialty. If this does not apply to you, please go to the next section.
If this does apply to you:
What was the specialty?
How far did you progress? (please specify grade reached)
When did you leave the specialty? (please specify year)



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2013 Survey of Doctors who Graduated in 2002

What were the main reasons you left the specialty?	
What did you do next? E.g. What training/job did you seek/get?	
YOUR CURRENT AND	FUTURE POSTS
Which phrase best describes your <u>current post</u> ?	Clinical service without teaching or research
	Clinical service with some research time
	Clinical service with some teaching responsibility
	Clinical service with some teaching and research
	Clinical academic with honorary NHS sessions
	Other *
* Other (please describe)	
In future, in your <u>long term career,</u> do you intend to work ma	ainly in:
in luture, in your <u>long term ourcer</u> , do you intend to work int	Clinical service without teaching or research
	Clinical service with some research time
	Clinical service with some teaching responsibility
	Clinical service with some teaching and research
	Clinical academic with honorary NHS sessions
	Undecided
	Other *
* Other (please describe)	
How much are you enjoying your current job?	
1 2 3 4 5 Not enjoying it at all	6 7 8 9 10 Enjoying it greatly



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In your current jo recreational activ		isfied are	you with t	he amoun	t of time	your w	ork leave	es you fo	or family	y, social	and
	1 2 Not at all s		4	5	6	7	8 Extre	9 emely sa	10 tisfied		
What do you administration/mathe	anagemen	t? (<i>NB Pl</i>									
are purpose or an	is question	,							lt i	s approp	riate
										It is too n	nuch
										It is too	little
									Prefer	not to ans	swer
					Pleas	se comm	ent furthe	er on nor	n-clinical	l work, if	you wish
		2411	FOTON	IEO INI	V 0111	204	DEED				
		WIIL	ESTON	IES IN	YOU	R CA	KEEK				
Please complete	this sectio	n if you a	re currently	y working	in medi	cine, wh	ether in	the UK o	or abroa	ad.	
If you reached an indicated).	y of these	NHS care	er milesto	nes, pleas	e give th	ne date f	first reac	hed (and	d the sp	ecialty v	vhere
(enter month and	year as dig	gits)									
First appointed as	sa:										
	MM	YY									
Specialty Registr	ar:	1	Specialt	y Registra	r specialt	y:					
Consulta	nt:	1		Consultan	t specialt	y:					
GP Registr	ar:	1									
GP Princip	pal:	1									



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2013 Survey of Doctors who Graduated in 2002

YOUR VIEWS

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

Please consider each statement and mark the response which most accurately reflects your own opinion. If you are not working in medicine, please go to page 9.

For all statements:

SA=Strongly agree, A=Agree, N=Neither agree nor disagree, D=dis DK=Don't Know/No Opinion	agree,	SD=S	trongly	/ disag	jree	
Working conditions and support in my current post						Ī
	SA	Α	N	D	SD	DK
I receive good support from nursing staff						
I receive good support from hospital management / GP practice management						
My working conditions (e.g. resources, environment) are satisfactory						
My career						I
	SA	Α	N	D	SD	DK
I have had good professional opportunities in my career to date						
My future career prospects are good						
There may be too few consultant/principal posts in my specialty in future for those eligible for them						
My training has been long enough, and good enough, to enable me to practise adequately when I first become/became a consultant or GP						
If your response to the last statement was 'disagree' or 'strongly disag and/or experience inade						
				Clir	nical sk	ills
			Cli	nical ex	kperier	ice 🗌
			Sur	gical ex	kperier	ice 🗌
			l	_eader:	ship sk	ills 🗌
	M	1ulti-dis	sciplina	ry tean	n work	ng 🗌
	F	łospita	l/practi	ce mar	nagem	ent 🗌
			Life-lor	ng leari	ning sk	ills
	Sa	afety ar	nd qual	ity imp	roveme	ent _
Other (Please describe)						





2013 Survey of Doctors who Graduated in 2002

For all statements:

SA=Strongly agree, A=Agree, N=Neither agree nor disagree, D=disa DK=Don't Know/No Opinion	agree,	SD=St	trongly	disag	ree						
The European Working Time Directive (EWTD)											
	SA	Α	N	D	SD	DK					
The implementation of the EWTD has benefited senior doctors											
The implementation of the EWTD has benefited junior doctors											
The implementation of the EWTD has benefited the NHS											
For all statements:											
P=Positive, NE=Neutral/No Effect, N=Negative, DK=Don'	t Know	//No O _l	pinion								
How would you describe the effect of the implementation of EWTD's on <u>your experience</u> of work in your specialty with regard to											
		P	NE		N	DK					
Continuity of patient ca	re										
Quality of patient ca	re										
Efficiency in managing patient ca	re			[
Junior doctors' training opportunities	es			[
Doctors' work-life balance	ce			[
For all statements:											
A=Agree, N=Neither agree nor disagree, D=disagree, DK=D	on't Kr	now/No	Opinio	n							
Equal Opportunities											
The NHS is a good equal opportunities employer		Α	N		D	DK					
for women docto	rs										
for doctors from ethnic minorities	es			[
for doctors with disabilities	es			[



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2013 Survey of Doctors who Graduated in 2002

Please give details below of your *current post* and the most recent previous *employment post* or *period not in paid employment.* We would like to know about *any* employment, whether in the NHS or not, whether in medicine or not, and whether in the UK or not. If you hold, or held, more than one post simultaneously (e.g. an NHS post and a Private Medicine post) please give details of both posts, using two separate entries.

If you are in a UK Academic post, please give under 'Grade' both your academic grade or job title and your NHS Honorary grade.

Please **include** any period(s) of time greater than a month when you were **not in paid employment**. Please regard periods of **maternity or paternity** leave as continuing in your employment.

Current post(s)

Date started	Date ended if not current MM / YY	or type of work if non-medical, or 'Not in paid employment'			or type of work if non-medical, or 'travel / career break /				
Date Started	Current post	Specialty			Grade (UK academics give a	cademic <u>and</u> NHS Honorary grade)	Location		
	service post		Academic post Abroad medical		HM Forces doctor n-medical employment	UK other public sector r		Part-time Locum NHS Retained GP	
Date Started	Current post	Specialty			Grade (UK academics give a	cademic <u>and</u> NHS Honorary grade)	Location		
	service post		Academic post Abroad medical		HM Forces doctor	UK other public sector r		Part-time Locum NHS Retained GP	
Previous	post(s)								
Date Started	Date Ended	Specialty			Grade (UK academics give a	cademic <u>and</u> NHS Honorary grade)	Location		
	service post		Academic post Abroad medical		HM Forces doctor	UK other public sector r		Part-time Locum NHS Retained GP	
Date Started	Date Ended	Specialty			Grade (UK academics give a	cademic <u>and</u> NHS Honorary grade)	Location		
	service post		Academic post Abroad medical		HM Forces doctor	UK other public sector r		Part-time Locum NHS Retained GP	

If you would like to give us more detail about your current or previous posts, please use the last page called 'Additional Comments'.



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CAREER ADVICE : GIVING AND RECEIVING

Do you give career advice to junior doctor	ors, whether fo	rmally o	or informally?							
Yes, and I had specific training for the role										
			Yes, but I	had no s _l	pecific train	ning for t	he role			
							No			
Do you have unmet needs, yourself, for a	advice on futur	o carooi	r nlanning / m	anagomo	nt / caroo	r chang	n2			
bo you have uninet needs, yoursell, for a	advice on idiai	e career	piailillig / ille	anageme	iit / Career	Chang				
							Yes *			
							No			
			* If yes, pleas	e give br	ief details	below i	f you wish			
FΛ	MII IES A	ND C	APFFDS							
FAMILIES AND CAREERS We are interested in factors that influence career choice and progression and would therefore like to ask about										
children and family formation.	e career choic	e anu pi	ogression and	a would t	illererore i	ING TO A	sk about			
			Yes	No	Don't know		er not to nswer			
Do you regard the NHS as a family-frien with children?	ndly employer fo	or doctor	rs							
Do you regard <u>your specialty</u> as a far doctors with children?	mily-friendly spe	ecialty fo	or							
Has the fact of having children, or of winfluenced your choice of career specialty?		childre	n,							
For Mothers or Fathers who have taken I	Maternity, Pate	rnity or	Adoption leav	e from N	HS emplo	yment la	asting			
longer than two weeks :						Did	Prefer			
How would you describe the level of support you received from employers in	Excellent	Good	Acceptable	Poor	Very poor i	not return	not to answer			
helping you to return to work after your most recent period of										
Maternity/Paternity/Adoption leave?										
	Please give the	e year in	which you star	ted this p	eriod of lea	ave:				
 If you wish, please add commen 	nts on vour resi	ponses :	to anv of the o	uestions	s in this se	ection				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		,							





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YOUR PERSONAL CIRCUMSTANCES

There is interest in factors that may influence doctors' career choice, career location or progression, but we understand if you would prefer not to answer.

,
e you living with a spouse or partner?
Yes
No _
Prefer not to answer
you are living with a spouse or partner:
a) Is your spouse/partner medically qualified?
Yes, and my partner is in medical employment
Yes, and my partner is not in medical employment
No
Prefer not to answer
b) Do you and your spouse/partner have difficulties co-ordinating the location of your careers together?
Yes
No _
Prefer not to answer
e there any dependent adults (e.g. disabled, sick or elderly) whose needs could affect your ability to pursue
ur chosen career?
Yes
No L
Prefer not to answer
ow many children under 16 are normally resident in your household?
Number of children :
Prefer not to answer
. Total not to answer
If you have children, what is the age of your oldest child in years? (Enter 0 for 0-11 months):
Prefer not to answer



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ADDITIONAL COMMENTS

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

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

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

Thank you very much for your co-operation. <u>Please remove the covering letter before returning</u>.

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