UK Medical Careers Research Group
Oxford University

2005 cohort of UK Medical Graduates

Report of Second Survey, conducted in 2008

Report produced October 2012

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Introduction

This report describes the results of the second survey of the cohort of 5129 doctors who qualified from UK medical schools in 2005. The 2005 cohort has been surveyed previously on one occasion, in 2006. The first mailing for this survey was completed in 14 Feb 2008, and late replies were received up to 19th of November 2008.

This report describes the main results from the second survey, focusing on current employment situation, employment through the MTAS system, career choices and future career plans. It is not intended as an analytical report and does not seek to relate data from this cohort to that obtained from other cohorts.

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 5129 doctors (2142 men, 2987 women). Excluding from the denominator 244 who were untraceable, 18 who had declined to participate, and 3 who had died, the response to the second survey was 56% (2709/4864) comprising of 1009 males (37% of total) and 1700 females (63% of total). For men the response rate was 50% (1009/2017), and for women 60% (1700/2847). A one-page questionnaire was mailed as the 6th reminder mailing for this cohort survey; it invited information on choice of specialty, intentions to practise medicine and the respondent's background. In total there were 2561 respondents to the full questionnaire.

Questions asked in both long and short versions of the questionnaire

Demographics

2500 doctors provided information regarding their age at the time of their application to medical school (Table 1). Just over half were 18 years of age when they began their pre-clinical studies. The next most common age was 19 years. The oldest respondent was 42 years of age.

Table 1: Age when starting as a pre-clinical student

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Age						
17	36	3.6	74	4.4	110	4.1
18	496	49.2	896	52.7	1392	51.4
19	200	19.8	344	20.2	544	20.1
20	42	4.2	50	2.9	92	3.4
21	32	3.2	60	3.5	92	3.4
22	34	3.4	53	3.1	87	3.2
23	18	1.8	31	1.8	49	1.8
24	15	1.5	16	0.9	31	1.1
25	8	0.8	17	1.0	25	0.9
26	7	0.7	11	0.6	18	0.7
27	5	0.5	10	0.6	15	0.6
28	8	0.8	5	0.3	13	0.5
29	5	0.5	3	0.2	8	0.3
30	4	0.4	3	0.2	7	0.3
31	1	0.1			1	0.0
32	1	0.1	3	0.2	4	0.1
33	1	0.1			1	0.0
34	2	0.2	1	0.1	3	0.1
35	3	0.3			3	0.1
37	1	0.1			1	0.0
38	1	0.1	2	0.1	3	0.1
42	1	0.1			1	0.0
Not given	88	8.7	121	7.1	209	7.7
Total	1009	100.0	1700	100.0	2709	100.0

Ethnicity

Non-white doctors comprised 27.4% (691/2526) of those who provided information on their ethnicity; with Indians comprising the largest group, followed by Chinese and Asian-Other (Table 2). 140 students (5.2%) were overseas students (as defined by the level of fees paid) during their time at medical school in the UK.

Table 2: Ethnic origin of survey respondents

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
White	604	59.9	1231	72.4	1835	67.7
Indian	115	11.4	118	6.9	233	8.6
Pakistani	36	3.6	34	2.0	70	2.6
Bangladeshi	7	0.7	9	0.5	16	0.6
Chinese	38	3.8	56	3.3	94	3.5
Asian-other	46	4.6	48	2.8	94	3.5
Black Caribbean	5	0.5	3	0.2	8	0.3
Black African	16	1.6	16	0.9	32	1.2
Black-other			2	0.1	2	0.1
Other	35	3.5	54	3.2	89	3.3
Mixed	22	2.2	31	1.8	53	2.0
Not given	85	8.4	98	5.8	183	6.8
Total	1009	100.0	1700	100.0	2709	100.0

Location of family home

88% of respondents reported that their family home at the time of application to medical school was in the UK, with 5.6% living abroad (Table 3). 2432 respondents provided data on the number of years lived in or near their family home. The median number of years lived in or near their family home was 18.

Table 3: Location of family home at time of application to medical school

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
UK	863	85.5	1515	89.1	2378	87.8
Abroad	62	6.1	90	5.3	152	5.6
Unknown	84	8.3	95	5.6	179	6.6
Total	1009	100.0	1700	100.0	2709	100.0

Qualifications prior to and during medical school

11.7% of respondents (12.5% of men, 11.3% women) reported that they had obtained professional or other post-school qualifications before entering medical school (Table 4). Of these 318 doctors, 45.3% had gained a science degree, with the next most common qualification being a medical-related degree (Table 4).

Table 4: Details of professional or post-school qualifications prior to medical school

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Dental degree/LDS	8	6.3	10	5.2	18	5.7
Medical-related degree	43	34.1	78	40.6	121	38.1
Nursing/paramedical qualification			4	2.1	4	1.3
Science degree/BSc	62	49.2	82	42.7	144	45.3
Arts/Humanities degree/BA	8	6.3	16	8.3	24	7.5
Not given/not applicable	5	4.0	2	1.0	7	2.2
Total	126	100.0	192	100.0	318	100.0

We also asked the cohort whether they had obtained any non-clinical qualifications during medical school. 40.4% of survey respondents overall (43.1% of men, 38.8% of women) had gained an intercalated degree whilst studying.

Combining data on respondents' qualifications both before and/or during medical school, it was found that 40.4% had no extra qualification before or during medical school (Table 5). 41.3% had gained qualifications during medical school only, in comparison with 10.5% of respondents who had gained qualifications before but not during medical school. Men were more likely than women to have obtained a qualification during medical school than women ($p<0.01$) and women were less likely to have obtained qualifications either before or during medical school ($p<0.001$).

Table 5: Qualifications before and/or during medical school

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Before medical school	108	10.7	176	10.4	284	10.5
During medical school	447	44.3	672	39.5	1119	41.3
Both	5	0.5	4	0.2	9	0.3
Neither	359	35.6	736	43.3	1095	40.4
Dental degree before	8	0.8	10	0.6	18	0.7
Not given	82	8.1	102	6.0	184	6.8
Total	1009	100.0	1700	100.0	2709	100.0

Clinical Medical school

Table 6 shows the distribution of male and female respondents across clinical medical schools.

Table 6: Clinical medical school of 2008 respondents

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Aberdeen	43	4.3	59	3.5	102	3.8
Birmingham	40	4.0	96	5.6	136	5.0
Bristol	27	2.7	58	3.4	85	3.1
Cambridge	31	3.1	39	2.3	70	2.6
Dundee	20	2.0	52	3.1	72	2.7
Edinburgh	49	4.9	87	5.1	136	5.0
Glasgow	42	4.2	84	4.9	126	4.7
Leeds	36	3.6	81	4.8	117	4.3
Liverpool	48	4.8	71	4.2	119	4.4
Manchester	71	7.0	119	7.0	190	7.0
Newcastle	40	4.0	72	4.2	112	4.1
Oxford	34	3.4	46	2.7	80	3.0
Sheffield	43	4.3	72	4.2	115	4.2
Cardiff	38	3.8	103	6.1	141	5.2
Imperial College	48	4.8	90	5.3	138	5.1
King’s College	55	5.5	102	6.0	157	5.8
Queen Mary and Westfield	60	5.9	49	2.9	109	4.0
St George’s	45	4.5	61	3.6	106	3.9
University College	65	6.4	90	5.3	155	5.7
Belfast	31	3.1	43	2.5	74	2.7
Nottingham	31	3.1	57	3.4	88	3.2
Southampton	40	4.0	66	3.9	106	3.9
Leicester	32	3.2	47	2.8	79	2.9
Leicester/Warwick	24	2.4	40	2.4	64	2.4
Not given	16	1.6	16	0.9	32	1.2
Total	1009	100.0	1700	100.0	2709	100.0

Career choices in 2008

Certainty of career choice

Three years after graduation, nearly two-thirds of respondents were sure of their long-term career choice, with 92.6% of respondents describing their career choice as either a definite or a probable choice (Table 7). There were no significant differences in the level of certainty between men and women.

Table 7: Certainty about long-term career choices

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Definitely	611	60.6	1057	62.2	1668	61.6
Probably	320	31.7	519	30.5	839	31.0
Not really	73	7.2	116	6.8	189	7.0
No reply given	5	0.5	8	0.5	13	0.5
Total	1009	100.0	1700	100.0	2709	100.0

First, second and third choices of long-term career

Respondents were asked to provide up to three long-term career choices in their own words, and to indicate whether any of these choices were of equal preference. Choices have been grouped into mainstream specialties, then adjusted so that if a respondent gave two or more choices within one mainstream specialty (e.g. trauma and orthopaedics and general surgery), those choices became classified as an untied first choice (for surgery).

The most popular overall first choice of long-term career was for general practice (37% of respondents) (Table 8). The next highest percentage of first choices was for surgery (14%), closely followed by the hospital medical specialties (13%). The relative popularity of specialties varied between men and women. For men the most popular choice was surgery (24% compared with 8% of women) whereas for women GP was by far the most popular career choice (43% compared with 28% of men). The overall popularity of GP is thus skewed by the higher ratio of women to men within respondents. A substantial percentage of men and women expressed a preference for anaesthetics as their first choice of long-term career (10% of men and 9% of women). A&E was also relatively popular amongst men (6%) whilst paediatrics was relatively popular amongst women (7%).

Table 8: First choices of long-term career in 2008

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	152	15.1	205	12.1	357	13.2
Paediatrics	25	2.5	125	7.4	150	5.5
Accident & Emergency	55	5.5	64	3.8	119	4.4
Surgery	244	24.2	128	7.5	372	13.7
Obstetrics & Gynaecology	14	1.4	97	5.7	111	4.1
Anaesthetics	101	10.0	148	8.7	249	9.2
Radiology	23	2.3	30	1.8	53	2.0
Clinical Oncology	10	1.0	20	1.2	30	1.1
Pathology	30	3.0	36	2.1	66	2.4
Psychiatry	43	4.3	59	3.5	102	3.8
General Practice	278	27.6	728	42.8	1006	37.1
Community Health					0	0.0
Public Health Medicine	4	0.4	11	0.6	15	0.6
Other Medical	8	0.8	16	0.9	24	0.9
Non-Medical	8	0.8	7	0.4	15	0.6
Not in Paid Employment			1	0.1	1	0.0
Choice not given	14	1.4	25	1.5	39	1.4
Total	1009	100.0	1700	100.0	2709	100.0

Tables 9 and 10 show the second and third mainstream specialty career choices of respondents who provided a first choice (N=2670). Approximately a third of these respondents provided a second choice (Table 9). The hospital medical specialties were the most popular second choice of long-term career, accounting for 7% of respondents (or 22% of those who gave a second choice), followed by general practice at 6% (or 18% of those who gave a second choice). Findings were similar for men and women.

Table 9: Second choices of long-term career in 2008

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	69	6.9	124	7.4	193	7.2
Paediatrics	14	1.4	43	2.6	57	2.1
Accident & Emergency	46	4.6	57	3.4	103	3.9
Surgery	24	2.4	18	1.1	42	1.6
Obstetrics & Gynaecology	5	0.5	21	1.3	26	1.0
Anaesthetics	33	3.3	31	1.9	64	2.4
Radiology	16	1.6	10	0.6	26	1.0
Clinical Oncology	9	0.9	26	1.6	35	1.3
Pathology	12	1.2	15	0.9	27	1.0
Psychiatry	14	1.4	19	1.1	33	1.2
General Practice	54	5.4	104	6.2	158	5.9
Community Health	1	0.1	3	0.2	4	0.1
Public Health Medicine	6	0.6	15	0.9	21	0.8
Other Medical	19	1.9	17	1.0	36	1.3
Non-Medical	22	2.2	32	1.9	54	2.0
Not in Paid Employment	1	0.1	4	0.2	5	0.2
Choice not given	650	65.3	1136	67.8	1786	66.9
Total	995	100.0	1675	100.0	2670	100.0

Only 10% of respondents who gave a first choice also provided a third long-term career choice (Table 10). Within third choices, however, general practice and the hospital medical specialties were the most popular comprising 1.7% and 1.9% of respondents (or 19% and 17% or those who gave a third choice), followed by 1.1% (or 11.6%) for Accident & Emergency medicine and 1% (or 10.4%) for non-medical careers .

Table 10: Third choices of long-term career in 2008

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	15	1.5	35	2.1	50	1.9
Paediatrics	2	0.2	7	0.4	9	0.3
Accident & Emergency	11	1.1	19	1.1	30	1.1
Surgery	6	0.6	6	0.4	12	0.4
Obstetrics & Gynaecology	1	0.1	9	0.5	10	0.4
Anaesthetics	7	0.7	8	0.5	15	0.6
Radiology	6	0.6	5	0.3	11	0.4
Clinical Oncology	1	0.1	5	0.3	6	0.2
Pathology	1	0.1	5	0.3	6	0.2
Psychiatry	6	0.6	4	0.2	10	0.4
General Practice	21	2.1	24	1.4	45	1.7
Community Health			1	0.1	1	0.0
Public Health Medicine	1	0.1	5	0.3	6	0.2
Other Medical	5	0.5	14	0.8	19	0.7
Non-Medical	13	1.3	14	0.8	27	1.0
Not in Paid Employment			2	0.1	2	0.1
Choice not given	899	90.4	1512	90.3	2411	90.3
Total	995	100.0	1675	100.0	2670	100.0

Tied choices

12% of respondents gave choices of equal preference (313/2709). Adjusting the number of tied choices for choices occurring within the same mainstream specialty group, the percentage of untied choices increased to 93% (2528/2709) overall, with 93.3% and 93.4% for men and women respectively.

Career plans

Intentions to practice in the UK

Respondents were asked a series of questions regarding their intentions to practice medicine in the UK. Approximately three quarters of respondents definitely or probably intended to practise medicine in the UK for the foreseeable future (75% men and 79% women); 15% were undecided and only 8% definitely or probably did not intend to do so (Table 11). There were no significant differences between men and women in their responses to this question.

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

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes-definitely	376	37.3	685	40.3	1061	39.2
Yes-probably	377	37.4	650	38.2	1027	37.9
Undecided	165	16.4	228	13.4	393	14.5
No-probably not	63	6.2	91	5.4	154	5.7
No-definitely not	21	2.1	40	2.4	61	2.3
No reply given	7	0.7	6	0.4	13	0.5
Total	1009	100.0	1700	100.0	2709	100.0

Of those who did not say they were definitely intending to practice medicine in the UK for the foreseeable future (n=1635), 82% were considering practicing medicine abroad, whilst approximately a quarter were considering leaving medicine men=24.1% (151/626); women 26.4% (266/1009) (Table 12). There were no appreciable differences between the percentages of men and women considering practicing medicine abroad; considering leaving medicine but remaining in the UK or considering leaving medicine and the UK.

Table 12: Percentages of respondents considering alternatives to UK medicine

		Men		Women		Total	
		n	%	n	%	n	%
Considering practicing medicine abroad	Ticked	525	83.9	812	80.5	1337	81.8
	Not ticked	101	16.1	197	19.5	298	18.2
Considering leaving medicine but remaining in the UK	Ticked	114	18.2	212	21.0	326	19.9
	Not ticked	512	81.8	797	79.0	1309	80.1
Considering leaving medicine and the UK	Ticked	37	5.9	54	5.4	91	5.6
	Not ticked	589	94.1	955	94.6	1544	94.4

Note: denominator consists of respondents who did not reply that they were definitely intending to practice medicine in the UK for the foreseeable future (N=1665).

Questions asked in the long version of the survey questionnaire only

The following section of the report focuses on questions asked only in the long version of the questionnaire, thus the denominator consists of 2561 respondents.

Current employment situation and experiences of the MTAS system

Current employment

A series of questions were posted to respondents in relation to their current employment position and their experiences, if any, of the MTAS system. Respondents were first asked to select which of the options (as found below in Table 13) best described their current employment position. Just over two-thirds (69.1%) of respondents were in a higher specialist training post of their first choice. A higher percentage of respondents were in another recognised training post (10.7%) than in a higher specialties training post in a specialty not of their first choice (5.8%). 30 respondents were seeking medical employment in the UK. 4.8% were working in medicine outside of the UK. There were significant differences between the percentages of men and women occurring within each of the options provided (with the exception of 'I am not in medical work' and working outside UK temporarily). Women were highly more likely ($p<0.001$) than men to be in a higher specialist training post in the specialty of their first choice. In contract, men were significantly more likely to be either in a higher training post not of their first choice, in another training post, in a medical post not recognized as a training post, or working in medicine outside the UK and not planning to return ($p<0.001$).

Table 13: Current employment situation of respondents

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
I am in a higher specialist training post in the specialty of my first choice	594	**62.5**	1176	73.0	1770	69.1
I am in a higher specialist training post which is in a specialty not of my first choice	71	**7.5**	78	4.8	149	5.8
I am in another recognised training post e.g. FTSTA	132	**13.9**	142	8.8	274	10.7
I am in a medical post which is not recognised as a training post	67	**7.0**	64	4.0	131	5.1
I am not in medical work, but am seeking medical employment in the UK	14	1.5	16	1.0	30	1.2
I am working in medicine outside the UK on a temporary basis and plan to return	29	3.0	56	3.5	85	3.3
I am working in medicine outside the UK and do not plan to return	23	**2.4**	20	1.2	43	1.7
None ticked	21	2.2	58	3.6	79	3.1
Total	951	100.0	1610	100.0	2561	100.0

Use and experience of the MTAS system

The vast majority (88%) of respondents reported that they had applied for a post-F2 post or posts through the MTAS system (Table 14). Respondents who had applied for an F2 post through MTAS were then asked a series of questions as shown in Table 15 below.

Table 14: Did you apply for a post-F2 post or posts through the MTAS system?

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes	825	86.8	1427	88.6	2252	87.9
No	116	12.2	166	10.3	282	11.0
Not entered	10	1.1	17	1.1	27	1.1
Total	951	100.0	1610	100.0	2561	100.0

Table 15 shows the percentages of doctors who responded 'yes' to the questions. Although overall, nearly 9/10 respondents were successful in being offered a training post through MTAS, the rating of the system overall was lower at nearly 60% (59.3%). There were significant differences between the responses of men and women for all questions. Women were more positive than men about their overall experience of the MTAS system ($p<0.01$). They were also more likely to report that they had been successful in being offered a training post through MTAS, had obtained their current post through MTAS and had found a post in their preferred location (all $p<0.001$).

Table 15: Percentages and numbers of those who had applied for an F2 post through MTAS who agreed with the statements below on their experience of the MTAS system

	Men		Women		Total	
	n	%	n	%	n	%
Did the MTAS system work well for you overall?	455	55.2	881	61.7	1336	59.3
Did you obtain your current post through MTAS?	639	77.5	1216	85.2	1885	82.4
Did you find a post in your preferred location?	535	64.8	1053	73.8	1588	70.5
Were you successful in being offered a training post or posts through MTAS?	706	85.6	1300	91.1	2006	89.1

Current post: Job satisfaction & Satisfaction with time for leisure

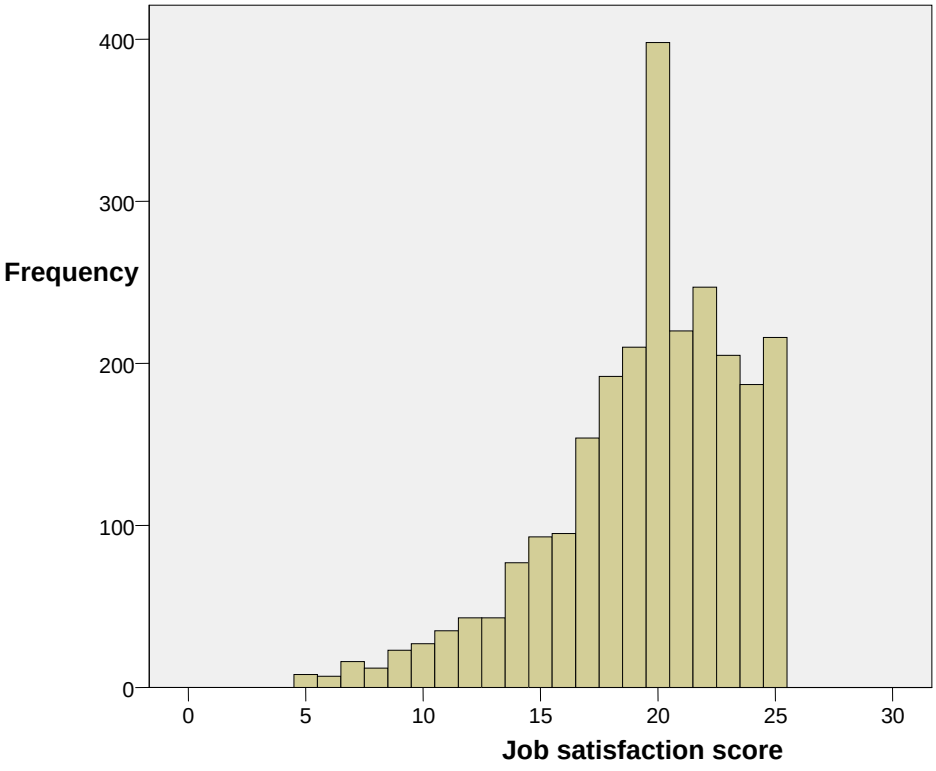
Job satisfaction

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 the scales reversed for the 1st, 2nd and 4th statements) and an overall job satisfaction score calculated by adding the five scores, with 5 being the lowest and 25 the highest scores. The median job satisfaction for men and women was 20, suggesting a relatively high level of overall job satisfaction. Figure 1 shows the distribution of scores for doctors who responded to the job satisfaction questions.

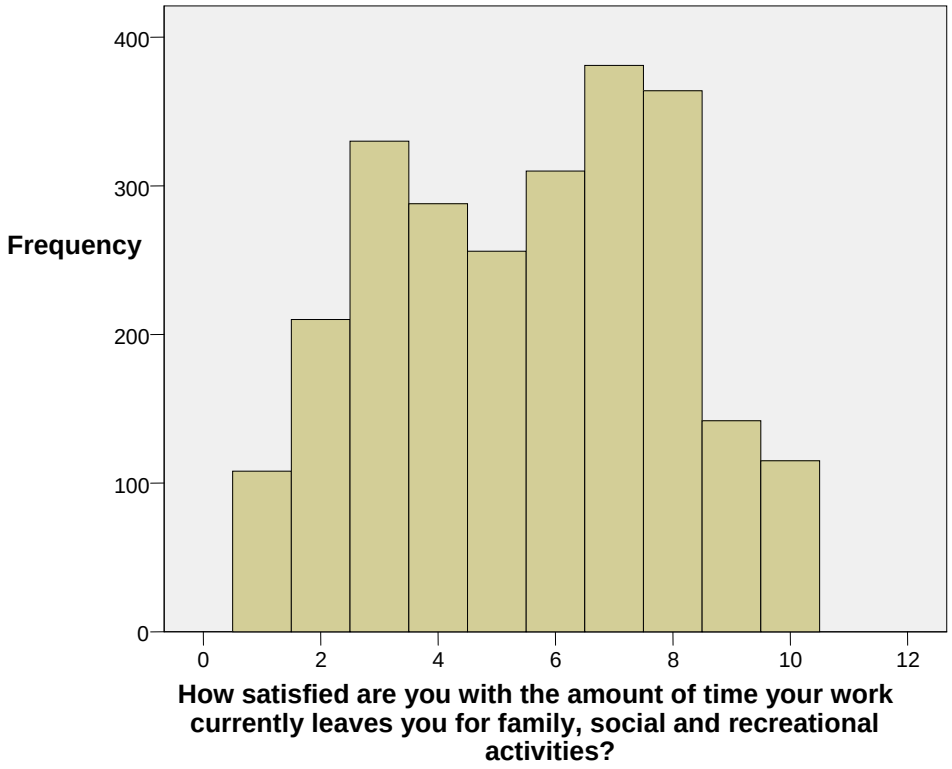
Figure 1: Job satisfaction



Satisfaction with time for family, social and recreational activities

Respondents were asked 'How satisfied are you with the amount of time your work currently leaves you for family, social and recreational activities?', on a scale from 1 (not at all satisfied) to 10 (extremely satisfied). Nearly half of those who responded to the question (n=2506) scored only 5 or below, whilst just over a quarter scored 6 or 7 and only a tenth with the highest scores of 8, 9 or 10. There was no significant difference between men and women.

Figure 2: Satisfaction with time for leisure



The transition from medical school: Views of respondents on whether medical school prepared them well for work

The following statement was included in the long questionnaire: 'Experience at medical school prepared me well for the jobs I have undertaken so far'. Respondents were invited to state their level of agreement on a 5-point scale from 'strongly agree' to 'strongly disagree' (Table 16). Just over 40% of survey respondents neither agreed nor disagreed with the statement, whilst approximately a quarter strongly agreed or agreed that medical school had prepared them well, whilst nearly 30% disagreed or strongly disagreed with the statement.

Table 16: My experience at medical school prepared me well for the jobs I have undertaken so far

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Strongly Agree	63	6.6	81	5.0	144	5.6
Agree	216	22.7	353	21.9	569	22.2
Neither Agree nor Disagree	409	43.0	658	40.9	1067	41.7
Disagree	179	18.8	380	23.6	559	21.8
Strongly Disagree	79	8.3	126	7.8	205	8.0
No Reply Given	5	0.5	12	0.7	17	0.7
Total	951	100.0	1610	100.0	2561	100.0

Doctors were then asked to indicate in which areas they did not feel well prepared, selecting from 'clinical knowledge', 'clinical procedures', 'administrative tasks', 'interpersonal skills', and 'physical/emotional/mental demands'. Table 17 shows the percentages of respondents who had answered the overall preparedness question and ticked that they did not feel well prepared.

The category with the highest percentage of respondents who felt unprepared was that of clinical procedures (42.3%), followed closely by administrative tasks (36.7%). Women felt more unprepared than men for clinical procedures and physical/mental/emotional demands (all $p<0.001$). Men felt more unprepared for administrative tasks ($p<0.001$). There was little difference between men and women in the categories of clinical knowledge and interpersonal skills.

Table 17: Areas in which respondents felt unprepared

	Men		Women		Total	
	Count	%	Count	%	Count	%
Clinical knowledge	254	26.8	423	26.5	677	26.6
Clinical procedures	366	38.7	710	44.4	1076	42.3
Administrative tasks	389	41.1	545	34.1	934	36.7
Interpersonal skills	45	4.8	63	3.9	108	4.2
Physical/emotional/ mental demands	250	26.4	594	37.2	844	33.2

Note: Denominator=number of respondents to overall preparedness question (n=2544)

Doctors were further asked 'was lack of preparation a serious, medium-sized or minor problem for you?' (Table 18). Very few (3.4%) respondents reported that it was a serious problem but nearly a third said that it was a medium-sized problem. There was no difference between men and women in the degree to which lack of preparedness was perceived as a problem.

Table 18: Was lack of preparation a serious, medium-sized or minor problem for you

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Serious	40	4.2	46	2.9	86	3.4
Medium	291	30.8	547	34.2	838	32.9
Minor	342	36.2	590	36.9	932	36.6
Not entered	273	28.9	415	26.0	688	27.0
Total	946	100.0	1598	100.0	2544	100.0

Note: The denominator consists of respondents to overall preparedness question

Recalled career choices as of the end of the F1 year

In addition to being asked to express their actual long-term career choices at year 3, doctors who were sent the long version of the questionnaire were also asked to recall their career choices at the end of the F1 year (i.e. one year post-graduation). Respondents were asked to describe up to three recalled choices of long-term career and to indicate whether any of the choices were of equal preference. Tables 19, 20, and 21 show the recalled first, second and third choices grouped into mainstream specialties and adjusted for choices within the same mainstream group.

2443 of the 2561 respondents to the long questionnaire provided a recalled first choice of long-term career (Table 19). The most popular recalled first choice was for general practice overall (27.7%), followed by the hospital medical specialties (22.1%) and surgery (19.7%). For men, surgery was the most popular recalled first career choice (31.5%), followed by the hospital medical specialties (23.0%) and general practice (19.1%). A far higher percentage of women gave general practice as their first career choice at year one (32.8%), followed by choices for the hospital medical specialties (21.5%) and surgery (12.7%). Anaesthetics was also relatively popular for men (7.8%) and women (8.4%). 8.5% of women also expressed a preference for paediatrics as their first choice.

Table 19: Recalled first choices of long term career at the end of the F1 year

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties.	209	23.0	330	21.5	539	22.1
Paediatrics	31	3.4	131	8.5	162	6.6
Accident & Emergency	48	5.3	59	3.8	107	4.4
Surgery	286	31.5	195	12.7	481	19.7
Obstetrics & Gynaecology	8	0.9	86	5.6	94	3.8
Anaesthetics	71	7.8	129	8.4	200	8.2
Radiology	18	2.0	17	1.1	35	1.4
Clinical Oncology	7	0.8	14	0.9	21	0.9
Pathology	20	2.2	19	1.2	39	1.6
Psychiatry	31	3.4	38	2.5	69	2.8
General Practice	173	19.1	504	32.8	677	27.7
Community Health					0	0.0
Public Health Medicine	1	0.1	6	0.4	7	0.3
Other Medical	3	0.3	6	0.4	9	0.4
Non-Medical	1	0.1	2	0.1	3	0.1
Not in paid employment					0	0.0
Total	907	100.0	1536	100.0	2443	100.0

Tables 20 and 21 show the second and third recalled choices of respondents who had also given a recalled first choice of long-term career. 41% of respondents who gave a recalled first choice also provided a second recalled choice (1001/2443). General practice was the most popular recalled second choice for both men and women, accounting for 11% of respondents overall (or 25.8% within recalled second choices). The hospital medical specialties were the second most popular recalled second choice, with 9.0% of respondents overall (or 21.9% of choices given). Surgery, anaesthetics and accident & emergency medicine were also relatively popular within male respondents, accounting for 5% of respondents each (or approximately 12% of choices). In contrast a higher percentage of women than men chose paediatrics (5% of respondents or 12% of choices).

Table 20: Recalled second choices of long-term career at the end of the F1 year

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties.	74	8.2	145	9.4	219	9.0
Paediatrics	20	2.2	73	4.8	93	3.8
Accident & Emergency	43	4.7	44	2.9	87	3.6
Surgery	44	4.9	43	2.8	87	3.6
Obstetrics & Gynaecology	9	1.0	48	3.1	57	2.3
Anaesthetics	42	4.6	44	2.9	86	3.5
Radiology	15	1.7	14	0.9	29	1.2
Clinical Oncology	4	0.4	6	0.4	10	0.4
Pathology	8	0.9	14	0.9	22	0.9
Psychiatry	14	1.5	21	1.4	35	1.4
General Practice	85	9.4	173	11.3	258	10.6
Community Health			2	0.1	2	0.1
Public Health Medicine	2	0.2	1	0.1	3	0.1
Other Medical	1	0.1	1	0.1	2	0.1
Non-Medical	8	0.9	3	0.2	11	0.5
Not in paid employment					0	0.0
Choice not given	*538*	*59.3*	*904*	*58.9*	*1442*	*59.0*
Total	907	100.0	1536	100.0	2443	100.0

Only 14% (334/2443) of respondents who gave a recalled first choice also gave a recalled third choice (Table 20). Again the most popular choices, for men and women respondents, were general practice, followed by the hospital medical specialties. A&E was the third most popular third choice of men (with 2.3%) whilst paediatrics was the third-ranked third choice for women.

Table 21: Recalled third choices of long-term career at the end of the F1 year

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties.	30	3.3	47	3.1	77	3.2
Paediatrics	3	0.3	25	1.6	28	1.1
Accident & Emergency	21	2.3	15	1.0	36	1.5
Surgery	10	1.1	9	0.6	19	0.8
Obstetrics & Gynaecology	2	0.2	17	1.1	19	0.8
Anaesthetics	9	1.0	17	1.1	26	1.1
Radiology	4	0.4	4	0.3	8	0.3
Clinical Oncology			2	0.1	2	0.1
Pathology	4	0.4			4	0.2
Psychiatry	8	0.9	7	0.5	15	0.6
General Practice	33	3.6	51	3.3	84	3.4
Community Health					0	0.0
Public Health Medicine	1	0.1	3	0.2	4	0.2
Other Medical	5	0.6	2	0.1	7	0.3
Non-Medical	4	0.4	1	0.1	5	0.2
Not in paid employment					0	0.0
Choice not given	*773*	*85.2*	*1336*	*87.0*	*2109*	*86.3*
Total	907	100.0	1536	100.0	2443	100.0

Recalled tied choices

Of the 2443 respondents who gave a recalled year 1 choice, 13.3% (n=325) indicated that two or more of their recalled choices were of equal preference. Having adjusted the number of ties for choices occurring within the same mainstream, this percentage fell to 11% (269/2443) overall, with 9% of men (82/907) and 12% of women (187/1536) giving recalled tied choices.

The actual long-term career choices given at three years' post-graduation of respondents who also gave a recalled year 1 career choice

Tables 22, 23, and 24 show the actual long-term career choices at year 3 provided by respondents who also gave recalled career choices.

Of the 2443 respondents who provided a recalled first choice of long-term career, 2434 respondents also gave an actual first career choice as of three years post-graduation. The most popular first choice of career choice given at year 3 was for General Practice (38% overall; men 28.3%; women 43.7%). Surgery was the second most popular career choice (13.9% overall; 24.9% men; 7.4% women), closely followed by the hospital medical specialties (12.9% overall; 14.4% men; 12.0% women).

Tables 23 and 24 show the second and third long-term career choices of these respondents at year three. 507 respondents gave both a second choice of long-term career at year three and a recalled second choice as of year one (Table 23). 93 respondents gave both a third choice of long-term career at year three and a recalled third choice at year one (Table 24).

Table 22: Actual long-term first career choices of those who gave a recalled year 1 first career choice

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	130	14.4	184	12.0	314	12.9
Paediatrics	24	2.7	119	7.8	143	5.9
Accident & Emergency	52	5.8	58	3.8	110	4.5
Surgery	225	24.9	113	7.4	338	13.9
Obstetrics & Gynaecology	13	1.4	88	5.7	101	4.1
Anaesthetics	87	9.6	139	9.1	226	9.3
Radiology	23	2.5	26	1.7	49	2.0
Clinical Oncology	10	1.1	19	1.2	29	1.2
Pathology	26	2.9	32	2.1	58	2.4
Psychiatry	39	4.3	55	3.6	94	3.9
General Practice	255	28.3	670	43.7	925	38.0
Community Health					0	0.0
Public Health Medicine	3	0.3	9	0.6	12	0.5
Other Medical	7	0.8	14	0.9	21	0.9
Non-Medical	8	0.9	5	0.3	13	0.5
Not in Paid Employment			1	0.1	1	0.0
Total	902	100.0	1532	100.0	2434	100.0

Table 23: Actual long-term second career choices of those who gave a recalled year 1 second career choice

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	47	24.0	77	24.8	124	24.5
Paediatrics	7	3.6	26	8.4	33	6.5
Accident & Emergency	22	11.2	25	8.0	47	9.3
Surgery	13	6.6	11	3.5	24	4.7
Obstetrics & Gynaecology	1	0.5	13	4.2	14	2.8
Anaesthetics	18	9.2	17	5.5	35	6.9
Radiology	8	4.1	4	1.3	12	2.4
Clinical Oncology	3	1.5	13	4.2	16	3.2
Pathology	6	3.1	5	1.6	11	2.2
Psychiatry	7	3.6	12	3.9	19	3.7
General Practice	33	16.8	69	22.2	102	20.1
Community Health	1	0.5	2	0.6	3	0.6
Public Health Medicine	4	2.0	9	2.9	13	2.6
Other Medical	12	6.1	8	2.6	20	3.9
Non-Medical	14	7.1	17	5.5	31	6.1
Not in Paid Employment			3	1.0	3	0.6
Total	196	100.0	311	100.0	507	100.0

Table 24: Actual long-term third career choices of those who gave a recalled year 1 third career choice

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	7	16.7	7	13.7	14	15.1
Paediatrics	1	2.4	5	9.8	6	6.5
Accident & Emergency	4	9.5	10	19.6	14	15.1
Surgery	2	4.8	1	2.0	3	3.2
Obstetrics & Gynaecology	1	2.4	3	5.9	4	4.3
Anaesthetics	3	7.1	4	7.8	7	7.5
Radiology	3	7.1	2	3.9	5	5.4
Clinical Oncology	1	2.4	1	2.0	2	2.2
Pathology			3	5.9	3	3.2
Psychiatry	2	4.8	2	3.9	4	4.3
General Practice	10	23.8	8	15.7	18	19.4
Community Health						
Public Health Medicine			2	3.9	2	2.2
Other Medical	3	7.1	3	5.9	6	6.5
Non-Medical	5	11.9			5	5.4
Not in Paid Employment						
Total	42	100.0	51	100.0	93	100.0

Comparing recalled first career choices at year one with actual long-term career choices three years post-graduation

Looking forwards from recalled year one choices to actual year three choices

Table 25 shows within recalled career choices at year one, the percentage of actual year three choices of the same specialty. There was considerable variation between specialties in the degree of matching between recalled career choices at year one and later career choices. General practice was the highest matching specialty, with 89% of respondents who gave a recalled year 1 choice for the specialty also choosing the specialty at year 3. In other words the vast majority of those who chose GP stayed with the choice by year 3. Other specialties with relatively high matches between earlier and later first choices of career (between 70 & 80%) were psychiatry, pathology, radiology and anaesthetics. The matching rates for paediatrics, surgery, obstetrics and gynaecology, public health medicine and clinical oncology ranged between approximately 60 and 69%. The hospital medical specialties were some way below, with less than half of respondents' choices remaining consistent between years one and three.

Table 25: Percentages of recalled first choices of long-term career at year one matching actual first choices of long-term career at three years

Recalled first choices of long-term career at year 1	Percentage of year 1 choices matching actual year 3 choices	Number of matching choices	Total number of year 1 choices
Hospital Medical Specialties	47.2	253	536
Paediatrics	66.0	107	162
Accident & Emergency	50.0	53	106
Surgery	65.2	313	480
Obstetrics & Gynaecology	69.1	65	94
Anaesthetics	70.5	141	200
Radiology	73.5	25	34
Clinical Oncology	61.9	13	21
Pathology	76.9	30	39
Psychiatry	79.4	54	68
General Practice	88.5	598	676
Community Health	n.a.	n.a.	n.a.
Public Health Medicine	66.7	4	6
Other Medical	77.8	7	9
Non-Medical	0.0	0	3
Not in Paid Employment	n.a.	n.a.	n.a.

Note: denominator consists of respondents who gave a year three first choice and a recalled year 1 career choice (N=2434)

Looking backwards from actual year three first choices of long-term career to recalled year one career choices

Table 26 shows within mainstream choices given at year three, the percentage of matching recalled choices at year 1. There was considerable variation in the degree of matching choices across specialties, ranging from surgery at 92.6% to clinical oncology at 44.8% and public health medicine at 33.3%. A very high percentage of those who chose surgery at year 3 also recalled choosing the specialty at year 1 (92.6%). Match rates were high also for the hospital medical specialties (80.6%) and paediatrics (74.8%) whilst nearly two thirds of those who had chosen GP at year 3 had already chosen the specialty at year 1. Specialties with match rates below 50% were accident & emergency medicine , clinical oncology, and public health medicine, suggesting that these were later choices.

Table 26: Percentages of first choices of long-term career at three years matching recalled year one first career choices

First choice of long-term career year 3	Percentage of with recalled year 1 choice	n	N
Hospital Medical Specialties	80.6	253	314
Paediatrics	74.8	107	143
Accident & Emergency	48.2	53	110
Surgery	92.6	313	338
Obstetrics & Gynaecology	64.4	65	101
Anaesthetics	62.4	141	226
Radiology	51.0	25	49
Clinical Oncology	44.8	13	29
Pathology	51.7	30	58
Psychiatry	57.4	54	94
General Practice	64.6	598	925
Community Health	n.a.	n.a.	n.a.
Public Health Medicine	33.3	4	12
Other Medical	33.3	7	21
Non-Medical	0.0	0	13
Not in Paid Employment	0.0	0	1

Transition of first choices of long-term career between one and three years post-graduation

If the recalled choices are assumed to be accurate representations of respondents' year one choices, 31.7% (771/2434) of respondents changed first choice of mainstream specialty between years 1 and 3. Within this number, 42.4% (327/771) of changes in first choice were to general practice.

Doctors who reported that they had initially chosen the hospital medical specialties, accident & emergency medicine and paediatrics were the most likely to change to a first choice for general practice by year 3. More specifically 24.3% (130/536) of respondents who initially chose the hospital medical specialities changed their first choice to general practice, with 22.6% (24/106) of doctors who chose accident & emergency medicine and 21.6% (35/162) of those who chose paediatrics also changing their first choice to general practice. In addition, a considerable percentage (considerable also in terms of absolute numbers) of those originally choosing surgery changed to general practice by year three (15%; 72/48).

Appendix – The questionnaire

UK Medical Careers Research Group, Oxford University

Career Choices and Experiences of Doctors who Qualified in 2005: 2007/8 Survey

The UK Medical Careers Research Group (UKMCRG) has been surveying doctors and reporting on their career choices and experiences for many years. This questionnaire is being sent to every doctor who graduated in the UK in 2005 and it follows our previous survey in 2006.

The results of our studies and our recommendations - based on your completed questionnaires - are taken into account by, amongst others, the Department of Health, the Royal Colleges and the medical schools. The current issues with MMC have increased the importance of informing these organisations about doctors' career choices and progression.

Your views are important

Please reply to our survey - the highest possible response is essential to enable us to form reliable conclusions and recommendations.

Your response is also important in helping us to ensure that all points of view are represented. This survey provides a unique opportunity for you to make your views known, and to tell us about your career plans at this important stage in your training.

Note: Even if you are no longer in the NHS we are still very interested in your career and your views.

Quick and easy to take part, confidential and professional

Completing the questionnaire should take no longer than 20 minutes of your time; a reply-paid envelope is provided. UKMCRG is based at Oxford University. The survey is completely confidential and it will not be possible to identify the views of individual respondents either directly or indirectly in the results. Our studies have NHS Ethical Committee approval. The results will be published widely and on our website. Please spare the time to complete the questionnaire. If you have any queries about the questionnaire or the survey, please contact me by phone on Oxford (01865) 289389 or by email to trevor.lambert@dphpc.ox.ac.uk.

Thank you very much for your help.

Trevor Lambert
Study Co-ordinator

Professor Michael Goldacre
Director

Completing the questionnaire

Please answer as fully as you are able. Your replies will be treated in strict confidence. For questions with yes/no or multiple choice responses, please write **X** in the box corresponding to your choice. A few questions have boxes for dates or numbers to be entered: please enter your responses in numerical form. For other questions please write freehand in the box provided for your answer. If a box is too small for the whole of your answer, please continue alongside the relevant box.

Your current employment situation

Please complete this section whether or not you are currently working in medicine. If you are on a rotation at the same grade and in the same specialty, list only the overall rotation rather than every placement.

1. YOUR CURRENT EMPLOYMENT(*Mark **X** in one box***):**

a)In UK medicine ☐ **b)In non-UK medicine** ☐ **c)Not in medicine** ☐ **d)Not in employment** ☐

➔➔➔Please complete ONLY the appropriate ONE of the following sections 1(a) to 1(d)⬅⬅⬅

1(a) If you are in medicine in the UK, please supply the following details about your current post:

i) Starting date (*month and year*)**:** _____ **ii)Specialty:** _____

iii) Grade (*Mark **X**, or name***):**

Specialist Registrar ST1 ☐ SHO ☐ GP Registrar GPR1 ☐ FTSTA1 ☐

Other (please supply details) _____

iv) Academic grade (*if relevant***):**

Research fellow ☐ Lecturer ☐ Senior lecturer ☐

Other _____

v) Employer and type of contract: *(Please mark with **X** all which apply to your current post)*

NHS-substantive ☐ NHS-honorary ☐ UK University-substantive ☐ UK University-honorary ☐

Retainer Scheme ☐ UK Private Sector ☐ UK Public sector (not NHS/University) ☐ HM Forces ☐

vi) Location (*name of nearest city, or county***):** _____

vii) In this post, are you **(a) full-time?** ☐ **(b) part-time?** ☐ **(c) a locum?** ☐

***If part-time*, give number of sessions per week** ☐

PLEASE GO TO QUESTION 2 IN THE NEXT SECTION

1(b) If you are in medicine outside the UK, please supply the following details about your current post:

i)Starting date (*month and year***):** _____ **ii)Specialty:** _____

iii)Grade: _____ **iv)Location (***country***):** _____

v)In this post, are you **(a) full-time?** ☐ **(b) part-time?** ☐

PLEASE GO TO QUESTION 2 IN THE NEXT SECTION

1(c) If you are working, but not in medicine, please supply the following details about your current post:

i)Starting date (*month and year***):** **ii)Nature of work:**

iii)Location (*name of nearest city or county, or country if abroad***):**

PLEASE GO TO QUESTION 2 IN THE NEXT SECTION

1(d) If you are not in paid employment, please supply the following details:

i)Date period of unemployment started (*give month and year***):**

ii)Further information (*Mark X***):** Career break from medicine ☐ Domestic responsibilities ☐ Other ☐

iii)Location (*name of nearest city or county, or country if abroad***):**

PLEASE CONTINUE WITH QUESTION 2 BELOW

Your employment and MTAS

2. Which of the following statements best describes your current employment position?

a) I am in a higher specialist training post in the specialty of my first choice ☐

b) I am in a higher specialist training post which is in a specialty not of my first choice ☐

c) I am in another recognised training post e.g. FTSTA ☐

d) I am in a medical post which is not recognised as a training post ☐

e) I am not in medical work, but am seeking medical employment in the UK ☐

f) I am working in medicine outside the UK on a temporary basis and plan to return ☐

g) I am working in medicine outside the UK and do not plan to return ☐

If you have selected any of b) – g) above, we are particularly interested to receive further information and comments about your experiences, either briefly here or at greater length on the final comments page.

3. **Did you apply for a post-F2 post or posts through the MTAS system?** Yes ☐ No ☐

*(Mark **X** in one box)*

If No, **why did you not apply through MTAS?**

If Yes, please respond to questions a) to e) by marking X under Yes or No for each one.

	Yes	No
a) Were you successful in being offered a training post or posts through MTAS?	☐	☐
b) Did you obtain your current post through MTAS?	☐	☐
c) Did you find a post in your preferred specialty?	☐	☐
d) Did you find a post in your preferred location?	☐	☐
e) Did the MTAS system work well for you overall?	☐	☐

Please add any ***comments about the operation of MTAS*** in your own personal experience in the box below. We are interested in your views about whether MTAS was in any way a disadvantage to you and any ways in which it helped you to plan the next stage of your career. If you have replied No to any of a) – e) above, we are particularly interested to receive further information about your experiences.

Your career choices

4. Have you decided on your choice of specialty (or job, if non-medical) for your long-term career?
*(Mark **X** in one of the three boxes)*

Definitely ☐ Probably ☐ Not really ☐

5. What is your choice of long-term career?

*Please list up to 3 choices in order of preference. Please give your choice of specialty or subspecialty (or job, if non-medical). Be as specific as you wish. Where choices are of equal preference, please mark **X** in the boxes adjacent to those choices, otherwise leave blank.*

		Of equal preference?
1		☐
2		☐
3		☐

6. What was your career choice at the end of the F1 year?

		Of equal preference?
1		☐
2		☐
3		☐

7. If your career choice has changed since the end of the F1 year, what are the main reasons for your change?

Your future career plans

8. Apart from temporary visits abroad, do you intend to practise medicine in the United Kingdom for the foreseeable future? *(Mark **X** in one box)*

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

***If you did <u>not</u> answer 'Yes-definitely'*, are you considering** *(Mark **X**)*

practising medicine abroad ☐ leaving medicine but remaining in the UK ☐ leaving medicine **and** leaving the UK ☐

***If you are considering one of these options*, what is your main reason for planning to do so?**

Your current post

9. Job satisfaction

*Please answer with reference to your current post. For each statement, mark **X** in one box.*

***SA**=Strongly agree, **A**=Agree, **N**=Neither agree nor disagree, **D**=disagree, **SD**=Strongly disagree, **N/O**=No opinion*

	SA	A	N	D	SD	N/O
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	☐	☐	☐	☐	☐	☐

10. How satisfied are you with the amount of time your work currently leaves you for family, social and recreational activities? *(please mark **X** in the box next to the number which most accurately reflects your opinion)*

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Not at all satisfied								Extremely satisfied	

The transition from medical school

11. Medical school

***SA**=Strongly agree, **A**=Agree, **N**=Neither agree nor disagree, **D**=disagree, **SD**=Strongly disagree, **N/O**=No opinion.*

	SA	A	N	D	SD	N/O
Experience at medical school prepared me well for the jobs I have undertaken so far	☐	☐	☐	☐	☐	☐

If you did not answer 'strongly agree' or 'agree' to the statement above:

(a) Please indicate any areas from the list below for which you did not feel well prepared *(Mark **X**)*:

Clinical knowledge ☐	Clinical procedures ☐	Administrative tasks ☐
Interpersonal skills ☐		Physical/emotional/mental demands ☐

(b) Was lack of preparation a serious, medium-sized or minor problem for you? *(Mark **X** in one box)*

Serious ☐	Medium ☐	Minor ☐

(c) Please add any comments that you wish to convey on this topic.

Additional comments

Please give us any comments you wish to make, on any aspect of your training or work. Use continuation sheets if necessary. We are particularly interested in any comments you may have on your experiences so far of good and bad features of your training, working conditions and working environment; professional relationships; and administrative and managerial issues. 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@dphpc.ox.ac.uk *or* michael.goldacre@dphpc.ox.ac.uk *quoting the above reference number.*

Thank you for your co-operation.

Please return this questionnaire to: UK Medical Careers Research Group, Department of Public Health, University of Oxford, Old Road Campus, Headington, Oxford OX3 7BR.