# **UK Medical Careers Research Group Oxford University**

### 2012 cohort of UK Medical Graduates

Report of First Survey, conducted in 2013

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Introduction

This report describes the results of the first survey of the cohort of 5432 doctors who qualified from UK

medical schools in 2012 and whose contact details were supplied to us by the General Medical

Council. The first mailing for this survey was completed in May 2013, and late replies were received up

to November 2013.

This report outlines the main results from the first survey, focusing on career choices and plans, types

of placement completed during the F1 year, experiences of those placements and enjoyment of the F1

year overall. 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 5432 doctors (2245 men, 3187 women). Excluding from the denominator 152

who were untraceable and 21 who had declined to participate, the response to the first survey was

45.9% (2412/5259). For men the response rate was 41.3% (892/2161), and for women 49.1%

(1520/3098).

The fifth postal mailing of the questionnaire contained a shorter version of the questionnaire: 88

doctors returned this version. Therefore some questions were answered by all respondents (N=2412)

and some questions were answered by a smaller number (N=2324).

**Demographics** 

Sex

[This was included in both questionnaires: N=2412]

Sixty three per cent of the respondents were female (N=1520) and 37% were male (N=892).

Age

[This was included in both questionnaires: N=2412]

Most of the respondents were asked their age when beginning pre-clinical medical school. The 2150

doctors who replied to this question had a median age of 18 years. 55% were aged 18 or younger,

80% of respondents were 21 or less and 93% were aged 25 or younger. The oldest respondent was

aged 47 years on entry to medical school.

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[This was excluded from the short questionnaire: N=2324]

2% of respondents provided no information on their ethnic origin. Non-white respondents comprised 25%, with Indians being the largest group, followed by Chinese and Mixed ethnicity groups (Table 1).

**Table 1: Ethnicity** 

	M	en	Woi	men	To	tal
	Count	Col %	Count	Col %	Count	Col %
White	596	69	1113	76	1709	74
Indian	72	8	90	6	162	7
Pakistani	28	3	35	2	63	3
Bangladeshi	8	1	6	0	14	1
Chinese	43	5	56	4	99	4
Asian-other	20	2	35	2	55	2
Black Caribbean	2	0	3	0	5	0
Black African	10	1	27	2	37	2
Black-other	1	0	0	0	1	0
Other	20	2	24	2	44	2
Mixed	38	4	53	4	91	4
Not given	23	3	21	1	44	2
Total	861	100	1463	100	2324	100

Location of family home at time of application to medical school

[This was included in both questionnaires: N=2412]

90% of respondents (no difference between men and women) reported that their family home at the time of their application to pre-clinical medical school was in the UK (Table 2).

**Table 2: Family home** 

	Male		Fen	nale	To	Total		
	Count	Col %	Count	Col %	Count	Col %		
UK	801	90	1371	90	2172	90		
Abroad	72	8	130	9	202	8		
Not given	19	2	19	1	38	2		
Total	892	100	1520	100	2412	100		

Table 3 shows the distribution of 2012 graduates who responded to the survey one year post-graduation across medical schools.

**Table 3: Clinical medical school** 

	Ma	ale	Female		To	tal
	Count	Col %	Count	Col %	Count	Col %
Aberdeen	19	2	40	3	59	2
Birmingham	44	5	89	6	133	6
Bristol	23	3	64	4	87	4
Cambridge	23	3	28	2	51	2
Dundee	17	2	33	2	50	2
Edinburgh	47	5	59	4	106	4
Glasgow	23	3	43	3	66	3
Leeds	15	2	52	3	67	3
Liverpool	41	5	80	5	121	5
Manchester	45	5	94	6	139	6
Newcastle	33	4	72	5	105	4
Oxford	34	4	42	3	76	3
Sheffield	20	2	70	5	90	4
Cardiff	34	4	65	4	99	4
Imperial College	49	5	58	4	107	4
King's College	44	5	83	5	127	5
Queen Mary and Westfield	44	5	45	3	89	4
St George's	30	3	50	3	80	3
University College	51	6	59	4	110	5
Belfast	29	3	41	3	70	3
Nottingham	50	6	78	5	128	5
Southampton	27	3	60	4	87	4
Leicester	26	3	41	3	67	3
Keele	13	1	27	2	40	2
London (school unspecified)	1	0	1	0	2	0
Peninsula	31	3	38	3	69	3
Brighton and Sussex	12	1	23	2	35	1
Hull York	21	2	29	2	50	2
East Anglia	17	2	21	1	38	2
Swansea	1	0	1	0	2	0
Warwick	24	3	31	2	55	2
Wales (school unspecified)	3	0	3	0	6	0
Not entered	1	0	0	0	1	0
Total	892	100	1520	100	2412	100

22.1% of respondents had obtained professional or other post-school qualification before entering medical school and 1.9% did not reply to this question. 24% of men and 21% of women had such a qualification.

When respondents were asked whether they had entered medical school to an accelerated four-year graduate entry programme, 15.3% replied in the affirmative. 16% of men and 15% of women had studied in graduate entry programmes.

Respondents were also asked whether they had obtained any non-clinical qualifications during medical school. 39% had gained an intercalated degree during their time at medical school and 1.7% did not reply to this question (Table 4). The percentages of intercalated degrees were 43% for men and 37% for women.

Table 4: Non-clinical qualifications during medical school

	Male		Fer	nale	Total	
	Count	Col %	Count	Col %	Count	Col %
Yes - BSc, BA, BMedSci	380	43	556	37	936	39
Yes - Other	35	4	47	3	82	3
No	457	51	896	59	1353	56
Not entered	20	2	21	1	41	2
Total	892	100	1520	100	2412	100

Table 5 combines information on qualifications gained before and/or during medical school from respondents who had replied to both questions (n=2356). Men were more likely to have qualifications prior to and during medical school than women respondents.

Table 5: Qualifications prior to and during medical school

	Male		Fen	Female		tal
	Count	Col %	Count	Col %	Count	Col %
Before medical school	192	22	294	20	486	21
During medical school	392	45	576	39	968	41
Both	21	2	24	2	45	2
Neither	261	30	596	40	857	36
Total	866	100	1490	100	2356	100

#### Views of respondents on whether medical school prepared them well for work

[This was excluded from the short questionnaire: N=2324]

The following statement was included in the questionnaire: 'My 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 five-point scale from 'strongly agree' to 'strongly disagree' (Table 6). 70% of respondents either strongly agreed or agreed with the statement. 16% neither agreed nor disagreed, 14% of respondents disagreed or strongly disagreed that their experience at medical school had prepared them well. 1% had no opinion or gave no response to this question. The proportion who either strongly agreed or agreed with the statement was 72% for men and 69% for women.

Table 6: Percentages of respondents agreeing that they were well prepared

	Male		Fen	Female		tal
	Count	Col %	Count	Col %	Count	Col %
Strongly Agree	223	26	331	23	554	24
Agree	395	46	675	46	1070	46
Neither Agree nor Disagree	115	13	255	17	370	16
Disagree	95	11	167	11	262	11
Strongly Disagree	25	3	27	2	52	2
No Opinion	0	0	1	0	1	0
No reply given	8	1	7	0	15	1
Total	861	100	1463	100	2324	100

Those doctors who did not answer 'strongly agree' or 'agree' to the statement 'My experience at medical school prepared me well for the jobs I have undertaken so far' (N=684, 235 men and 449 women) were then asked to indicate which, if any, of the areas described in Table 7 below they did not feel well prepared in.

The category with the highest percentage of 'feeling unprepared' was that of prescribing decisions (70% overall, 68% men, 71% women). Interpersonal skills was the area where the lowest percentage indicated that they did not feel well prepared (8% overall, 9% for men and 7% for women).

The area where men felt less prepared than women was administrative tasks (75% and 56% respectively), and the areas where women felt less prepared than men were clinical knowledge (22% men, 28% women) and physical/emotional/mental demands (40% men, 47% women).

Note that these percentages are of the 30% of respondents who did not agree or strongly agree that they were well prepared. Expressed as a percentage of all respondents, these percentages are smaller: for example, the 70% who were concerned about prescribing decisions represented 21% of all respondents.

Table 7: Areas where respondents did not feel well prepared

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Clinical knowledge	52	22	127	28	179	26
Clinical procedures	94	40	186	41	280	41
Prescribing decisions	159	68	321	71	480	70
Administrative tasks	177	75	250	56	427	62
Interpersonal skills	22	9	32	7	54	8
Physical/emotional/mental demands	95	40	210	47	305	45

Note: the denominator for Table 7 consists of respondents (n=684) who did not answer 'strongly agree' or 'agree' to the statement 'My experience at medical school prepared me well for the jobs I have undertaken so far'. Additionally, the column percentages do not add up to 100% because the six options were not mutually exclusive.

Respondents were further asked 'was lack of preparation a serious, medium-sized or minor problem for you?' (Table 8). Only 4% overall felt that it was a 'serious' problem (6% of men felt this and 3% of women), whilst 42% felt it was a 'medium' problem (46% men, 40% women).

Table 8: Extent to which lack of preparation was a problem

	M	Male		Female		tal
	Count	Col %	Count	Col %	Count	Col %
Serious	14	6	12	3	26	4
Medium	107	46	181	40	288	42
Minor	109	46	241	54	350	51
Not entered	5	2	15	3	20	3
Total	235	100	449	100	684	100

Note: the denominator for Table 8 consists of respondents (n=684) who did not answer 'strongly agree' or 'agree' to the statement 'My experience at medical school prepared me well for the jobs I have undertaken so far'.

#### Opinions of F1 year

[This was excluded from the short questionnaire: N=2324]

Support provided by employing Trust

The following statement was included in the questionnaire: 'The support provided by my employing Trust when I started my first F1 post was on the whole:' Respondents were invited to provide an answer on a five-point scale ranging from 'very good' to 'very poor' (Table 9). 64% of respondents felt support was 'very good' or 'good' (62% for men, 65% for women); 8% felt support was 'very poor' or 'poor' (10% men, 7% women).

Table 9: Level of perceived support from employing Trust

	Ma	Male		nale	Total	
	Count	Col %	Count	Col %	Count	Col %
Very Good	202	23	339	23	541	23
Good	329	38	606	41	935	40
Adequate	237	28	391	27	628	27
Poor	60	7	73	5	133	6
Very Poor	22	3	29	2	51	2
No opinion	1	0	5	0	6	0
Not provided	10	1	20	1	30	1
Total	861	100	1463	100	2324	100

#### Views on the F1 year

Doctors were invited to respond to a number of structured statements describing their experience of F1 year as a whole. For all statements the response options were 'Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree'. Figure 1 shows the levels of agreement to the structured statements referring to the F1 year for all those who responded to the statement.

10% 20% 30% 40% 50% 60% 70% 80% 90% 100% I work longer hours than I think I should I work shorter hours than I think I should Arrangements for my annual leave are satisfactory F1 doctors get good cover from more senior doctors, when needed, out of normal working hours Arrangements for cover for absent doctors are satisfactory I receive good support from senior doctors I receive good support from nursing staff I receive good support from hospital/practice management I am currently under too much pressure whilst at work I am expected to perform too much routine non-medical work I had to perform clinical tasks for which I was inadequately trained Training has been of a high standard Educational opportunities have been good ■ Strongly Agree ■ Agree ■ Neither Agree nor Disagree ■ Disagree ■ Strongly Disagree ■ No Opinion

Figure 1: Opinions on current F1 post

Note: For each statement, the figures give percentages of the total after excluding those who produced no reply to that specific statement.

Two thirds of the respondents (63%) agreed<sup>1</sup> that they worked longer hours than they think they should, and the proportion who strongly agreed was 26%. About two thirds (61%) were satisfied with their annual leave arrangements.

Most respondents (86%) agreed that they got good support from more senior doctors, and 72% from nursing staff. Only 22% agreed that they were well supported by hospital/practice management. 62% agreed that F1 doctors got good cover from more senior doctors out of normal working hours when needed, but 61% were dissatisfied with arrangements for cover for absent doctors.

Of the respondents 22% were of the opinion that they were under too much pressure at work, and 12% reported that they had to perform clinical tasks for which they were inadequately trained. Just under half (48%) agreed that they were expected to perform too much routine non-medical work. In general there were no notable differences in the opinions of men and women, apart from this statement where 55% of men and 45% of women agreed.

Half of the respondents (50%) thought that educational opportunities had been good, but a quarter (25%) disagreed with this statement. 50% agreed that their training had been of a high standard.

<sup>&</sup>lt;sup>1</sup> Their response to the statement was Strongly agree or Agree.

#### Overall enjoyment of the F1 year

Respondents were asked how much they had enjoyed the F1 year overall on a scale from 1 ('not enjoyed it at all') to 10 ('enjoyed it greatly'). 1.4% produced no response to this question. Figure 2 shows the distribution of scores for those who did answer.

Looking at cumulative percentages, 13.6% scored 5 or less (suggesting low enjoyment), a third (33.3%) scored 6 or 7, and about half (53.1%) scored 8, 9, or 10 (indicating a high level of enjoyment). The median score for both men and women was 8. Figure 3 shows that the distributions of scores for men and women were very similar.

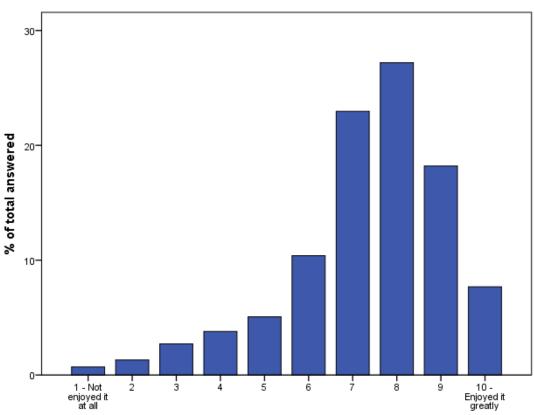


Figure 2: Overall enjoyment of the F1 year

How much have you enjoyed the F1 year overall

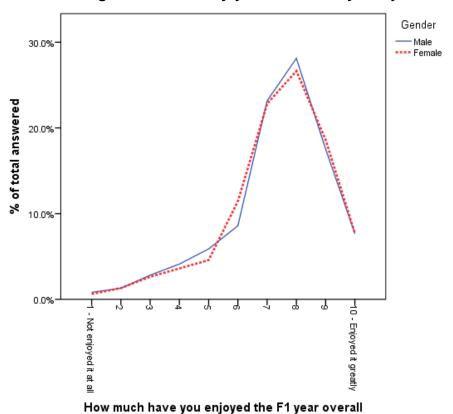
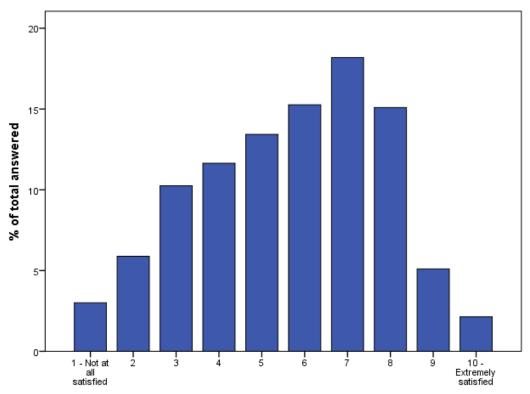


Figure 3: Overall enjoyment of the F1 year by sex

#### Satisfaction with time for family and leisure

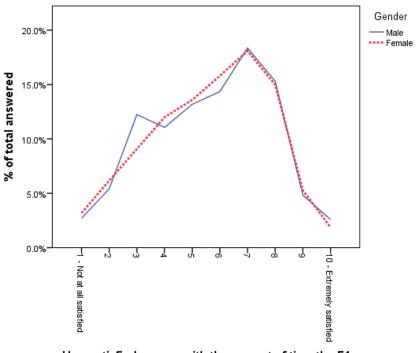
Respondents were also asked to what degree they were satisfied with the amount of time left by the F1 year for family, social and recreational activities, on a scale from 1 ('not at all satisfied') to 10 ('extremely satisfied'). 1.3% produced no response and Figure 4 shows the distribution of scores for those who did answer this question. The median score was 6 for both men and women. Quite a big proportion reported being dissatisfied (44.2%), i.e. scored 5 or less. About a third scored 6 or 7 (33.4%), and only 22.3% scored 8, 9 or 10 (indicating a high level of satisfaction). Distributions of scores were very similar for men and women (Figure 5).

Figure 4: Satisfaction with time for family and leisure



How satisfied are you with the amount of time the F1 year has left you for family, social and recreational activities

Figure 5: Satisfaction with time for family and leisure by sex



How satisfied are you with the amount of time the F1 year has left you for family, social and recreational activities

#### **Career choices**

[This was included in both questionnaires: N=2412]

#### Certainty of career choice

Respondents were asked whether their first choice (or first choices) of long-term career were definite. At this stage, one year after graduation, 34% were definite about their long-term choice and 46% described their career choice as 'probable' (Table 10). There were no appreciable differences between men and women in their certainty.

Table 10: Certainty of career choice

	Ma	Male		Female		tal
	Count	Col %	Count	Col %	Count	Col %
Definite	300	34	518	34	818	34
Probable	432	48	666	44	1098	46
Uncertain	144	16	289	19	433	18
No reply given	16	2	47	3	63	3
Total	892	100	1520	100	2412	100

First, second and third choices of long-term career

Tables 11, 12 and 13 show the first, second, and third choices of career expressed by respondents. 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 was for general practice (25% across all respondents). The next highest percentage of first choices was for the hospital medical specialties (21%), followed by surgery (14%). For men the most popular choice was hospital medical specialties (22% compared with 21% for women), whilst for women general practice was the most frequent first choice given (28% compared with 19% for men) (Table 11). 91 doctors, 4% of the total, replied 'Don't know'. Only 8 doctors gave a non-medical choice.

Tables 12 and 13 show the second and third choices of respondents who gave a first choice. 1678 doctors, or 70% of the 2403 respondents who gave a first choice, also gave a second choice. Among these, the hospital medical specialties (29%) were the most popular second choice (27% for men and 30% for women), followed by general practice (24%, similar for men and women). Only 29% of respondents who provided a first choice also provided a third choice (Table 13). General practice

(25%) was the most popular third option provided (26% for men, 24% for women) followed by hospital medical specialties among men (19%) and women (22%).

Table 11: First choices of long-term career

_	Male		Fen	nale	Total		
	Count	Col %	Count	Col %	Count	Col %	
Hospital Medical Specialties	199	22	311	21	510	21	
Paediatrics	40	4	142	9	182	8	
Emergency medicine	36	4	39	3	75	3	
Surgical Specialties	188	21	156	10	344	14	
Obstetrics & Gynaecology	20	2	96	6	116	5	
Anaesthetics	105	12	142	9	247	10	
Radiology	24	3	19	1	43	2	
Clinical Oncology	20	2	30	2	50	2	
Pathology	8	1	36	2	44	2	
Psychiatry	35	4	38	3	73	3	
General Practice	170	19	427	28	597	25	
Community Health	1	0	2	0	3	0	
Public Health	5	1	8	1	13	1	
Other Medical Specialties	5	1	2	0	7	0	
Non-Medical	5	1	3	0	8	0	
Don`t Know	28	3	63	4	91	4	
Total	889	100	1514	100	2403	100	

Note: 9 respondents did not provide any long-term career choice and are excluded from Tables 11, 12 and 13.

Table 12: Second choices of long-term career

_	Male		Fen	nale	Total		
	Count	Col %	Count	Col %	Count	Col %	
Hospital Medical Specialties	169	27	317	30	486	29	
Paediatrics	24	4	81	8	105	6	
Emergency medicine	46	7	44	4	90	5	
Surgical Specialties	45	7	32	3	77	5	
Obstetrics & Gynaecology	10	2	50	5	60	4	
Anaesthetics	83	13	83	8	166	10	
Radiology	24	4	25	2	49	3	
Clinical Oncology	4	1	31	3	35	2	
Pathology	26	4	36	3	62	4	
Psychiatry	20	3	47	4	67	4	
General Practice	140	23	258	24	398	24	
Community Health	0	0	5	0	5	0	
Public Health	9	1	17	2	26	2	
Other Medical Specialties	5	1	6	1	11	1	
Non-Medical	10	2	4	0	14	1	
Don`t Know	5	1	22	2	27	2	
Total	620	100	1058	100	1678	100	

Table 13: Third choices of long-term career

<u>-</u>	Ma	ale	Fen	nale	Total		
	Count	Col %	Count	Col %	Count	Col %	
Hospital Medical Specialties	48	19	99	22	147	21	
Paediatrics	11	4	31	7	42	6	
Emergency medicine	28	11	29	6	57	8	
Surgical Specialties	24	9	14	3	38	5	
Obstetrics & Gynaecology	1	0	29	6	30	4	
Anaesthetics	28	11	30	7	58	8	
Radiology	5	2	8	2	13	2	
Clinical Oncology	4	2	8	2	12	2	
Pathology	7	3	23	5	30	4	
Psychiatry	6	2	13	3	19	3	
General Practice	67	26	108	24	175	25	
Community Health	0	0	7	2	7	1	
Public Health	5	2	14	3	19	3	
Other Medical Specialties	3	1	3	1	6	1	
Non-Medical	5	2	5	1	10	1	
Don`t Know	12	5	27	6	39	6	
Total	254	100	448	100	702	100	

**Tied choices** 

The survey asked respondents to indicate whether any of the choices they described are of equal

preference. These are termed 'tied choices'. 27.4% of respondents who provided a long-term career

choice (658/2403) gave a tied choice (27.8% men and 27.1% women). 16.2% of respondents gave a

tied first choice (16.8% for men and 15.8% for women).

Factors affecting career choices

[This was excluded from the short questionnaire: N=2324]

The respondents were asked to evaluate fourteen factors by how much each factor had influenced

their choice of specialty, or non-medical job, on a scale of 'not at all', 'a little', 'a great deal'.

Figure 6 summarises the degree to which each factor affected the career choice of respondents.

Overall, looking at factors affecting 'a great deal', 'enthusiasm/commitment' followed by 'self-appraisal

of own skills/aptitudes' had the most influence on career choices, whilst 'the requirement to repay

student debt' and 'future financial prospects' had the least influence.

The patterns of responses were quite similar between women and men except that a higher proportion

of women than men wanted a career that fits their domestic situation (49% vs. 38% respectively) and

a career with acceptable hours/working conditions (53% vs. 42% respectively). Women also

considered self-appraisal of own skills/aptitudes having had more influence (54% for women, 44% for

men). Future financial prospects were to some extent less important to women than men - the

proportion of those who replied 'not at all' was 51% for women whereas it was 40% for men.

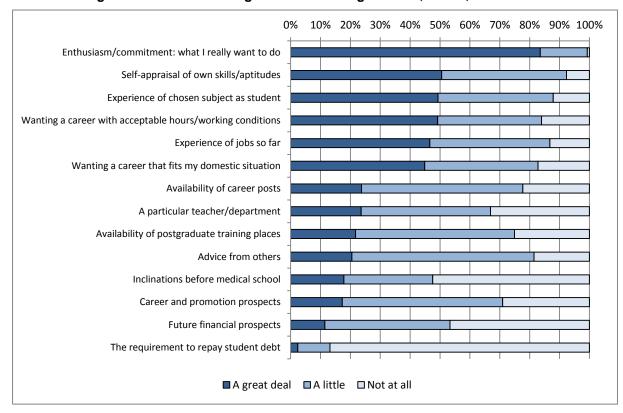


Figure 6: Factors affecting career choice a great deal, a little, or not at all

Note: For each factor, the figure gives percentages of the total after excluding those who produced no reply for that specific factor.

#### Career plans

Intentions to practise in the UK

[This was included in both questionnaires: N=2412]

Respondents were asked a series of questions on their intentions to practise medicine in the UK and the NHS. 74% of respondents indicated that they definitely or probably intended to practise medicine in the UK for the foreseeable future; 17% were undecided and 9% definitely or probably did not intend to do so (Table 14).

Table 14: Intention to practise medicine in the UK

	Ma	Male		nale	Total		
	Count	Col %	Count	Col %	Count	Col %	
Yes-definitely	291	33	553	36	844	35	
Yes-probably	361	40	583	38	944	39	
Undecided	162	18	240	16	402	17	
No-probably not	64	7	117	8	181	8	
No-definitely not	12	1	17	1	29	1	
No reply given	2	0	10	1	12	0	
Total	892	100	1520	100	2412	100	

For those who were not definite about practising medicine in the UK (N=1556, 599 men and 957 women), respondents were asked to indicate 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' (Table 15). Practising medicine abroad received by far the biggest number of selections (88% overall, about the same for men and women, representing 1365/2412 = 57% of the respondents). 9% of these participants indicated that they were considering leaving medicine but remaining in the UK (11% men, 8% women); 6% indicated that they were considering leaving medicine and leaving the UK (8% men, 5% women).

Table 15: Considerations of those not Definitely intent on remaining in UK medicine

	Male		Female		To	tal
	Count	Col %	Count	Col %	Count	Col %
Are you considering practising medicine	523	87	842	88	1365	88
abroad?						
Are you considering leaving medicine but	66	11	77	8	143	9
remaining in the UK?						
Are you considering leaving medicine and	47	8	48	5	95	6
leaving the UK?						

Note: the denominator for Table 15 consists of respondents (n=1556) who did not answer 'yes definitely'. Additionally, the column percentages do not add up to 100% because the three options were not mutually exclusive.

#### Intentions to do academic work

[This was included in both questionnaires: N=2412]

Respondents were asked what combination of clinical work they intended to work mainly in, if they intended to practise medicine. Details are shown in Table 16. The most popular combinations were clinical posts with some teaching responsibility (47%) followed by clinical posts with some teaching and research (34%). A bigger proportion of men than women indicated a preference for clinical posts with some teaching and research (37% vs. 32% respectively). A bigger proportion of women than men (49% compared with 43%) selected clinical posts with some teaching responsibility, although this was 2012 Cohort, 2013 Survey, Page 20

the most popular choice among both sexes. Men were intending more often than women to go for clinical academic posts (7% vs. 2% respectively). There were no other notable sex differences.

Table 16: Long-term career intentions within medicine

_	Male		Female		To	otal
	Count	Col %	Count	Col %	Count	Col %
Clinical service posts without teaching or research	27	3	58	4	85	4
Clinical posts with some teaching responsibility	385	43	744	49	1129	47
Clinical posts with some research time	15	2	50	3	65	3
Clinical posts with some teaching and research	334	37	484	32	818	34
Clinical academic posts	63	7	30	2	93	4
Undecided	58	7	134	9	192	8
Other	7	1	8	1	15	1
Not given	3	0	12	1	15	1
Total	892	100	1520	100	2412	100

Applying for academic training post

[This was excluded from the short questionnaire: N=2324]

Respondents were also asked if, after F2, they intended to apply for an academic training post (Table 17). 64% indicated that they did not intend to apply for an academic training post (56% men and 68% women). 9% of respondents answered yes: most (8%) intended to apply to be an academic specialist (12% men, 5% women).

Table 17: Intentions to apply for an academic training post

	Male		Fen	nale	Total		
	Count	Col %	Count	Col %	Count	Col %	
Yes, academic specialist	102	12	74	5	176	8	
Yes. academic GP	9	1	23	2	32	1	
No	481	56	999	68	1480	64	
Undecided	236	27	328	22	564	24	
Not given	33	4	39	3	72	3	
Total	861	100	1463	100	2324	100	

The respondents were invited to evaluate four structured statements relating to career planning and career advice. For all statements the response options were 'Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree'. Figure 7 shows the levels of agreement to the structured statements referring to career planning for all those who responded to the statement.

Most respondents (95%) agreed or strongly agreed that career advice was important at this stage of training. Half agreed (50%) that they had been able to obtain useful career advice since graduation, whilst about a third (36%) stated that making career choices had been made difficult by inadequate careers advice. Over two thirds of the respondents (69%) were of the opinion that they had to make their specialty career choice too soon after graduation.

There were only minor differences in the opinions of men and women. Women agreed slightly more often than men that careers advice at this stage of training was important (96% vs. 92% respectively), that inadequate careers advice had made careers choices difficult (37% vs. 34%), and that they had to make career choice of specialty too soon (70% vs. 67%). Men were more often of the opinion than women that they had been able to obtain useful career advice (52% for men, 48% for women).

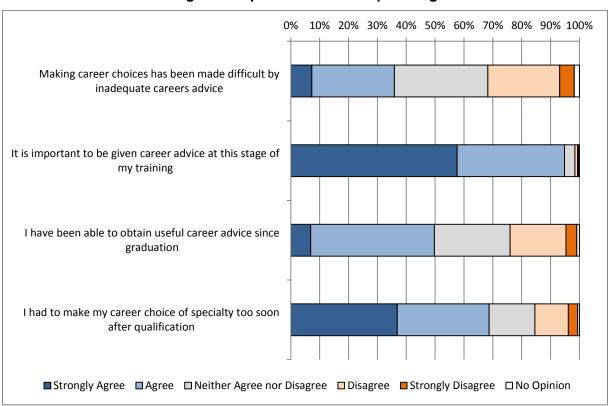


Figure 7: Opinions on career planning

Note: For each statement, the figures give percentages of the total after excluding those who produced no reply to that specific statement.

# Appendix – The questionnaire



#### 2013 Survey of Doctors who Graduated in 2012

#### Information about this survey

#### About the survey

We have been surveying doctors and reporting on their career choices and experiences for many years. We have surveyed all medical graduates, from all UK medical schools, in 12 year-of-qualification cohorts. This questionnaire is being sent to every doctor who graduated in the UK in 2012.

#### The results

Our findings are provided, as aggregated statistics, to the Department of Health, GMC, 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 career plans at this important stage in your training. 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**

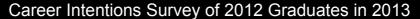
Typically, we contact doctors at the end of the first year after qualification. We also follow doctors up at intervals of about 2-3 years, thereafter, with a brief questionnaire to ask how your career is progressing and to seek your views about working in medicine (or leaving medicine). If you will never 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.

**Trevor Lambert** Professor Michael Goldacre
Study Co-ordinator Director







#### **ONLINE VERSION AVAILABLE**

If you wish, you can complete this survey online at: www.uhce.ox.ac.uk/2012 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 CHOICES

#### What is your choice of long-term career?

Please write 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		
If you gave more preference?	e than one choice, do you regard any of the ch	noices you have named as being of equal
		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 choices), that you have given above, you ou uncertain about it?	ur definite choice of future career, your probable
		Definite
		Probable
		Uncertain





# **UK Medical Careers Research Group**Career Intentions Survey of 2012 Graduates in 2013

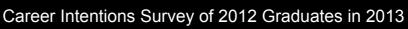


How much has each of the following factors influenced your choice of specialty, or non-medical job?

Please mark one response for each factor.

	Not at all	A little	A great deal
Enthusiasm/commitment - what I really want to de	D		
Likely availability of postgraduate training place	s		
Likely availability of career post	s		
Experience of chosen subject as a studer	ıt 🔲		
Wanting a career that fits my domestic circumstance	s		
Wanting a career with acceptable hours/working conditions	s		
Self-appraisal of own skills/aptitude	s		
Inclinations before medical school	ol		
Future financial prospect	s		
A particular teacher/departmen	ıt		
Experience of jobs so fa	ır 📗		
Advice from other	s		
Career and promotion prospect	s		
The requirement to repay student deb	ot		
Other reasons	*		
* Other (please describe)			
Other (piease describe)			
Have you applied for an academic F2 placement?			
,			Yes
			No 🔙
If you have applied for an academic F2 placement, has your applic	ation boon augos	ooful?	
in you have applied for an academic F2 placement, has your applic	ation been succe	SSIUIT	Yes
			No
			Don't Know
After F2, do you intend to apply for an academic training post?			
			emic specialist
		Yes,	academic GP
			No
			Undecided







In future, in your <u>long term career</u> , do you intend to work mainly in:	
Clinical service posts without teaching or res	earch
Clinical posts with some teaching respons	sibility
Clinical posts with some research	n time
Clinical posts with some teaching and res	earch
Clinical academic	posts
Unde	ecided
o	Other *
* Other (please describe)	
Do you plan to undertake part or all of your postgraduate training on a less-than-full-time basis?	Yes
	No 🔙
Unde	ecided
YOUR FUTURE CAREER PLANS	
Apart from temporary visits abroad, do you intend to practise medicine in the United Kingdom for the foreseeable future?	
Yes-def	initely
Yes-pro	bably
Unde	ecided
No-probab	oly not
No-definite	ely not
If you <u>did not</u> answer 'Yes-definitely', are you considering any of the following? (select all the	at apply)
practising medicine a	broad
leaving medicine but remaining in the	ne UK 📗
leaving medicine <b>and</b> leaving the	ne UK 📗
If you are considering one of these 3 options, what is your main reason for d	loing so?
If you intend to practise medicine outside the UK, in which country or co	ontinent?





# Career Intentions Survey of 2012 Graduates in 2013

	(Please give						
	If you are considering working abroad, what do yo of wo (Please give	rking a	as a do	octor ii	n anoti	her col	untry?
Career planni	ng and future career						
Please conside	er each statement and mark the response which most accurately re	eflects	your o	wn opir	nion.		
For all statem	ents:						
SA=S	Strongly agree, A=Agree, N=Neither agree nor disagree, D=dis DK=Don't know/no opinion	agree,	SD=S	trongly	/ disaç	gree	
		64			_	SD	DK
		SA	A	N	D	סס	DK
Making cai	reer choices has been made difficult by inadequate career advice						
It	is important to be given career advice at this stage of my training						
	I have been able to obtain useful career advice since graduation						
I have	to make my career choice of specialty too soon after qualification						
	EXPERIENCE OF THE F1 YEAR AS	AW	/HO	LE			
If for any	reason you have not yet started your F1 year, please sk	ip this	s page	e and	go to	page	10.
Preparation fo	or the F1 year						).
-	e your level of preparation for the F1 year by answering the following	ng que:	stions.				
		-		ad a n	lacem	ent as	а
	one of your F1 placements at a site where you were a medical	otuaoi	, •	P			
medical stude		otudoi	, 01	.uu u p			⁄es 🔲





# RD Career Intentions Survey of 2012 Graduates in 2013





# **UK Medical Careers Research Group** Career Intentions Survey of 2012 Graduates in 2013



The support provided by my employing Trust when I started my first F1 pos	t was o	on the	whole			
				٧	ery go	od
					Go	od
				,	Adequa	ate
					Po	oor
				١	/ery Po	oor
				No	Opini	on
What is the name of the deanery that covers your F1 post (if known)?						
Working conditions and support in my <u>current post</u>						
Please consider each statement and mark the response which most accurately re	eflects	your ov	vn opir	nion.		
For all statements:						
SA=Strongly agree, A=Agree, N=Neither agree nor disagree, D=disa DK=Don't know/no opinion	agree,	SD=St	rongly	/ disag	ree	
	SA	A	N	D	SD	DK
I work longer hours than I think I should						
I work shorter hours than I think I should						
I have found arrangements for my annual leave to be satisfactory so far						
I have got good cover from more senior doctors, when needed, outside						
normal working hours						
I have found cover for absent doctors to be satisfactory so far						
I receive good support from senior doctors						
I receive good support from nursing staff						
I receive good support from hospital management / GP practice management						
I am currently under too much pressure whilst at work						
I am expected to perform too much routine non-medical work						
I had to perform clinical tasks for which I was inadequately trained						
Training has been of a high standard						

Educational opportunities have been good





## Career Intentions Survey of 2012 Graduates in 2013

Job enjoyment and lifestyle

For the following two questions please respond by selecting the score which most accurately reflects your opinion about the **F1 year overall**, so far.

	1	2	3	4	5	6	7	8	9	10	
		joyed it		·	· ·	·	·		joyed it g		
How satisfied a activities, on a								family,	social ar	nd recreati	onal

**Extremely satisfied** 

**Equal opportunities and the NHS** 

Not at all satisfied

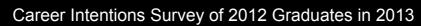
Please consider each statement and mark the response which most accurately reflects your own opinion.

For all statements:

SA=Strongly agree, A=Agree, N=Neither agree nor disagree, D=disagree, SD=Strongly disagree  DK=Don't know/no opinion							
The NHS is a good equal opportunities employer	SA	Α	N	D	SD	DK	
for doctors from ethnic minorities							
for women doctors							
for doctors with disabilities							



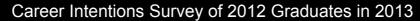






Background Information
Which medical school did you attend?
Medical School
If you attended a different pre-clinical medical school, which school was it?
Pre-clinical school, if different
How old were you when you started as a pre-clinical medical student?  years old
Where did you live at the time of your application for medical school?
Give the county (if known), otherwise the name of the nearest UK town or city. If outside the UK, give the country
How many years had you lived there (or near there)?
Was your medical school course formally designated as a graduate entry (fast track) course?  Yes  No
Did you obtain any professional or other 'post-school' qualifications <u>before</u> entering medical school?  Yes *  No
* Please give details
Did you obtain any non-clinical qualifications <u>during</u> medical school?  Please exclude primary medical qualifications (e.g. MB, ChB)
Yes - BSc, BA, BMedSci
Yes - Other *
No
* Please give details





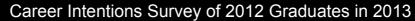


### **Additional Background Information**

Please note that if you do not wish to respond to the questions in this section then please omit them and move on to the next page. However we ask them because they are very helpful to us in profiling the medical profession when reporting on career and lifestyle issues.

Are there any aspects of your domestic or personal life (e.g. children of career, work location, or working circumstances?	, dependent relatives) that limit your choice
or career, work recution, or working circumstances.	Yes *
	No 🗌
	* If Yes, please describe if you wish
What is your gender?	Male
	Female
What was your age on graduation from medical school?	
	years old
Which of the following best describes your ethnic origin?	
	White
	Indian
	Pakistani
	Bangladeshi 🔃
	Chinese
	Asian-other *
	Black Caribbean
	Black African
	Black-other *
	Mixed *
	Other *
* Please give more details if you wish	







#### **ADDITIONAL COMMENTS**

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

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.

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

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

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.

You can also scan & e-mail it (ensuring both sides of each page are scanned) to mcrg@dph.ox.ac.uk Alternatively you can fax it (ensuring both sides of each page are faxed) to +44 (0)1865 289379

