

**UK Medical Careers Research Group
Oxford University**

2008 cohort of UK Medical Graduates

Report of First Survey, conducted in 2009/10

Report produced October 2011

UK Medical Careers Research Group, Department of Public Health,
Oxford University, Old Road Campus, Headington, Oxford OX3 7LF
Telephone: 01865 289389 Fax: 01865 289379
Website: www.uhce.ox.ac.uk/ukmcrg

Contents

- Introduction 3
- Cohort size and response to survey 3
- Demographics 3
 - Age..... 3
 - Ethnicity..... 4
 - Location of family home at time of application to medical school..... 5
 - Clinical medical school..... 6
 - Qualifications prior to medical school 7
- Views of respondents on whether medical school prepared them well for work..... 9
- Opinions of F1 year 9
 - Overall enjoyment of the F1 year..... 11
 - Satisfaction with time for family and leisure..... 13
- Career choices 15
 - Certainty of career choice 15
 - First, second and third choices of long-term career 15
 - Tied choices 19
 - Factors affecting career choices..... 19
 - Rejected career choices 21
- Career plans 22
 - Intentions to practise in the UK..... 22
- Commitment to the NHS..... 25
- Appendix – The Questionnaire 26

Introduction

This report describes the results of the first survey of the cohort of 6796 doctors who qualified from UK medical schools in 2008. The first mailing for this survey was completed in June 2009 and late replies were received up to April 2010.

The 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 6795 doctors (2677 men, 4110 women and 8 with gender not known, all survey non-respondents). Excluding from the denominator 82 qualifiers who were untraceable and 9 who had declined to participate, the response to the first survey was 49% (3302/6704). For men the response rate was 43% (1140/2632), and for women it was 53% (2162/4072).

13% of respondents (439/3302) only filled in a shortened version of the survey. Therefore, for some questions the total number of respondents was n=2863.

Demographics

Age

The 2815 out of 2863 respondents who provided information on their age when beginning pre-clinical medical school had a median age of 18 years. 56% of them were aged 18 or younger, 80% were aged 21 or less and 92% were aged 25 or younger. The oldest respondent was aged 48 years.

Ethnicity

2.4% of respondents provided no information on their ethnic origin. Non-white respondents comprised 23.5%, with Indians being the largest group, followed by Chinese (Table 1).

Table 1: Ethnicity

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
White	676	68.6	1443	76.8	2118	74.0
Indian	75	7.6	110	5.9	185	6.5
Pakistani	35	3.6	44	2.3	79	2.8
Bangladeshi	10	1.0	12	.6	22	.8
Chinese	45	4.6	67	3.6	112	3.9
Asian-other*	40	4.1	45	2.4	85	3.0
Black Caribbean	2	.2	7	.4	9	.3
Black African	11	1.1	27	1.4	38	1.3
Black-other*	1	.1	2	.1	3	.1
Other*	22	2.2	36	1.9	58	2.0
Mixed	33	3.4	53	2.8	86	3.0
Not Given	35	3.6	32	1.7	67	2.3
Total	985	100.0	1878	100.0	2863	100.0

Overseas students

148 respondents were overseas students (4.5%) (Table 2).

Table 2: Overseas students

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes	55	4.8	93	4.3	148	4.5
No	1061	93.1	2033	94.0	3094	93.7
Not Given	24	2.1	36	1.7	60	1.8
Total	1140	100.0	2162	100.0	3302	100.0

Location of family home at time of application to medical school

94% of respondents (93% of men, 95% of women) reported that their family home at the time of their application to pre-clinical medical school was in the UK (Table 3).

Table 3: Family home

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
UK	918	93.2	1781	94.8	2699	94.3
Abroad	50	5.1	83	4.4	133	4.6
Not Given	17	1.7	14	.7	31	1.1
Total	985	100.0	1878	100.0	2863	100.0

Clinical medical school

Table 4 shows the distribution of 2008 graduates who responded to the survey one year post-graduation across medical schools.

Table 4: Clinical medical school attended

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
England						
Birmingham	60	5	140	7	200	6
Brighton and Sussex	14	1	42	2	56	2
Bristol	31	3	78	4	109	3
Cambridge	44	4	48	2	92	3
East Anglia	20	2	24	1	44	1
Hull York	17	2	35	2	52	2
Keele	7	1	14	1	21	1
Leeds	29	3	107	5	136	4
Leicester	41	4	76	4	117	4
Liverpool	31	3	85	4	116	4
London - Imperial College	58	5	97	5	155	5
London - King`s College	65	6	116	5	181	6
London - Queen Mary and Westfield	46	4	71	3	117	4
London - St George`s	47	4	71	3	118	4
London - University College	62	5	87	4	149	5
London (school unspecified)	0	0	1	0	1	0
Manchester	52	5	122	6	174	5
Newcastle	58	5	92	4	150	5
Nottingham	71	6	100	5	171	5
Oxford	35	3	61	3	96	3
Peninsula	27	2	39	2	66	2
Sheffield	43	4	94	4	137	4
Southampton	29	3	63	3	92	3
Warwick	21	2	41	2	62	2
Scotland						
Aberdeen	33	3	50	2	83	3
Dundee	25	2	53	3	78	2
Edinburgh	46	4	93	4	139	4
Glasgow	39	3	76	4	115	4
Wales	47	4	109	5	156	5
Northern Ireland	30	3	66	3	96	3
No Reply Given	12	1	11	1	23	1
Total	1140	100	2162	100	3302	100

Qualifications prior to and during medical school

22% of respondents had obtained professional or other post-school qualification before entering medical school and 1.3% did not reply to this question. 620 doctors provided further detail of these qualifications. 35% had a medical-related degree, 48% had a science degree, 2% had a dental degree, 12% had an Arts/Humanities degree and 3% had a nursing or paramedical qualification (Table 5).

Table 5: Details of qualifications prior to pre-clinical medical school

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Dental degree/LDS	7	3.0	4	1.0	11	1.8
Medical-related degree	86	36.3	133	34.7	219	35.3
Nursing/paramedical qualification	2	.8	15	3.9	17	2.7
Science degree/BSc	111	46.8	188	49.1	299	48.2
Arts/Humanities degree/BA	31	13.1	43	11.2	74	11.9
Total	237	100.0	383	100.0	620	100.0

Respondents were also asked whether they had obtained any non-clinical qualifications during medical school. 36% had gained an intercalated degree during their time at medical school and 1.8% did not reply (Table 6). The percentages of intercalated degrees were similar between men and women (37% and 35% respectively).

Table 6: Non-clinical qualifications during medical school

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes - BSc,BA,BMedSci	364	37.0	662	35.3	1026	35.8
Yes – Other	25	2.5	35	1.9	60	2.1
No	574	58.3	1151	61.3	1725	60.3
No reply given	22	2.2	30	1.6	52	1.8
Total	985	100.0	1878	100.0	2863	100.0

Table 7 combines information on qualifications gained before and/or during medical school from respondents who had replied to both questions (n=2810). Men were significantly more likely to have qualifications before or during medical school than women respondents ($\chi^2 = 14.3$, df=1, p<0.001).

Table 7: Qualifications prior to and during medical school

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Before med school	220	22.8	345	18.7	565	20.1
During med school	377	39.1	665	36.0	1042	37.1
Both	12	1.2	31	1.7	43	1.5
Neither	347	36.0	802	43.4	1149	40.9
Dental degree before	7	.7	4	.2	11	.4
Total	963	100.0	1847	100.0	2810	100.0

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

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 8). 53% of respondents either strongly agreed or agreed with the statement. 26% neither agreed nor disagreed, 21% of respondents disagreed or strongly disagreed that their experience at medical school had prepared them well. 1% gave no response to this question. There were no significant differences between men and women in their responses.

Table 8: Percentages of respondents agreeing that they were well prepared

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Strongly Agree	96	9.7	132	7.0	228	8.0
Agree	434	44.1	843	44.9	1277	44.6
Neither Agree nor Disagree	257	26.1	487	25.9	744	26.0
Disagree	150	15.2	339	18.1	489	17.1
Strongly Disagree	35	3.6	64	3.4	99	3.5
No Reply Given	13	1.3	13	.7	26	.9
Total	985	100.0	1878	100.0	2863	100.0

Doctors were then asked to indicate which, if any, of the areas described in Figure 1 below they did not feel well prepared in. Some of those who in the previous question agreed or strongly agreed that their medical school prepared them well overall still indicated some areas in which they did not feel well prepared. Their responses were counted. 1% who did not give a reply to the overall preparedness question were excluded, leaving the total as n=2837. Thus each area could potentially get 2837 ticks in total, therefore, the ticks that it did get was calculated as the percentage of this total. Figure 1 presents the results overall and men and women separately.

The category with the highest percentage of 'feeling unprepared' was that of administrative tasks (30% overall, 32% men, 29% women). Interpersonal skills was the area where the lowest percentage indicated that they did not feel well prepared (3% overall, roughly the same for men and women).

Respondents were further asked 'was lack of preparation a serious, medium-sized or minor problem for you?' (Table 9). Only 3% overall felt that it was a 'serious' problem (with a slight difference between men and women: 4% vs. 2.5% respectively), whilst 24% felt it was a 'medium' problem (22% men, 25% women).

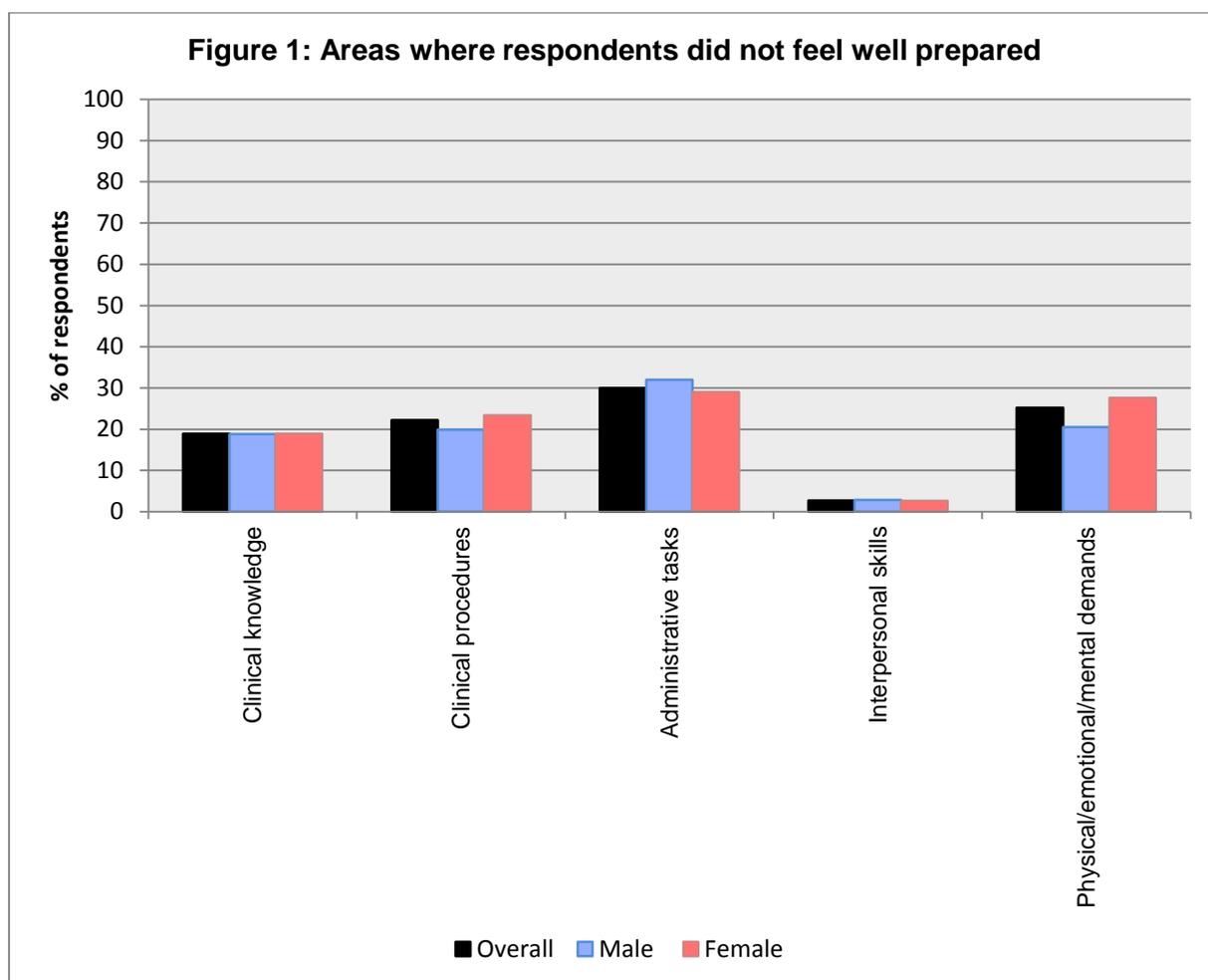


Table 9: Extent to which lack of preparation was a problem

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Serious	40	4.1	47	2.5	87	3.1
Medium	214	22.0	458	24.6	672	23.7
Minor	244	25.1	448	24.0	692	24.4
Not entered	474	48.8	912	48.9	1386	48.9
Total	972	100.0	1865	100.0	2837	100.0

Note: the denominator for Tables 9 consists of respondents (n=2837) who had replied to the overall preparedness statement.

Opinions of F1 year

Doctors were invited to respond to a number of structured statements describing their experience of the F1 year as a whole. For all statements the response options were 'Agree, Neither Agree nor

Disagree, Disagree'. Figures 2, 3 and 4 show the levels of agreement to the structured statements referring to the F1 year for all respondents, then for men and women separately.

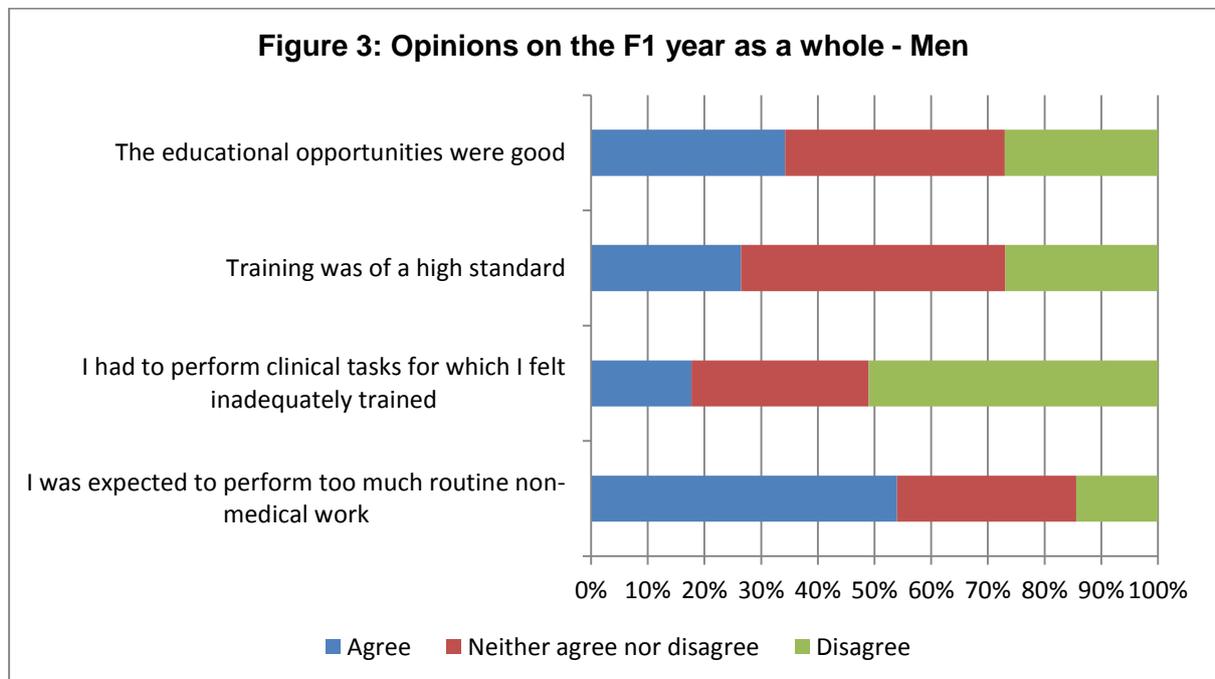
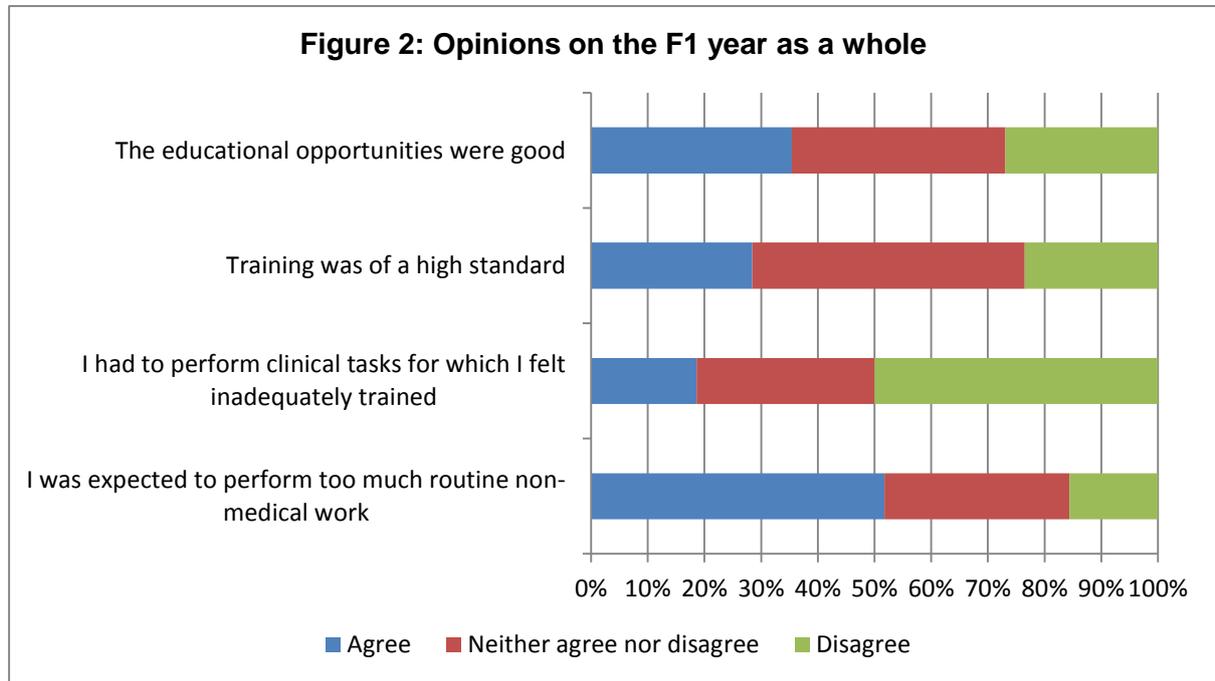
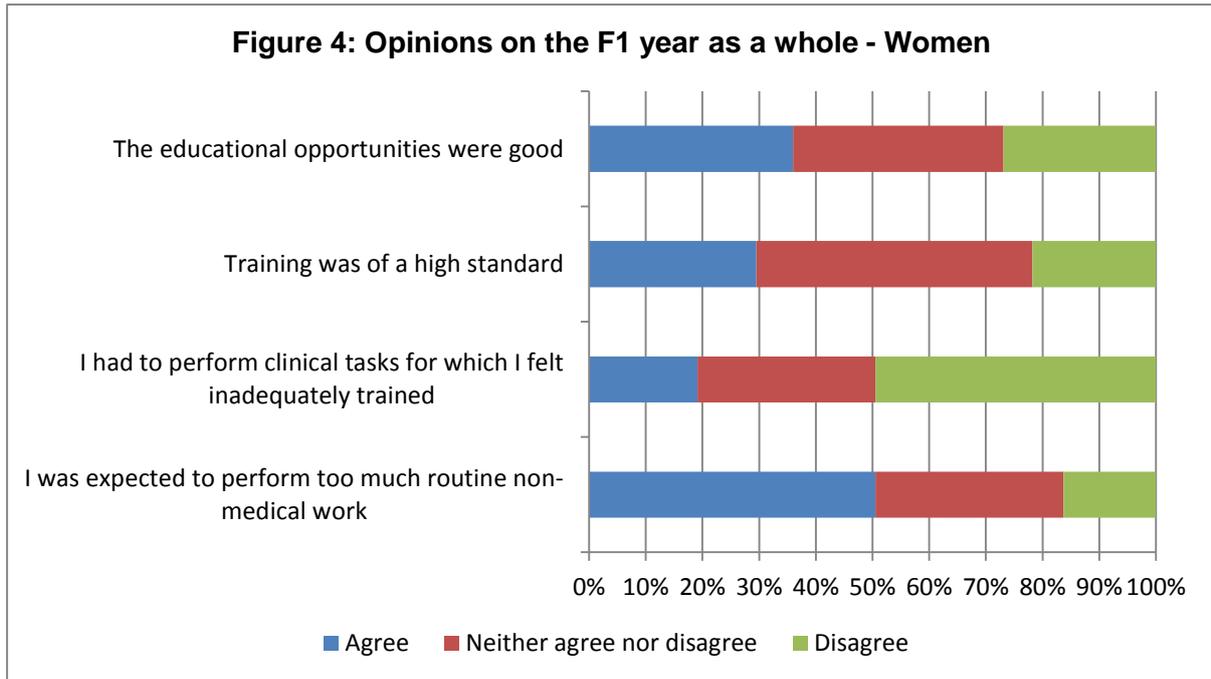


Figure 4: Opinions on the F1 year as a whole - Women



Note: For each statement, the figures give percentages of the total after excluding those who produced no reply to that specific statement (1-2% of all respondents).

Over half of the respondents (52%) agreed that they were expected to perform too much routine non-medical work. Also almost 1 in 5 respondents (19%) agreed that they had to perform clinical tasks for which they felt inadequately trained. It is also notable that almost half (48%) could neither agree nor disagree that their training was of a high standard. There were no notable differences between the opinions of men and women.

Overall enjoyment of the F1 year

Respondents were asked how much they had enjoyed the F1 year overall on a scale from 1 ('not at all') to 10 ('greatly enjoying'). 1.2% produced no response to this question. Figure 5 shows the distribution of scores for those who did answer. Looking at cumulative percentages, 14.3% scored 5 or less (suggesting low enjoyment), approximately a third (35.1%) scored 6 or 7, and about half (50.6%) scored 8, 9, or 10 (indicating a high level of enjoyment). The median score for men was 7 and for women it was 8. Figure 6 shows that the distributions of scores for men and women were very similar.

Figure 5: Overall enjoyment of the F1 year.

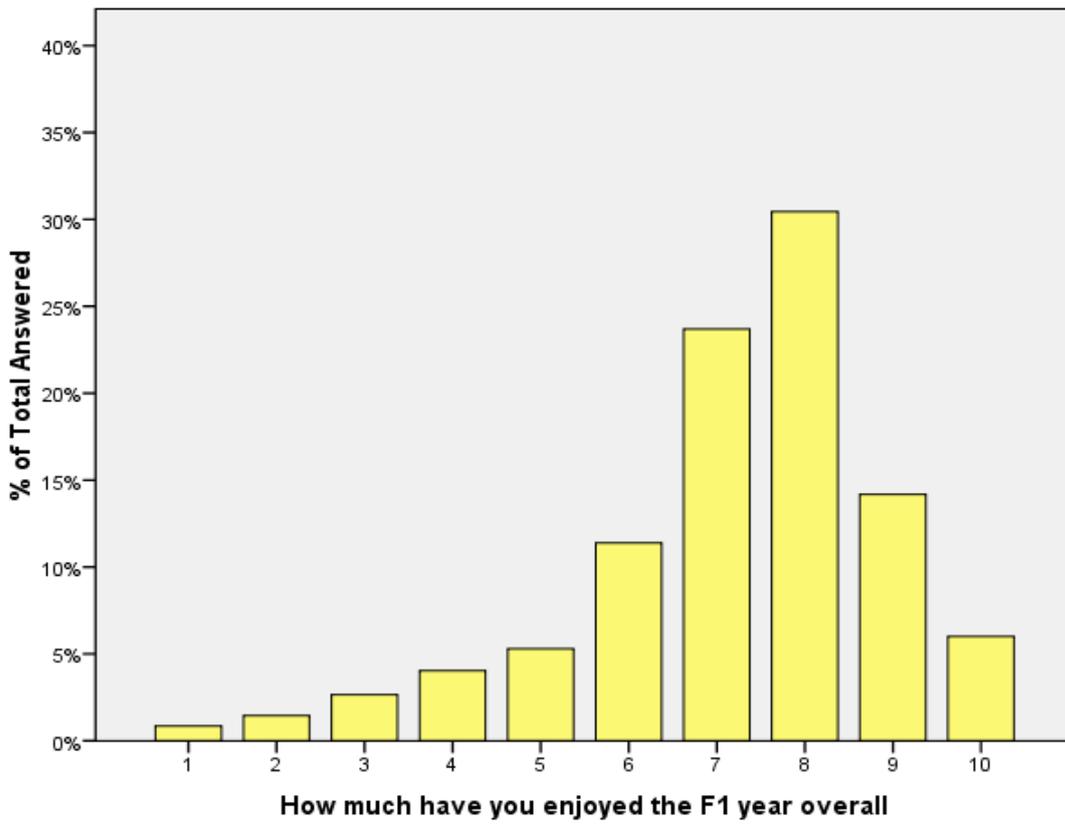
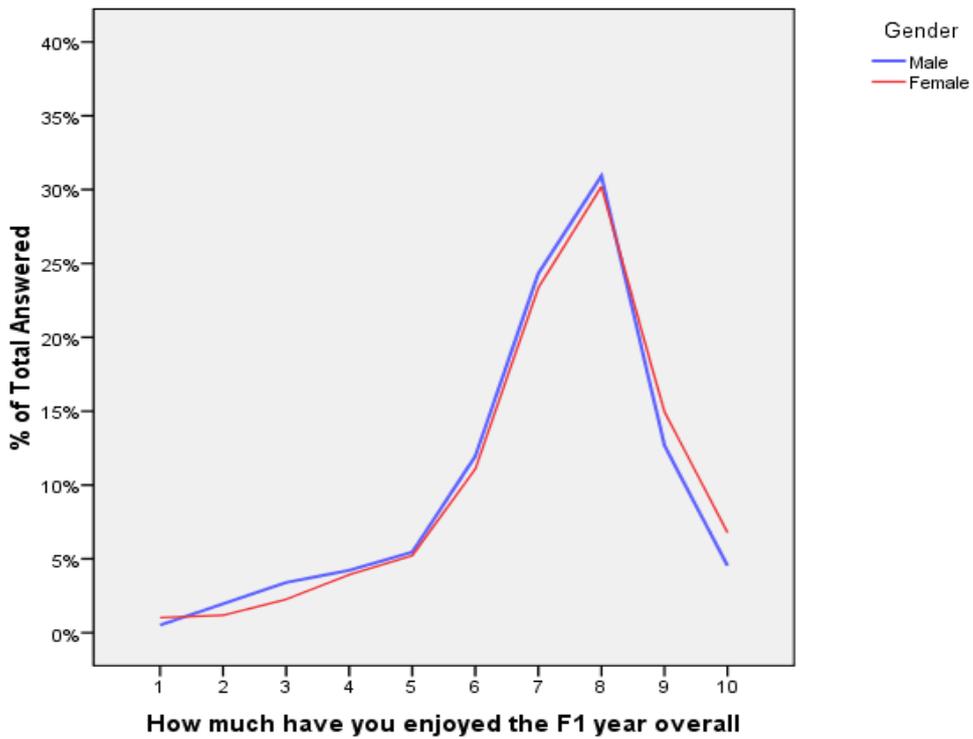


Figure 6: Overall enjoyment of the F1 year by gender



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'). 1.5% produced no response and Figure 7 shows the distribution of scores for those who did answer this question. The median score was 6 overall and for men and women separately. Quite a big proportion reported being dissatisfied (37.8%), i.e. scored 5 or less. Just over a third scored 6 or 7 (36%), and only 26.3% scored 8, 9 or 10 (indicating a high level of satisfaction). Distributions of scores were very similar for men and women (Figure 8). Any differences were not significant ($p=0.92$).

Figure 7: Satisfaction with time for family and leisure

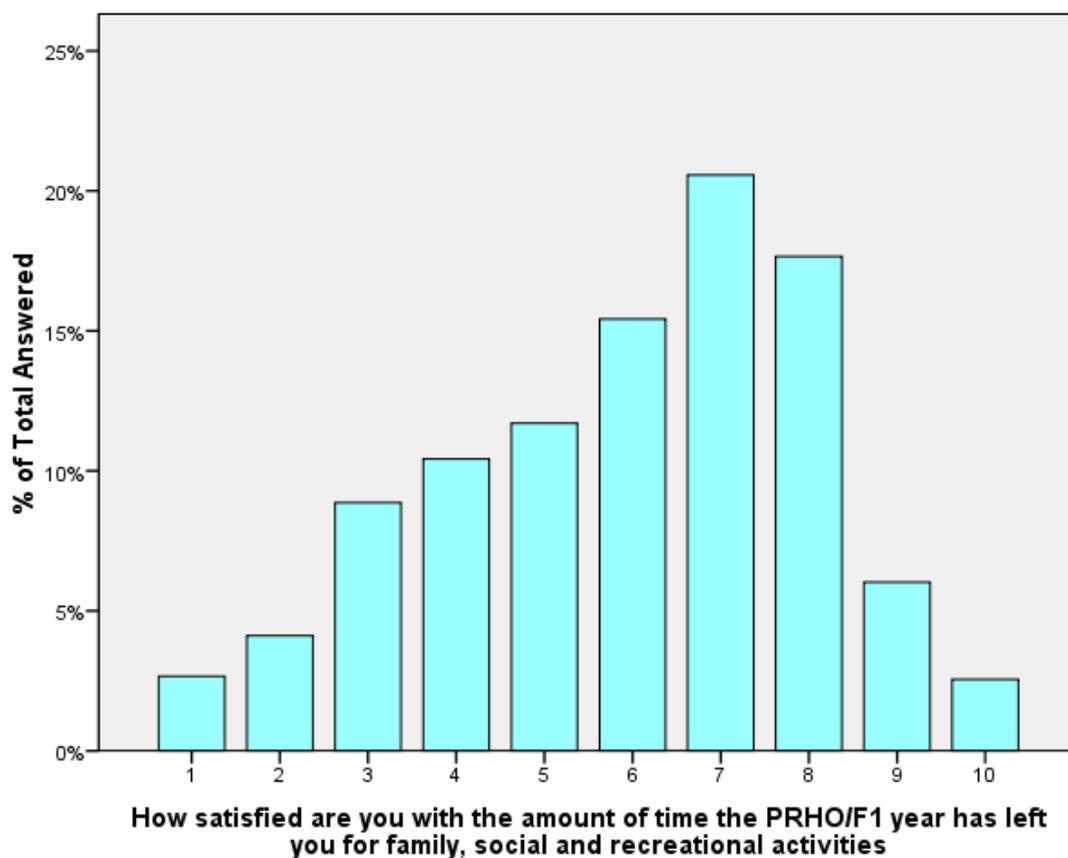
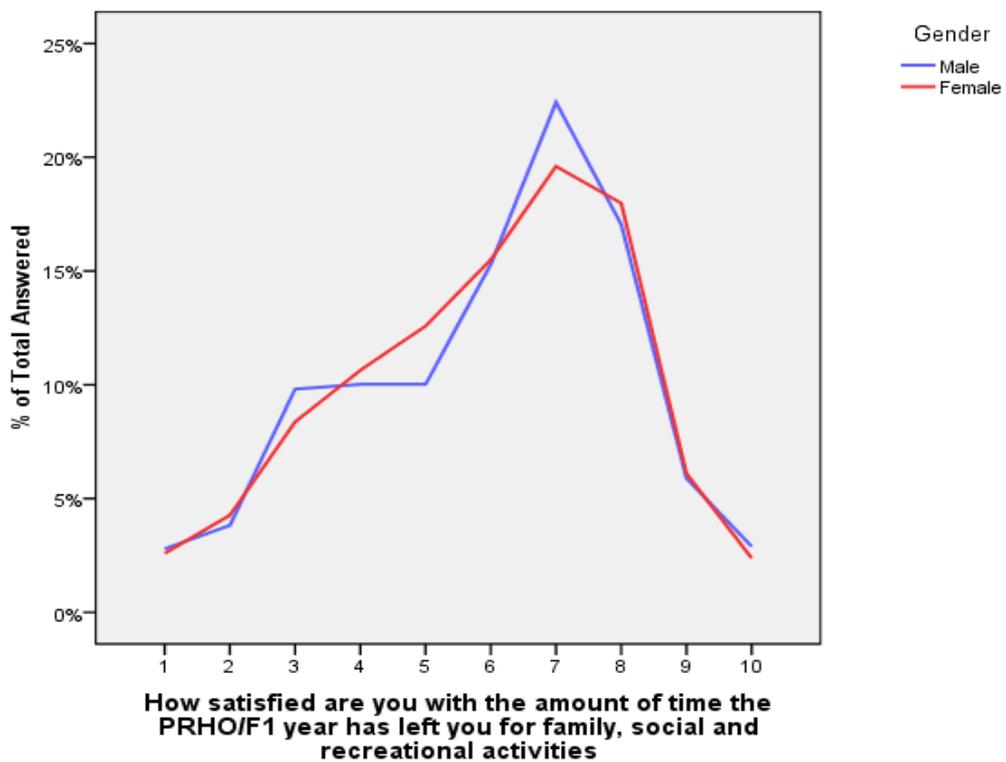


Figure 8: Satisfaction with time for family and leisure by gender



Career choices

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, 40% were definite about their long-term choice and 41% 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

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Definitely	455	39.9	857	39.6	1312	39.7
Probably	472	41.4	882	40.8	1354	41.0
Not really	178	15.6	366	16.9	544	16.5
No reply given	35	3.1	57	2.6	92	2.8
Total	1140	100.0	2162	100.0	3302	100.0

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 (in this case for surgery).

The most popular overall first choice was for general practice (27% across all respondents). The next highest percentage of first choices was for the hospital medical specialties (21%), followed by surgery (15%). For men the most popular choice was surgery (23% compared with 11% for women), whilst for women general practice was the most frequent first choice given (30% compared with 20% for men) (Table 12).

Tables 13 and 14 show the second and third choices of respondents who gave a first choice. The hospital medical specialties were the most popular second choice (30%, same for both men and women), followed by general practice among women (16%) and surgery among men (17%). Only 58% of respondents who provided a first choice also provided a third choice (Table 13). The hospital medical specialties was the most popular third option provided (22%) followed by general practice among women (10%) and surgery (10.5%) and general practice (10.6%) among men.

Table 11: First choices of long-term career

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	239	21.7	442	21.0	681	21.2
Paediatrics	46	4.2	203	9.6	249	7.8
Emergency Medicine	28	2.5	53	2.5	81	2.5
Surgical Specialties	251	22.8	226	10.7	477	14.9
Obstetrics & Gynaecology	29	2.6	145	6.9	174	5.4
Anaesthetics	151	13.7	189	9.0	340	10.6
Radiology	31	2.8	26	1.2	57	1.8
Clinical Oncology	13	1.2	37	1.8	50	1.6
Pathology	23	2.1	46	2.2	69	2.2
Psychiatry	46	4.2	62	2.9	108	3.4
General Practice	224	20.3	637	30.2	861	26.8
Community Health	0	0	0	0	0	0
Public Health Medicine	6	.5	18	.9	24	.7
Other Medical Specialties	5	.5	7	.3	12	.4
Non-Medical	11	1.0	15	.7	26	.8
Total	1103	100.0	2106	100.0	3209	100.0

Note: 93 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

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	328	29.7	638	30.3	966	30.1
Paediatrics	25	2.3	126	6.0	151	4.7
Emergency Medicine	69	6.3	88	4.2	157	4.9
Surgical Specialties	188	17.0	183	8.7	371	11.6
Obstetrics & Gynaecology	9	.8	86	4.1	95	3.0
Anaesthetics	108	9.8	112	5.3	220	6.9
Radiology	14	1.3	27	1.3	41	1.3
Clinical Oncology	15	1.4	31	1.5	46	1.4
Pathology	20	1.8	42	2.0	62	1.9
Psychiatry	33	3.0	62	2.9	95	3.0
General Practice	125	11.3	331	15.7	456	14.2
Community Health	0	.0	5	.2	5	.2
Public Health Medicine	8	.7	23	1.1	31	1.0
Other Medical Specialties	5	.5	14	.7	19	.6
Non-Medical	10	.9	17	.8	27	.8
Not in Paid Employment	0	.0	0	.0	0	.0
Not specified	146	13.2	321	15.2	467	14.6
Total	1103	100.0	2106	100.0	3209	100.0

Table 13: Third choices of long-term career

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	247	22.4	453	21.5	700	21.8
Paediatrics	23	2.1	71	3.4	94	2.9
Emergency Medicine	42	3.8	57	2.7	99	3.1
Surgical Specialties	116	10.5	80	3.8	196	6.1
Obstetrics & Gynaecology	5	.5	59	2.8	64	2.0
Anaesthetics	49	4.4	73	3.5	122	3.8
Radiology	16	1.5	13	.6	29	.9
Clinical Oncology	9	.8	34	1.6	43	1.3
Pathology	17	1.5	32	1.5	49	1.5
Psychiatry	16	1.5	33	1.6	49	1.5
General Practice	117	10.6	214	10.2	331	10.3
Community Health	1	.1	1	.0	2	.1
Public Health Medicine	5	.5	15	.7	20	.6
Other Medical	11	1.0	8	.4	19	.6
Non-Medical Specialties	20	1.8	21	1.0	41	1.3
Not in Paid Employment	0	.0	0	.0	0	.0
Not specified	409	37.1	942	44.7	1351	42.1
Total	1103	100.0	2106	100.0	3209	100.0

Tied choices

The survey asked respondents to indicate whether any of the choices they described are of equal preference. These are termed 'tied choices'. 30.5% of respondents who provided a long-term career choice (979/3209) gave a tied choice (31.2% men and 30.2% women). Table 14 provides information on which choices were most commonly tied.

Table 14: Details on different types of tied choices

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
No choices tied	796	69.8	1520	70.3	2316	70.1
1st+2nd Choices Tied	187	16.4	357	16.5	544	16.5
2nd+3rd Choices Tied	67	5.9	123	5.7	190	5.8
All 3 Choices Tied	90	7.9	162	7.5	252	7.6
Total	1140	100.0	2162	100.0	3302	100.0

Adjusting the number of tied choices for choice occurring within the same mainstream (so that tied choices within the same mainstream specialty become one untied choice) the percentage of tied choices drops to 23.1% (22.0% men, 23.8% women). Table 15 gives a further breakdown.

Table 15: Details on different types of tied choices adjusted for the choices within the same mainstream specialty

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
No choices tied	897	78.7	1655	76.5	2552	77.3
1st+2nd Choices Tied	162	14.2	345	16.0	507	15.4
2nd+3rd Choices Tied	37	3.2	64	3.0	101	3.1
All 3 Choices Tied	44	3.9	98	4.5	142	4.3
Total	1140	100.0	2162	100.0	3302	100.0

Factors affecting career choices

Figures 9 to 11 summarise the degree to which each of 13 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**, **availability of postgraduate training places and of career posts** and **advice from others** had the least influence (see Figure 9). The patterns of responses were very similar between women and men (Figures 10 and 11), except that a notably higher proportion of men than women indicated that **future financial prospects** (15% vs. 6% respectively) and **career promotion prospects** (22% vs. 13% respectively) were an important influence on their future career choice. Also, for a higher proportion of women than men **domestic circumstances** (49% vs. 34% respectively) and **hours/working conditions** (55% vs. 40% respectively) were an important factor.

Figure 9: Factors affecting career choice a great deal, a little, or not at all - All

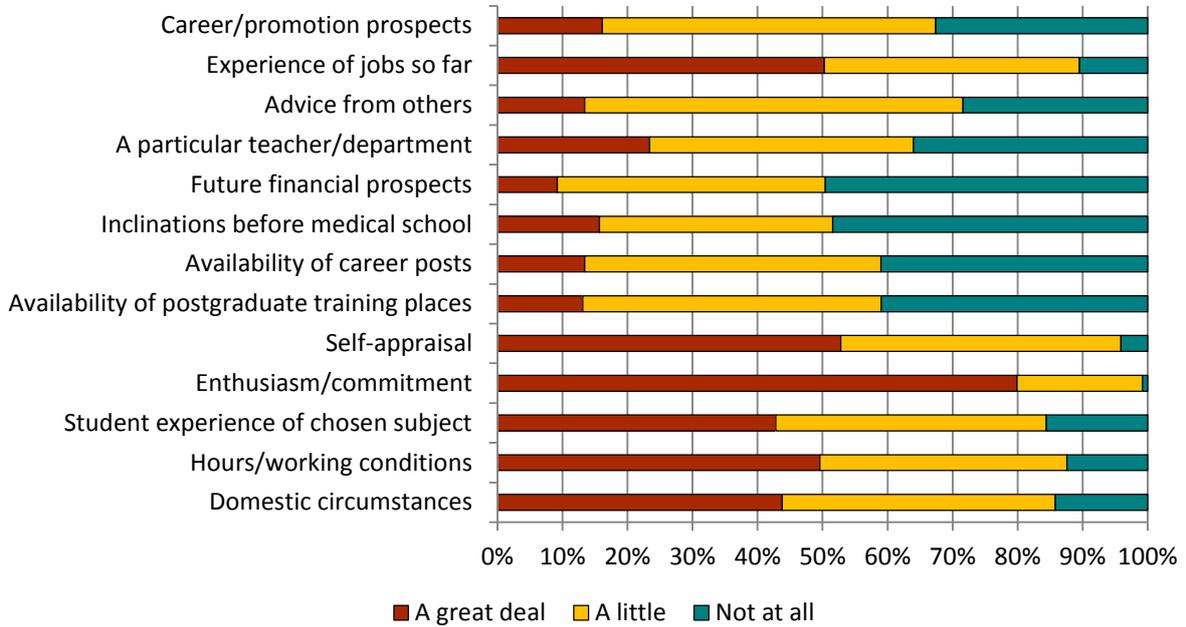


Figure 10: Factors affecting career choice a great deal, a little, or not at all - Men

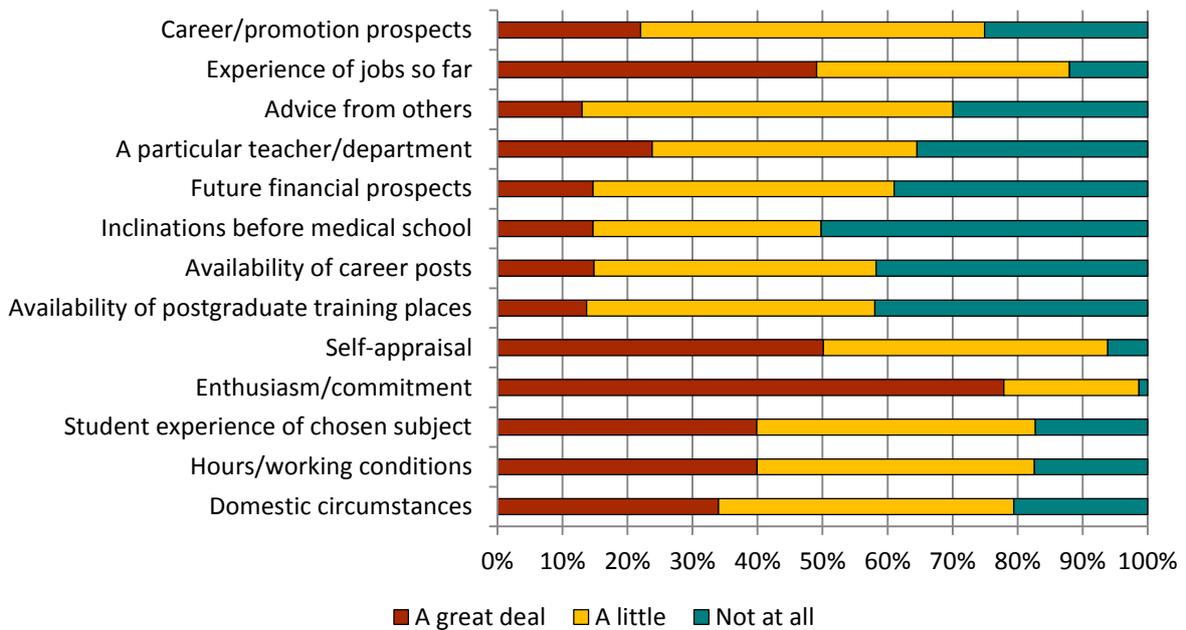
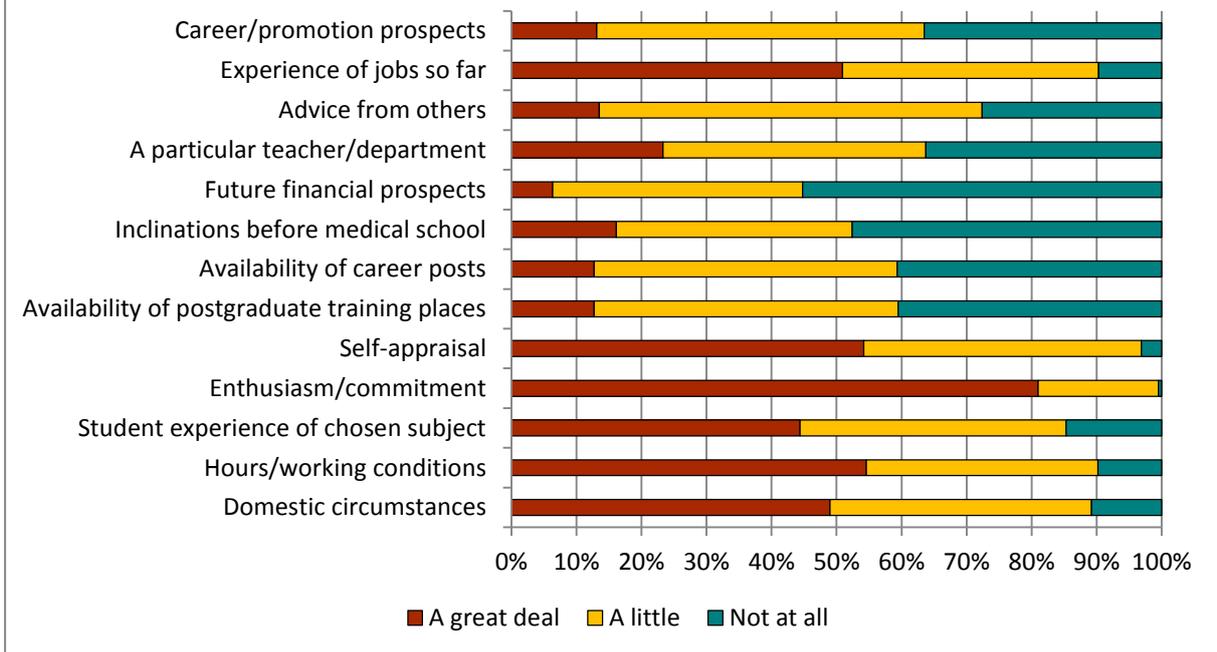


Figure 11: Factors affecting career choice a great deal, a little, or not at all - Women



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

Rejected career choices

Respondents were asked whether there was a choice of long-term career in medicine which they had seriously considered but had now decided not to pursue. 32.8% of survey respondents (33.4% men, 32.5% women) told us that they had, whilst 66.5% of respondents had not rejected a career choice at this stage, and 0.7% gave no response. Table 16 shows the rejected career choices as described by respondents and grouped into mainstream specialties. The most commonly rejected specialties were paediatrics (rejected by 26.2%) and the hospital medical specialties (rejected by 19.6%). This applied both to men and women, but the proportions of men rejecting these specialties were higher. Also a higher percentage of men had rejected surgery (17.6%) than women (11.1%). Another noticeable gender difference was that a higher percentage of women (13.1%) than men (6.1%) had considered and rejected obstetrics & gynaecology. There were some other gender differences but the numbers of available responses are too small to be reliably informative.

Table 16: Mainstream choices of careers once seriously considered but now rejected

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital Medical Specialties	76	23.1	108	17.7	184	19.6
Paediatrics	90	27.4	156	25.6	246	26.2
Emergency Medicine	13	4.0	46	7.5	59	6.3
Surgical Specialties	58	17.6	68	11.1	126	13.4
Obstetrics & Gynaecology	20	6.1	80	13.1	100	10.6
Anaesthetics	20	6.1	30	4.9	50	5.3
Radiology	11	3.3	7	1.1	18	1.9
Clinical Oncology	2	.6	8	1.3	10	1.1
Pathology	3	.9	21	3.4	24	2.6
Psychiatry	11	3.3	28	4.6	39	4.2
General Practice	12	3.6	39	6.4	51	5.4
Community Health	0	.0	0	.0	0	.0
Public Health	0	.0	3	.5	3	.3
Other Medical Specialties	2	.6	6	1.0	8	.9
Non-Medical	0	.0	0	.0	0	.0
No Reply Given	11	3.3	10	1.6	21	2.2
Total	329	100.0	610	100.0	939	100.0

Career plans

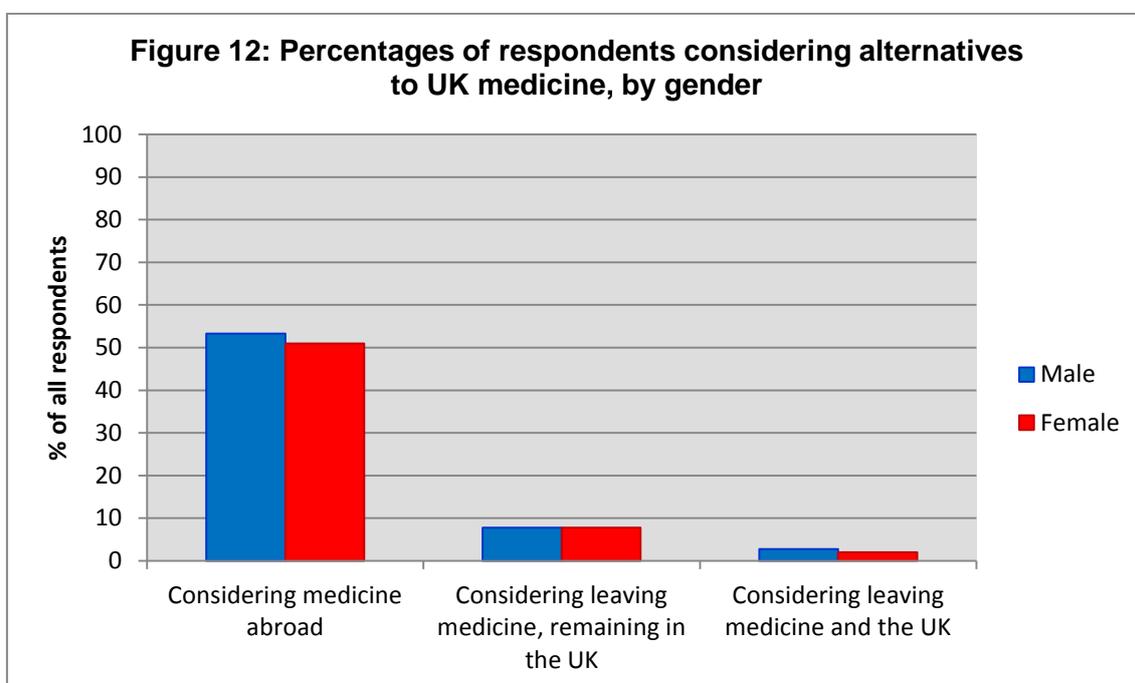
Intentions to practise in the UK

Respondents were asked a series of questions on their intentions to practise medicine in the UK and the NHS. 80% of respondents indicated that they definitely or probably intended to practise medicine in the UK for the foreseeable future; 12% were undecided and 8% definitely or probably did not intend to do so (Table 17). There were no significant differences according to sex.

For those who were not definite about practising medicine in the UK (n=1927), 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=1706). A small number of participants did indicate that they were considering leaving medicine but remaining in the UK (n=256) or leaving medicine and leaving the UK (n=74). Figure 12 shows the distributions of responses across genders. Each bar represents the number of ticks as a percentage of the total number of respondents of the specific gender who specified their intentions (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 17: Intention to practise medicine in the UK

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes-definitely	461	40.4	906	41.9	1367	41.4
Yes-probably	442	38.8	837	38.7	1279	38.7
Undecided	129	11.3	262	12.1	391	11.8
No-probably not	78	6.8	122	5.6	200	6.1
No-definitely not	27	2.4	30	1.4	57	1.7
No reply given	3	.3	5	.2	8	.2
Total	1140	100.0	2162	100.0	3302	100.0



Respondents (excluding those who answered the shortened version of the survey) 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 18. The most popular combinations were clinical posts with some teaching responsibility (48%) followed by clinical posts with some teaching and research (35%). A bigger proportion of men than women indicated a preference for clinical posts with some teaching and research (40% vs. 32% respectively). A bigger proportion of women than men (51% compared with 42%) selected clinical posts with some teaching responsibility, although this was the most popular choice among both genders. There were no other notable gender differences.

Table 18: Long-term career intentions within medicine

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Clinical service posts without teaching or research	35	3.6	70	3.7	105	3.7
Clinical posts with some teaching responsibility	415	42.1	957	51.0	1372	47.9
Clinical posts with some research time	26	2.6	36	1.9	62	2.2
Clinical posts with some teaching and research	395	40.1	602	32.1	997	34.8
Clinical academic posts	35	3.6	43	2.3	78	2.7
Undecided	52	5.3	132	7.0	184	6.4
No reply given	26	2.6	38	2.0	64	2.2
Total	984	100.0	1878	100.0	2862	100.0

Commitment to the NHS

Respondents were also asked how committed they feel to a long-term career in the NHS (Table 18). 40% of responded were definitely committed and 39% probably committed to a long-term career in the NHS. Only 2% gave a response of definitely not. A further analysis, where the responses were grouped into Yes, No or Undecided and participants who gave no response were excluded, revealed that women were significantly more committed to a career in the NHS than men ($\chi^2 = 22.2$, $df=2$, $p<0.001$).

Table 19: Commitment to a long-term career in the NHS

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes-definitely	401	35.2	911	42.1	1312	39.7
Yes-probably	462	40.5	813	37.6	1275	38.6
Undecided	147	12.9	286	13.2	433	13.1
No-probably not	90	7.9	96	4.4	186	5.6
No-definitely not	35	3.1	40	1.9	75	2.3
No reply given	5	.4	16	.7	21	.6
Total	1140	100.0	2162	100.0	3302	100.0

Appendix – The Questionnaire

UK Medical Careers Research Group, University of Oxford

2009 Survey of Doctors who Graduated in 2008

Instructions for completing the questionnaire

- 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 FUTURE CAREER PLANS

1. a) Apart from temporary visits abroad, do you intend to practise medicine in the United Kingdom for the foreseeable future?

Yes-definitely

Yes-probably

Undecided

No-probably not

No-definitely not

- b) *If you did not answer 'Yes-definitely', 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

If you are considering one of the options in 1b), what is your main reason for planning to do so?

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

2. Do you feel committed to a long-term career in the NHS?

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

If you did not answer Yes-definitely, what is your main reservation about a long-term NHS career?

3. If you intend to practise medicine, in your long-term career do you intend to work mainly in:

- 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 (*please describe*)

YOUR CAREER CHOICES

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

Please list up to 3 choices in order of preference.

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.

	Specialty	Further details / subspecialty
First choice	<input type="text"/>	<input type="text"/>
Second choice	<input type="text"/>	<input type="text"/>
Third choice	<input type="text"/>	<input type="text"/>

Do you regard any of the choices you have named 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

Is the first choice (or first choices) you have given above your definite choice of future career, your probable choice, or are you uncertain about it?

- Definite
- Probable
- Uncertain

5. 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.

	<i>Not at all</i>	<i>A little</i>	<i>A great deal</i>
Wanting a career that fits my domestic circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanting a career with acceptable hours/working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience of chosen subject as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/commitment: what I really want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-appraisal of own skills/aptitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of postgraduate training places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of career posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclinations before medical school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future financial prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A particular teacher/department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience of jobs so far	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career and promotion prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If 'Other reasons' influenced your career choice, please give brief details of those reasons:

6. Is there a choice of long-term career in a clinical specialty which you have seriously considered but have now decided not to pursue?

Yes

No

If you replied Yes to question 6, what was that career choice?

Specialty

Further details / subspecialty

What is your most important reason for rejecting that choice?

PREPARATION FOR POSTGRADUATE TRAINING

7. How much do you agree with the following statement:

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

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

If you did not answer 'Strongly agree' or 'Agree':

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

(Mark X in one or more boxes)

Clinical knowledge

Interpersonal skills

Clinical procedures

Administrative tasks

Physical/emotional/mental demands

(b) Was lack of preparation a serious, medium-sized or minor problem for you?

Serious

Medium

Minor

Please add any comments that you wish to convey on these topics on the last page of the questionnaire.

EXPERIENCE OF THE F1 YEAR AS A WHOLE

8. **The F1 Year as a whole** For each of the following four statements please respond by placing an X in one box to indicate whether you Agree, Neither agree nor disagree, or Disagree. Please answer with respect to your opinion about the **F1 year overall**.

	Agree	Neither agree nor disagree	Disagree
I was expected to perform too much routine non-medical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to perform clinical tasks for which I felt inadequately trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training was of a high standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational opportunities were good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **Job enjoyment and lifestyle**

For the following two questions please respond by placing an X in the box next to the score which you think most accurately reflects your opinion about the **F1 year overall**.

- a) How much have you enjoyed the F1 year overall on a scale from 1 (didn't enjoy it at all) to 10 (enjoyed it greatly)?

<input type="checkbox"/>									
1	2	3	4	5	6	7	8	9	10
Not enjoyed it at all					Enjoyed it greatly				

- b) How satisfied are you with the amount of time the F1 year has left you for family, social and recreational activities, on a scale from 1 (not at all satisfied) to 10 (extremely satisfied)?

<input type="checkbox"/>									
1	2	3	4	5	6	7	8	9	10
Not at all satisfied					Extremely satisfied				

BACKGROUND INFORMATION

10. Which was your medical school?

Clinical

Pre-clinical (if different)

11. How old were you when you started as a pre-clinical medical student?

years

12. Where did you live at the time of your application to medical school?

*Give the UK **county** (if known), otherwise the name of the nearest town or city.
If outside the UK, give the **country**.*

13. Were you an overseas-based student (as defined by level of fees paid) during your time at medical school in the UK?

Yes

No

14. Did you have a degree *before* entering medical school?

Yes *

No

** Please give details of degree(s)
and subject(s)*

15. Did you obtain a degree *during* medical school?
(Exclude your primary medical qualification, e.g. MB, ChB)

Yes-BSc, BA, BMedSci

Yes-Other e.g. PhD*

No

** Please give details of degree(s)
and subject(s)*

16. Sex Male
Female

17. Year of birth 19

18. Which of the following best describes your ethnic origin?

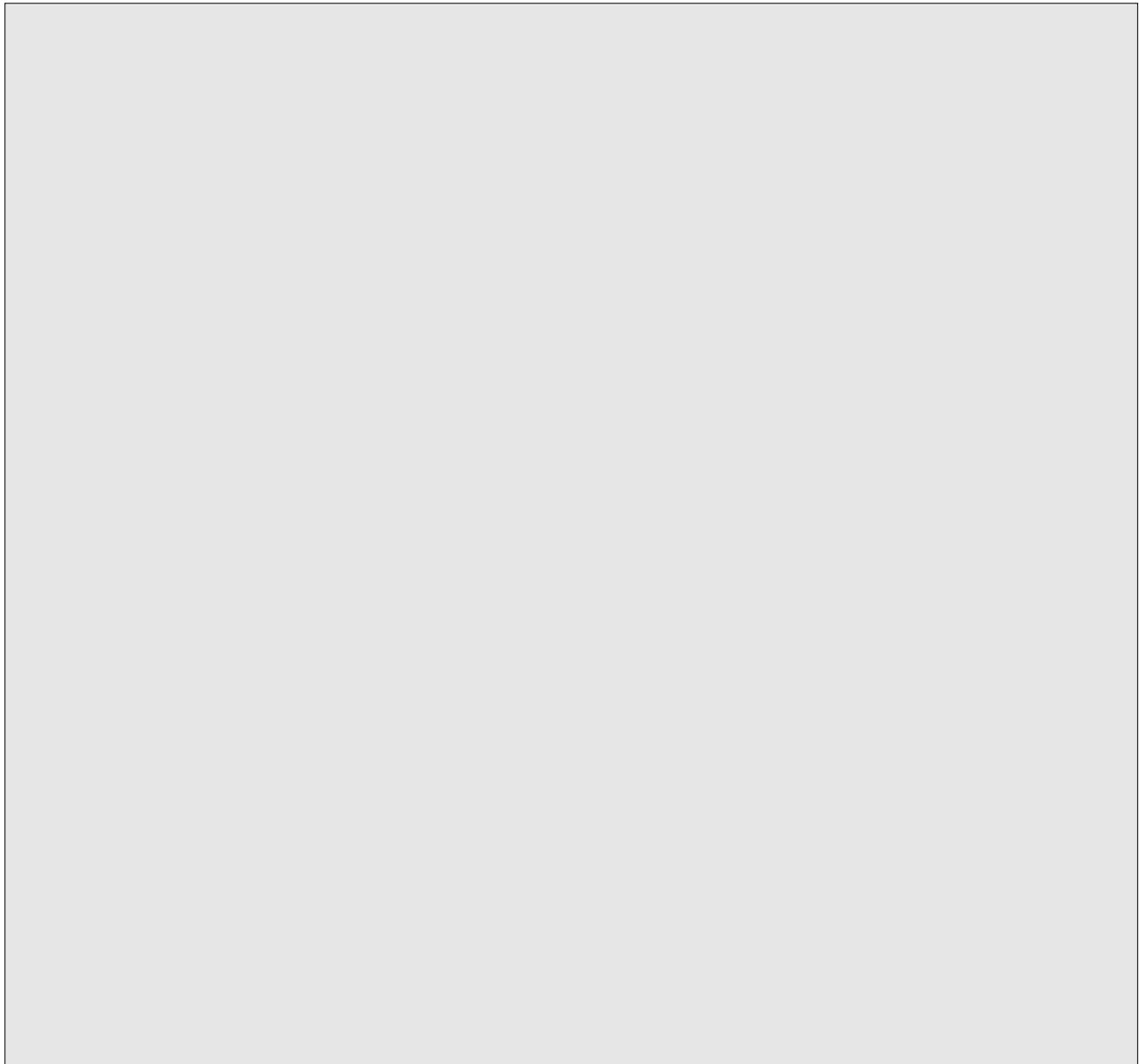
White	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Asian - other*	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black - other*	<input type="checkbox"/>
Mixed*	<input type="checkbox"/>
Other*	<input type="checkbox"/>

* Please specify

ADDITIONAL COMMENTS

Please give us **comments**, if you wish, on **any aspect** of your training or work. Use continuation sheets if you wish. We are interested, for example, in any comments about (a) medical school experience, (b) foundation year experience, (c) future career choice or job prospects, (d) working in medicine. We summarise the views of respondents and report on them to policy-makers and in publications, in ways that ensure that individuals cannot be identified.

Alternatively, please feel free to send comments in an email to either trevor.lambert@dphpc.ox.ac.uk or michael.goldacre@dphpc.ox.ac.uk citing your unique reference number which appears at the top right hand corner of the first page.



Thank you for your co-operation.

Our postal address is UK Medical Careers Research Group, Department of Public Health, University of Oxford, Old Road Campus, Headington, Oxford OX3 7BR.