UK Medical Careers Research Group OxfordUniversity

2005 cohort of UK Medical Graduates

Report of Third Survey, conducted in 2010

Report produced October 2012

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Introduction

This report describes the results of the third survey of the cohort of 5129 doctors who qualified from UK medical schools in 2005. The first mailing for this survey was completed in January 2011 and late replies were received up to August 2011.

This report describes the main results from the third survey, focusing on the current employment, career choices and demographics of the respondents. It also contains some information about their views, attitudes, and future intentions. It is not intended as an analytical report and does not seek to relate data from this cohort with that obtained from other cohorts. It does however contain some description of trends over time in this cohort.

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 248 qualifiers who were untraceable, 35 who had declined to participate, and 5 who had died, the response to the third survey was 48.8% (2363/4841). For men the response rate was 44.7% (903/2121), and for women was 51.8% (1460/2820).

Demographics

Age

The 2127 respondents who provided information on their age when beginning pre-clinical medical school had a median age of 18 years. 60.2% were aged 18 or younger, 90.3% of respondents were 21 or younger and 97.1% were aged 25 or younger. The oldest respondent was aged 42 years.

Ethnicity

2146 respondents provided information on their ethnic origin. Non-white respondents comprised 26.9%, with Indians being the largest group, followed by Chinese, and Asian-Other (Table 1). 111 respondents were overseas students (4.7%) (Table 2).

Table 1: Ethnicity

	Me	Men		men	Tot	al
	Count	Col %	Count	Col %	Count	Col %
White	533	67.5	1036	76.4	1569	73.1
Indian	97	12.3	107	7.9	204	9.5
Pakistani	28	3.5	29	2.1	57	2.7
Bangladeshi	9	1.1	8	.6	17	.8
Chinese	28	3.5	47	3.5	75	3.5
Asian-other*	30	3.8	41	3.0	71	3.3
Black Caribbean	4	.5	3	.2	7	.3
Black African	12	1.5	13	1.0	25	1.2
Black-other*	0	.0	2	.1	2	.1
Other*	30	3.8	46	3.4	76	3.5
Mixed	19	2.4	24	1.8	43	2.0
Total	790	100.0	1356	100.0	2146	100.0

Table 2: Overseas students

	Ma	Male		nale	To	Total		
	Count	Col %	Count	Col %	Count	Col %		
Yes	51	5.6	60	4.1	111	4.7		
No	735	81.4	1283	87.9	2018	85.4		
Not Given	117	13.0	117	8.0	234	9.9		
Total	903	100.0	1460	100.0	2363	100.0		

Domestic circumstances

Of those who replied to demographic questions, 65.9% reported living with a spouse or partner (men 68.2%, women 64.4%), and 32.7% were single (men 30.8%, women 33.8%). Overall, 20.0% of respondents had children under 16 years of age (men 21.8%, women 18.9%); 3.9% (men 3.3%, women 4.2%) had dependent adults living with them.

Current post

82.5% of respondents were working in medicine in the UK (men 83.4%; women 82%), 4.8% were practising medicine abroad (men 5.4%, women 4.5%), 0.4% were working outside medicine (men 0.3%, women 0.4%) and 3.1% were not in paid employment (men 1.1%, women 4.4%). For 9.1% of respondents (men 9.7%, women 8.8%) their current employment was unknown. Thus men were more likely to practise medicine abroad than women, while women were more likely to not be working. However, the vast majority of both male and female respondents were working in medicine in the UK.

Tables 3-5 give more details on the respondents' current post. Table 3 shows the respondents' occupation groups, Table 4 gives their current grades, where known, and Table 5 shows their mainstream specialties.

Table 3: Occupation group - current post

	M	en	Woi	men	Total	
	Count	Col %	Count	Col %	Count	Col %
UK NHS	655	72.5	1133	77.6	1788	75.7
UK Medical Universities	65	7.2	44	3.0	109	4.6
UK Armed Forces	26	2.9	11	0.8	37	1.6
UK Other Public Sector	3	0.3	6	0.4	9	0.4
UK Medical Private Sector	4	0.4	3	0.2	7	0.3
UK Non-Medical	3	0.3	6	0.4	9	0.4
UK Not in paid employment	10	1.1	56	3.8	66	2.8
Abroad Medical	49	5.4	65	4.5	114	4.8
Abroad Non-medical	0	0.0	0	0.0	0	0.0
Abroad Not in paid employment	0	0.0	8	0.5	8	0.3
No Reply Given	88	9.7	128	8.8	216	9.1
Total	903	100.0	1460	100.0	2363	100.0

Table 4: Grade - current post

	М	en	Wo	men	To	tal
-	Count	Col %	Count	Col %	Count	Col %
Hospital						
Senior grades	1	0.1	1	0.1	2	0.1
Non-consultant career grades	0	0.0	5	0.3	5	0.2
Training grades	467	51.7	644	44.1	1111	47.0
Others	1	0.1	1	0.1	2	0.1
GP						
Principals	27	3.0	34	2.3	61	2.6
Other career grades	84	9.3	225	15.4	309	13.1
Training grades	105	11.6	253	17.3	358	15.2
Others	1	0.1	3	0.2	4	0.2
Community Health						
Senior grades	0	0.0	0	0.0	0	0.0
Training grades	0	0.0	1	0.1	1	0.0
Public health						
Senior grades	0	0.0	1	0.1	1	0.0
Training grades	3	0.3	10	0.7	13	0.6
Academics						
Senior grades	0	0.0	0	0.0	0	0.0
Others	57	6.3	34	2.3	91	3.9
Public Sector						
HM Forces	26	2.9	11	0.8	37	1.6
Civil service	0	0.0	0	0.0	0	0.0
Other Medical – No Grade	29	3.2	40	2.7	69	2.9
Non-Medical	13	1.4	70	4.8	83	3.5
No Reply Given	89	9.9	127	8.7	216	9.1
Total	903	100.0	1460	100.0	2363	100.0

Five years after graduation 2.7% of respondents (men 3.1%; women 2.5%) had reached a senior grade position, working either as a hospital doctor, a general practitioner, working in community or public health or in academia. For 9.1% of respondents their current grade was unknown.

Table 5: Specialty group - current post

_	M	en	Wo	men	To	tal
	Count	Col %	Count	Col %	Count	Col %
Hospital medical	142	15.7	204	14.0	346	14.6
Paediatrics	31	3.4	91	6.2	122	5.2
Emergency Medicine	28	3.1	34	2.3	62	2.6
Surgical Specialties	173	19.2	79	5.4	252	10.7
Obstetrics & Gynaecology	15	1.7	70	4.8	85	3.6
Anaesthetics	87	9.6	133	9.1	220	9.3
Radiology	16	1.8	22	1.5	38	1.6
Clinical Oncology	15	1.7	23	1.6	38	1.6
Pathology	24	2.7	32	2.2	56	2.4
Psychiatry	45	5.0	65	4.5	110	4.7
General Practice	206	22.8	474	32.5	680	28.8
Community Health	0	.0	1	.1	1	.0
Public Health	3	.3	12	.8	15	.6
Other Medical Specialties	17	1.9	24	1.6	41	1.7
Non-Medical	3	.3	6	.4	9	.4
Not in paid employment	10	1.1	64	4.4	74	3.1
No Reply Given	88	9.7	126	8.6	214	9.1
Total	903	100.0	1460	100.0	2363	100.0

There were some notable gender differences in the current specialties of respondents. A much higher proportion of men than women held a surgical post. On the other hand, women were much more likely to be general practitioners than men. Also women were more likely to hold a post in paediatrics, obstetrics & gynaecology or be unemployed.

Work pattern

Of those working in medicine in the UK (n=1950), 8.1% (men 2.5%, women 11.6%) reported working part-time and 7.6% (men 5.6%, women 8.9%) locum. Of those working in medicine outside the UK (n=114), 2.6% (no men, women 4.6%) were working part-time and 4.4% (men 2%, women 6.2%) locum.

It is clear from the data that among the UK's medical qualifiers working in the UK and abroad women are considerably more likely to be working part-time than men.

Satisfaction with current job

To obtain a measure of job satisfaction five statements were presented for evaluation; on a 5-point scale from *strongly agree* to *strongly disagree*. The statements were:

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

Scores of 1 to 5 were assigned to the responses (with scales reversed for the 1st, 2nd and 4th statements) and an overall job satisfaction score calculated. The median job satisfaction score for both men and women was 21, indicating a high degree of job satisfaction.

Respondents were also asked to express, on a scale from 1 to 10, their enjoyment of their current position (Figure 1) and their satisfaction with the amount of time their work left them for family, social and recreational activities (Figure 2). The median score for enjoyment for both men and women was 8. Figure 1 indicates that there was almost no difference between the distributions of enjoyment responses for men and women.

How much are you enjoying your current position?

Figure 1: Enjoyment of current position by gender

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The median score for satisfaction with time for leisure was 7 for both genders, although, as can be observed from Figure 2, the mode of the distribution actually fell at 8 for women and 7 for men.

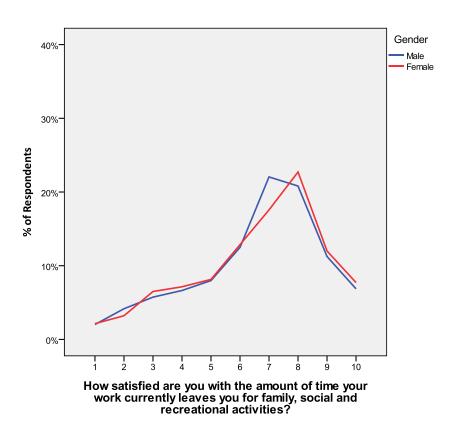
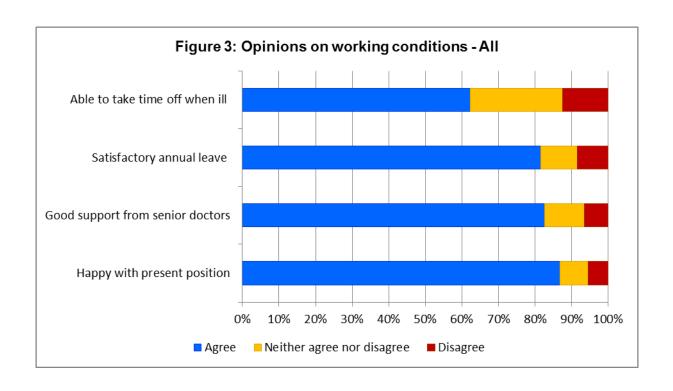


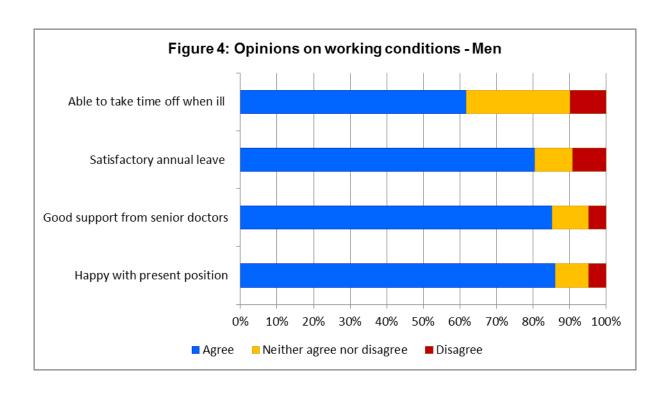
Figure 2: Satisfaction with the amount of spare time by gender

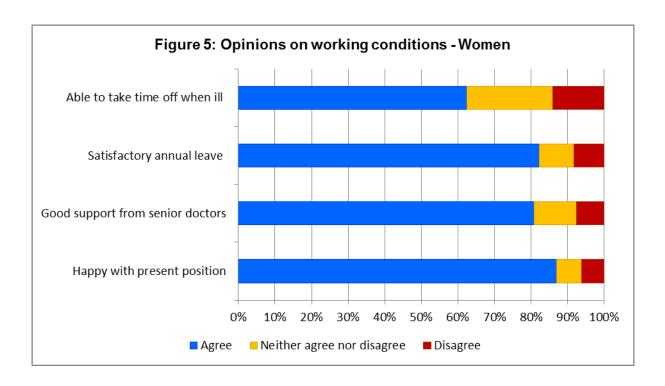
The vast majority of respondents who gave information on their current position (96.1%) were working in medicine. Removing the 3.9% who were not working in medicine from the analyses did not make a difference to the findings.

Working conditions and support

Respondents who were working in medicine were invited to respond to a number of attitude statements assessing their views on their working conditions and level of support received. The statements administered can be found in the Appendix. Responses were received on a 5-point scale from *strongly agree* to *strongly disagree*. For ease of presentation, in Figures 3-5, the categories *strongly agree* and *agree*, and *strongly disagree* and *disagree* have been combined and displayed as *agree* and *disagree* respectively.







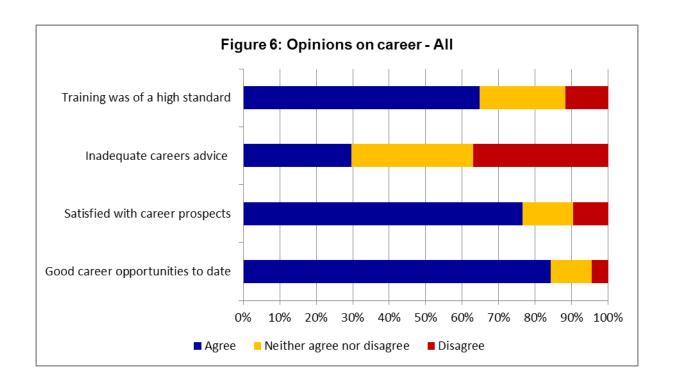
The majority of respondents had agreed with each statement, thus indicating that the majority of the responding doctors have good working conditions and are happy with their present position. There was almost no difference between men and women in their levels of agreement.

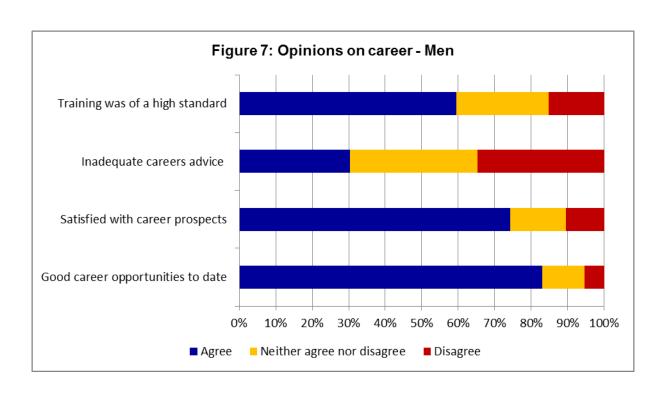
The agreement was lowest among both men and women for the statement regarding taking time off work because of illness. This is somewhat worrying as ill doctors working is a cause for concern (there is a risk of them infecting their patients, nurses and other doctors; there is also the question of the quality of their work and reliability of their judgements if they are, for example, working with a fever).

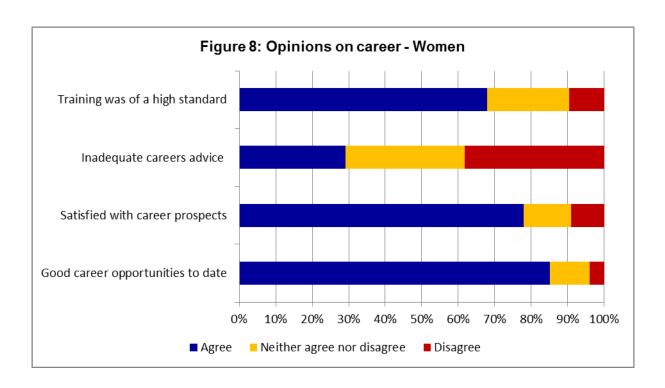
Career experience

Doctors were invited to give their opinion about their career prospects, professional opportunities to date, and the standard of their postgraduate training. They were asked to respond to four structured statements on a 5-point scale from *strongly agree* to *strongly disagree*. Figures 6, 7 and 8 show the levels of agreement to the statements for all respondents, then for men and women separately. For ease of presentation the categories *strongly agree* and *agree*, and *strongly disagree* and *disagree* have been combined and displayed as *agree* and *disagree* respectively. The opinion statements appear in full in the Appendix.

There were no notable differences between the genders, both were generally satisfied. However, it is of some concern that 30% of respondents indicated that their career choice has been made difficult by inadequate careers advice.







Senior doctors' support during Foundation Years

Respondents, who either presently work for the NHS or have worked for the NHS at some point were asked to respond on a 5-point scale from *strongly agree* to *strongly disagree* to two statements:

- · F1 doctors get good cover from more senior doctors, when needed, out of normal working hours
- F2 doctors get good cover from more senior doctors, when needed, out of normal working hours

3.1% of respondents did not respond to the first statement and 3.4% to the second, so were not considered for this section.

For ease of interpretation *strongly agree* and *agree*, and *strongly disagree* and *disagree* have been combined into *agree* and *disagree*, respectively. 66.9% of respondents agreed that F1 doctors get good cover from more senior doctors out of normal working hours, 17.2% neither agreed nor disagreed and 15.9% disagreed. 57.4% of respondents agreed that F2 doctors get good cover from more senior doctors out of normal working hours, 21.9% neither agreed nor disagreed and 20.8% disagreed. As can be seen from Figures 9 and 10, there was little difference between the opinions of men and women on this issue.

Figure 9: Opinion on senior doctors' cover for F1 trainee doctors by gender

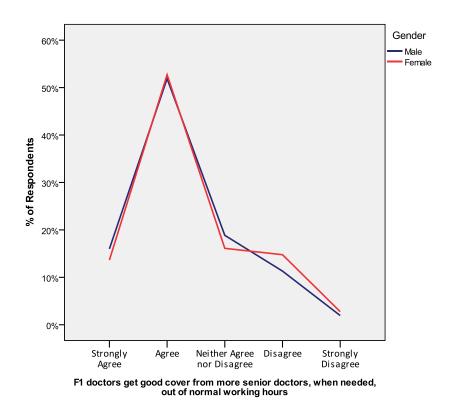
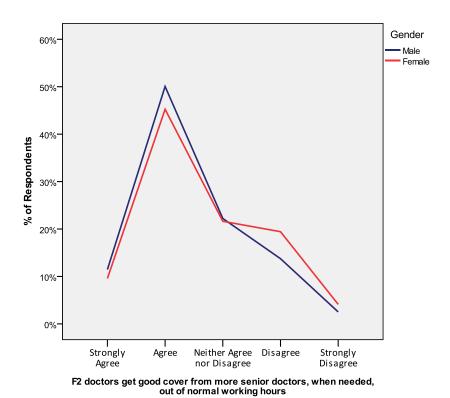


Figure 10: Opinion on senior doctors' cover for F2 trainee doctors by gender



Thus most doctors who are or have been employees of NHS believe that trainee doctors have good cover from more senior doctors when they need it outside working hours. However, the general opinion seems to indicate that F2 doctors get worse cover than F1.

Career plans

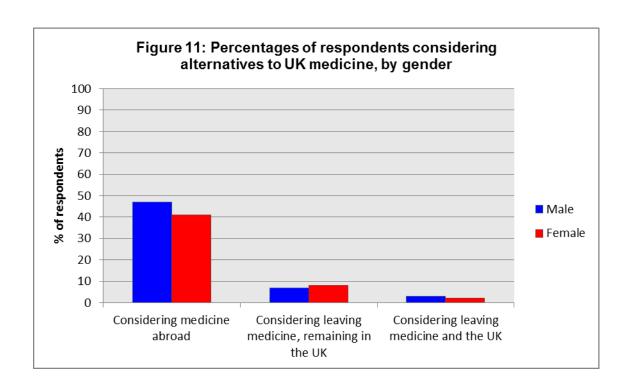
Intentions to practise in the UK

Respondents were asked a series of questions on their intentions to practise medicine in the UK and the NHS. 81% of respondents indicated that they definitely or probably intended to practise medicine in the UK for the foreseeable future; 9.9% were undecided and 8.8% definitely or probably did not intend to do so (Table 6). There were no significant differences according to sex.

For those who were not definite about practising medicine in the UK (n=1211), respondents were asked to tick whether they were considering one or more of the following options: 'practising medicine abroad', 'leaving medicine but remaining in the UK', and 'leaving medicine and leaving the UK'. 'Practising medicine abroad' received by far the biggest number of ticks (n=1020). A small number of participants did indicate that they were considering 'leaving medicine but remaining in the UK' (n=177) or 'leaving medicine and leaving the UK' (n=60). Figure 11 shows the distributions of responses across genders. Each bar represents the number of ticks as a percentage of the total number of respondents who specified their intentions by gender (i.e. the maximum possible number of ticks that a specific statement might have potentially received). There were no appreciable differences between men and women in their considerations.

Table 6: Intention to practise medicine in the UK

	M	Men		men	Total	
	Count	Col %	Count	Col %	Count	Col %
Yes-definitely	417	46.2	735	50.3	1152	48.8
Yes-probably	309	34.2	451	30.9	760	32.2
Undecided	90	10.0	145	9.9	235	9.9
No-probably not	53	5.9	72	4.9	125	5.3
No-definitely not	31	3.4	52	3.6	83	3.5
No reply given	3	.3	5	.3	8	.3
Total	903	100.0	1460	100.0	2363	100.0



Respondents were also asked what combination of clinical work they intended to work mainly in, if they intended to practise medicine. Details are shown in Table 7. The most popular combinations were clinical posts with some teaching responsibility (55.1%) followed by clinical posts with some teaching and research (23.7%). A bigger proportion of men than women indicated a preference for clinical posts with some teaching and research (29.7% vs. 20% respectively). A bigger proportion of women than men (58.2% compared with 50.2%) selected clinical posts with some teaching responsibility, although this was the most popular choice among both genders. There were also some other gender differences (see Table 7).

Table 7: Long-term career intentions within medicine

	Me	en	Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Clinical academic with honorary NHS sessions	56	6.2	48	3.3	104	4.4
Clinical service without teaching or research	41	4.5	103	7.1	144	6.1
Clinical service with some teaching responsibility	453	50.2	850	58.2	1303	55.1
Clinical service with some research time	31	3.4	47	3.2	78	3.3
Clinical service with some teaching and research	268	29.7	292	20.0	560	23.7
Undecided	31	3.4	66	4.5	97	4.1
No reply given	23	2.5	54	3.7	77	3.3
Total	903	100.0	1460	100.0	2363	100.0

Career choices

Certainty of career choice

Respondents were asked whether they had made up their minds about their choice of long-term career. At this stage, 5 years after graduation, 78% were definite about their long-term choice (Table 8) and 16.6% described their career choice as 'probable'. There was no significant difference between men and women in their certainty of choice.

Table 8: Certainty of Career Choice

	Men		Won	nen	To	tal
	Count	Col %	Count	Col %	Count	Col %
Definitely	699	77.4	1145	78.4	1844	78.0
Probably	159	17.6	233	16.0	392	16.6
Not really	27	3.0	41	2.8	68	2.9
No reply given	18	2.0	41	2.8	59	2.5
Total	903	100.0	1460	100.0	2363	100.0

First, second and third choices of long-term career

Respondents' career 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).

2353 of 2363 respondents (99.6%) had specified at least one career choice, thus this is the total number of respondents considered in this section. 12% of those 2353 respondents gave two career choices and 3.2% gave three.

The survey asks respondents to indicate whether any of the choices they describe are of equal preference. These are termed 'tied choices'. After adjusting for respondents giving tied choices within the same mainstream specialty, 3% of respondents (70/2353) gave a tied choice (2.7% men and 3.2% women).

The percentage of respondents that had specified each specialty as their first choice of career was calculated (Table 9). Respondents who gave tied first choices ended up being counted for more than one specialty, thus the figures in Table 9 do not add up to 100%. The same calculations were performed for second (Table 10) and third (Table 11) career choices.

The most popular overall first choice was for general practice (38.9% across all respondents). The next highest percentage of first choices was for the hospital medical specialties (14.3%), followed by surgical specialties (12%), and then anaesthetics (10%). There were notable gender differences in the first choices. Although general practice was the most popular choice among both women and men, a considerably higher percentage of women than men selected it (44.6% compared with 29.6% for men). Surgical specialties were a much more popular choice among men (21.4%) than women (6.2%). On the other hand, there was little difference for the other two popular specialties/choices: hospital medical specialties (men 15.5%; women 13.5%) and anaesthetics (men 10.5%; women 9.8%). The fifth most popular specialty among men was psychiatry, among women it was paediatrics.

Overall, the most popular second choice was general practice (2.8%), followed by hospital medical specialties (2.1%) for both men and women (Table 10).

Hospital medical specialties were the most popular third option provided (0.8%) followed by general practice (0.6%) (Table 11).

Table 9: First choices of long-term career

	Me	en	Wor	men	То	tal
	Count	Col %	Count	Col %	Count	Col %
Hospital medical specialties	139	15.5	197	13.5	336	14.3
Paediatrics	29	3.2	98	6.7	127	5.4
Emergency Medicine	41	4.6	39	2.7	80	3.4
Surgical Specialties	192	21.4	90	6.2	282	12.0
Obstetrics & Gynaecology	18	2.0	69	4.7	87	3.7
Anaesthetics	94	10.5	142	9.8	236	10.0
Radiology	20	2.2	25	1.7	45	1.9
Clinical Oncology	15	1.7	39	2.7	54	2.3
Pathology	31	3.4	44	3.0	75	3.2
Psychiatry	48	5.3	56	3.9	104	4.4
General Practice	266	29.6	649	44.6	915	38.9
Community Health	2	.2	4	.3	6	.3
Public Health Medicine	7	.8	18	1.2	25	1.1
Other Medical	13	1.4	7	.5	20	.8
Non-Medical	7	.8	21	1.4	28	1.2
Total	899	100.0	1454	100.0	2353	100.0

Table 10: Second choices of long-term career

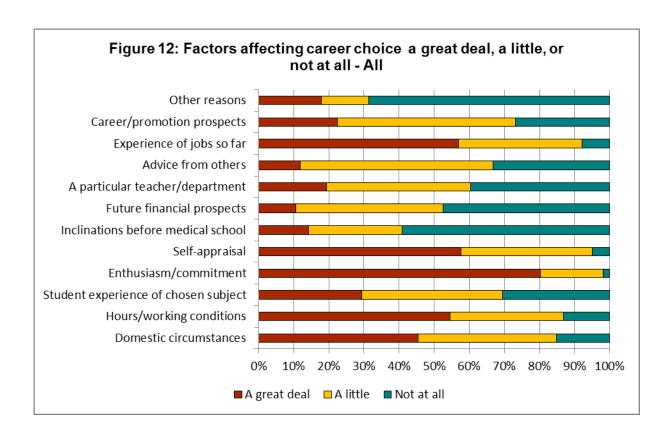
	Me	en	Wor	men	То	tal
	Count	Col %	Count	Col %	Count	Col %
Hospital medical specialties	19	2.1	30	2.1	49	2.1
Paediatrics	3	.3	20	1.4	23	1.0
Emergency Medicine	7	.8	9	.6	16	.7
Surgical Specialties	6	.7	7	.5	13	.6
Obstetrics & Gynaecology	1	.1	12	.8	13	.6
Anaesthetics	16	1.8	3	.2	19	.8
Radiology	7	.8	6	.4	13	.6
Clinical Oncology	1	.1	0	.0	1	.0
Pathology	2	.2	7	.5	9	.4
Psychiatry	4	.4	7	.5	11	.5
General Practice	25	2.8	41	2.8	66	2.8
Community Health	0	.0	3	.2	3	.1
Public Health Medicine	4	.4	11	.8	15	.6
Other Medical	4	.4	4	.3	8	.3
Non-Medical	11	1.2	13	.9	24	1.0
Total	899	100.0	1454	100.0	2353	100.0

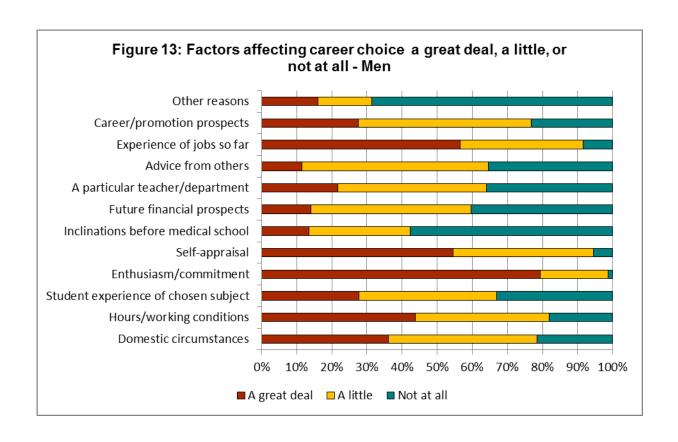
Table 11: Third choices of long-term career

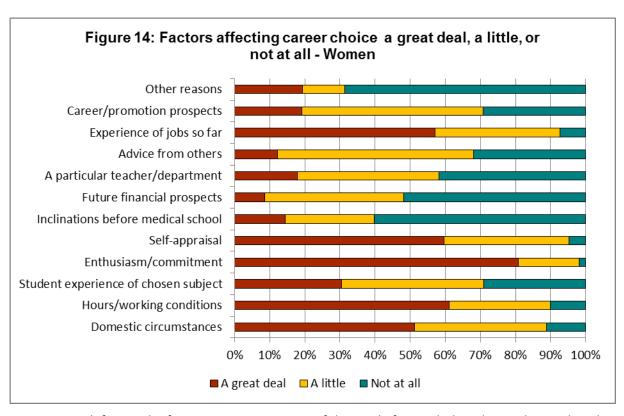
	M	en	Wor	men	Total		
	Count	Col %	Count	Col %	Count	Col %	
Hospital medical specialties	4	.4	14	1.0	18	.8	
Paediatrics	3	.3	2	.1	5	.2	
Emergency Medicine	2	.2	5	.3	7	.3	
Surgical Specialties	3	.3	4	.3	7	.3	
Obstetrics & Gynaecology	0	.0	1	.1	1	.0	
Anaesthetics	1	.1	3	.2	4	.2	
Radiology	4	.4	0	.0	4	.2	
Clinical Oncology	0	.0	0	.0	0	.0	
Pathology	2	.2	1	.1	3	.1	
Psychiatry	2	.2	4	.3	6	.3	
General Practice	7	.8	7	.5	14	.6	
Community Health	0	.0	1	.1	1	.0	
Public Health Medicine	1	.1	2	.1	3	.1	
Other Medical	1	.1	2	.1	3	.1	
Non-Medical	4	.4	3	.2	7	.3	
Total	899	100.0	1454	100.0	2353	100.0	

Factors affecting career choices

Figures 12 to 14 summarise the degree to which each of 12 factors affected the career choice of respondents, for men, women and all respondents. Overall, 'enthusiasm and commitment', followed by 'self-appraisal', 'experience of jobs so far' and 'hours/working conditions' had the most influence on career choices, whilst 'future financial prospects', 'advice from others' and 'inclinations before medical school' had the least influence (see Figure 12). The pattern of response was very similar between women and men (Figures 13 and 14), except that a notably higher proportion of men than women indicated that 'future financial prospects' (14.1% vs. 8.5%, respectively) and 'career promotion prospects' (27.5% vs. 19.2%, respectively) were an important influence on their future career choice. Also, for a higher proportion of women than men 'domestic circumstances' (51.2% vs. 36.1%, respectively) and 'hours/working conditions' (61.1% vs. 43.7%, respectively) were important factors.







Note: For each factor, the figures give percentages of the total after excluding those who produced no reply for that specific factor (less than 2% of respondents for any factor).

Rejected career choices

Respondents were asked whether there was in the past a choice of long-term career in medicine which they had seriously considered but then decided against. 69.3% of survey respondents (68.3% men, 69.9% women) indicated that there was a specialty they were considering in the past. Table 12 shows the rejected career choices as described by respondents and grouped into mainstream specialties.

The patterns of results were quite different between men and women. For men, the most commonly rejected specialty was surgical specialties (rejected by 33.4%), followed by hospital medical specialties (rejected by 26.1%). The third most rejected specialty among men was emergency medicine (rejected by 9.1%). For women, by far the most commonly rejected specialty was hospital medical specialties (rejected by 30.7%). Other mainstream specialties rejected by a much smaller but still a substantial proportion of women were surgical specialties (rejected by 13.5%), paediatrics (11.5%) and general practice (9.5%).

Table 12: Mainstream choices of careers once seriously considered but now rejected

_	M	en	Wo	men	To	tal
	Count	Col %	Count	Col %	Count	Col %
Hospital medical	161	26.1	313	30.7	474	28.9
Paediatrics	34	5.5	117	11.5	151	9.2
Emergency Medicine	56	9.1	63	6.2	119	7.3
Surgical Specialties	206	33.4	138	13.5	344	21.0
Obstetrics & Gynaecology	8	1.3	88	8.6	96	5.9
Anaesthetics	46	7.5	47	4.6	93	5.7
Radiology	14	2.3	13	1.3	27	1.6
Clinical Oncology	6	1.0	13	1.3	19	1.2
Pathology	10	1.6	23	2.3	33	2.0
Psychiatry	8	1.3	34	3.3	42	2.6
General Practice	35	5.7	97	9.5	132	8.1
Community Health	0	.0	1	.1	1	.1
Public Health	5	.8	6	.6	11	.7
Other Medical Specialties	0	.0	1	.1	1	.1
Two or more specialties rejected	28	4.5	67	6.6	95	5.8
Total	617	100.0	1021	100.0	1638	100.0

Appendix – The Questionnaire



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- · 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 CHOICES

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

Please give your choice of clinical specialty, or non-medical job, or 'Don't know / No choice', as appropriate. If your choice is very detailed or specific, please use the 'Further details/subspecialty' box to describe it.

If you have more than one choice, please list up to 3 choices in order of preference.

	Specialty	Further details / subspecialty	
First choice			
Second choice			
Third choice			
Do you regard a	ny of the choices you have n	amed as being of equal preference?	
		No, they are in order of preference	
		Yes, the first and second choices are equal	
		Yes, the second and third choices are equal	
		Yes, all three choices are equal	
	e (or first choices), that you h noice, or are you <u>uncertain</u> al	nave given above, your <u>definite</u> choice of future career, bout it?	,
		Definite	
		Probable	
		Uncertain	



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2. How much has each of the following factors influenced your choice of specialty, or non-medical job? Please answer for each factor, by marking X in one of the three boxes.

	Not at all	A little	A great deal
Wanting a career that fits my domestic circumstances			
Wanting a career with acceptable hours/working conditions			
Experience of chosen subject as a student			
Enthusiasm/commitment: what I really want to do			
Self-appraisal of own skills/aptitudes			
Inclinations before medical school			
Future financial prospects			
A particular teacher/department			
Advice from others			
Experience of jobs so far			
Career and promotion prospects			
Other reasons *			
3. Please name any specialty for which, in the past, you consider but then decided against :	ed applying for	postgradua	te training
Why did you decide against it? (Mark X against any that apply)	on for training pos	ata acamad t	oo fioroo
Сопреши			
		he training is training is too	
N		-	
It would be too difficult to train for this s	o posts available	-	
Other reasons / further details:	specially on a les	oo-u iai i-tuii-lii	no basis
Care. Todostro / Tarator details.			



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YOUR FUTURE CAREER PLANS

4. a)	Apart from temporary visits about for the foreseeable future?	road, do you intend to practise medicine in the United Kingdor	n
		Yes-definitely	
		Yes-probably	
		Undecided	
		No-probably not	
		No-definitely not	
b)	If you did <u>not</u> answer 'Yes-defin	nitely', are you considering (Mark X in one or more boxes)	
		practising medicine abroad	
		leaving medicine but remaining in the UK	
		leaving medicine and leaving the UK	
c)	If you are considering one of th	nese options, what is your main reason for doing so?	
d)	If you intend to practise medici	ne outside the UK, in which country or continent?	
,	,,		
5. If yo	ou intend to practise medicine, in	your long-term career do you intend to work mainly in: (Mark	X)
		Clinical service posts without teaching or research	
		Clinical posts with some teaching responsibility	
		Clinical posts with some research time	
		Clinical posts with some teaching and research	
		Clinical academic posts	
		Undecided	
	Other (<i>please describe</i>)		
	Other (piease describe)		

YOUR CURRENT AND PREVIOUS EMPLOYMENT

6. We would like details of your current and previous employment since <fromyear>Please do not report periods on maternity leave as periods out of employment.

						f in UK	ma	rk X	to a	II th	at a	pply		
Start date	Leave blank for current job(s)	Specialty If medical: Give specialty/subspecialty If non-medical: Give type of work If not in employment: Enter "not in paid employment"	Grade If medical or academic: Give medical or academic grade If non-medical: Give job title If not in employment: Enter reason, e.g. travel/career break/domestic responsibilities/illness etc.	Location In UK: Give town or city Outside UK: Give country	NHS post	NHS Honorary post	UK University Honorary post	UK private sector post	UK public sector post (non-NHS)	HM Forces post	NHS GP Retainer Scheme post	Locum appointment	Part-time post	If part-time, no. of sessions per week
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7. Job Satisfaction

If you are in employment, whether medical or not, plea CURRENT POST. For each statement, mark X in one		the following	g with refere	ence to your	-
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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					
8. Experience of Training and Work If you are, or have been, in medical employment, please EXPERIENCE TO DATE. For each statement, mark X			ı with refere	nce to your	CAREER
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have had good career opportunities in my career to date					
I am satisfied with my future career prospects					
Making career choices has been made more difficult by inadequate careers advice					
The postgraduate training I have received so far has been of a high standard					
If you are in medical employment please answer the for For each statement, mark X in one box.	ollowing with	n reference	to your CUF	RRENT POS	ST.
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am happy with my present position					
I receive good support from senior doctors					
I have found arrangements for my annual leave to be satisfactory					
I have generally felt able to take time off sick when I have been too unwell to work					
If you are, or have been, in medical employment in the For each statement, mark X in one box.	NHS, pleas	se answer t	he following	1.	
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
F1 doctors get good cover from more senior doctors, when needed, out of normal working hours					
F2 doctors get good cover from more senior doctors, when needed, out of normal working hours					



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9. Job enjoyment and lifestyle For the following two questions please respond by placing an X in the box next to the score out of ten which most accurately reflects your opinion How much are you enjoying your current position? a) Not enjoying it at all **Enjoying it greatly** b) How satisfied are you with the amount of time your work currently leaves you for family, social and recreational activities? 2 Not at all satisfied **Extremely satisfied** YOUR DOMESTIC SITUATION 10. Marital Status Single Living with spouse/partner Widowed, divorced or separated 11. How many children under 16 are normally resident in your household? If you have children, what are their current ages in years? (Enter 0 for 0-11 months) Oldest child 2nd Oldest child 3rd Oldest child 4th Oldest child If you have 5 or more children, please just give the ages of the 4 oldest

12. Are there any dependent adults (e.g. disabled, sick or elderly) whose needs could affect your ability to pursue your chosen career?

No



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ADDITIONAL COMMENTS

Please give us any **comments** you wish to make, on **any aspect** of your training or work. Use continuation sheets if you wish. 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.

Alternativally, places feel free to send comments in an email to either trover lambort@dphps ov as uk or

page.	phpc.ox.ac.uk <i>citing</i>	, sar arrigae rere	 appears at t	

Thank you very much for your co-operation.

Please return this questionnaire in the pre-paid envelope included, or in your own stamped envelope to:

UK Medical Careers Research Group, Department of Public Health, University of Oxford, Old Road Campus, Headington, Oxford OX3 7LF.

You can also scan & e-mail it (ensuring both sides of each page are scanned) to mcrg@dphpc.ox.ac.uk

Alternatively you can fax it (ensuring both sides of each page are faxed) to ++44 (0)1865 289379