

UK Medical Careers Research Group

1996 cohort of UK Medical Graduates

Report of Third Survey

December 2003

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Summary

- The UK Medical Careers Research Group has surveyed doctors who qualified in the UK in 1996 three times – in 1997, in 1999 and in 2002. This report describes the findings from the 2002 survey.
- Mailing began in November 2001. A response rate of 65.7% (2521/3836) was achieved.
- The doctors' median age was 29 years at the time of the survey, one-third were single and almost two-thirds were living with a spouse or partner. 69% had no children, (17% had children and 14% did not answer).
- In September 2001, 89.9% of men and 88.3% of women were working in the UK NHS / University sector. In all 2.4% of respondents were not in paid employment either in the UK or abroad.
- In September 2001, 16.1% of respondents in the UK NHS / University sector were working in the hospital medical specialties and 14.8% in the surgical specialties (including general surgery). 27.8% were working in general practice at this stage. Differences by sex were most notable in the percentages working in surgery and general practice.
- 81.1% of all respondents were working full-time in September 2001 and 12.7% (19.2% of women, 5.3% of men) were working part-time.
- In 2001 25.0% of respondents were hospital SHOs, 22.3% were specialist registrars, 10.9% were GP registrars, 8.4% were GP principals and 7.9% were locums or assistants. 7.3% were clinical academics.
- The respondents five years after graduation, were reasonably sure of their long-term career choice, with 93.5% describing their career choice as a "definite" or "probable" choice (64.4% definite). There was some difference between men and women in the certainty of their choice with 61% of women and 68% of men definite about their career choice.
- Thirteen named factors which might affect career choice were each scored by the doctors for the degree to which they affected their choice. Four factors – enthusiasm and commitment, experience of jobs in training, hours or working conditions and self-appraisal – had the most effect on career choice; financial factors and inclinations before medical school had the least effect. Hours or working conditions and domestic circumstances were more significant for women than for men; otherwise, the results for men and women were very similar.
- A large majority (73.5%) of respondents definitely or probably intended to practise medicine in the UK for the foreseeable future. There was no appreciable difference by sex.
- Ten statements on aspects of respondents' work and training were scored with *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, *strongly disagree*, or *no opinion*. One-third of respondents felt they worked excessive hours and 40% were dissatisfied with the working conditions in their current post. A third felt they had to perform an excessive amount of routine work, and only 35% thought that cover for absent doctors was satisfactory. Whilst over two-thirds said they received good support from senior doctors and nursing staff, only a third held the same view of management. Almost a quarter of respondents felt under too much pressure at work; most were happy with arrangements for their annual leave.
- Respondents working in the NHS scored 11 statements about the NHS and equality of opportunity in the same way. 40% felt fairly treated by the NHS, half felt they were fairly remunerated for their basic contracted hours, and only a quarter agreed that they were fairly remunerated for their additional duty hours. Over half thought the NHS was a good equal opportunities employer with regard to women and over 40% with regard to ethnicity, but most rated it as poor with regard to disability.
- Job enjoyment and job satisfaction were rated more highly than the level of satisfaction felt by respondents with the amount of time their work left them for family, social and leisure activities.

Introduction

This report describes the results of the third survey of the cohort of 3868 doctors who qualified from UK medical schools in 1996. We began surveying 1996 qualifiers with a baseline survey during the PRHO year in 1997, and followed up with a second survey two years later. This third survey finds the cohort members in their fifth postgraduate year at the point of transition from SHO to Specialist Registrar posts or from GP Registrar to GP Principal posts. The first mailing for this survey was completed in November 2001 and the bulk of replies were received during the following three months, with late replies arriving up to the end of 2002.

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 and 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 and policymakers, and researchers and others with an interest in medical careers.

Methods

The study population comprised all doctors who qualified in medicine in the UK in 1996. Subjects were originally identified in early 1997 using medical school graduation lists provided by the General Medical Council (GMC). Both graduates in the summer of 1996 and the smaller numbers who qualified in the spring of 1997 were included, to ensure that the cohort comprised a complete year of medical school intake.

For this survey we continued to mail to the entire cohort of qualifiers, whether or not they had replied to our earlier two surveys. Only the small numbers who qualified in 1996 but had never registered with the GMC, or were known to be deceased, or who had indicated in a previous survey that they wished to remain non-participants were excluded. After an initial mailing, up to three reminder mailings were sent to non-responders.

The questionnaire used is reproduced at the end of this report. Career choices and posts undertaken were grouped into mainstream specialties based on those initially defined in the Todd Report. A complete list of specialties included in each broad group is reproduced as an appendix.

Response

Table 1 shows the final response. Excluding those deceased, never registered and non-participants the response rate was 65.7% (2521/3836). Among women it was 72.8% (1357/1863) and among men it was 59.0% (1164/1973).

Table 1: Response rate

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
No reply	809	40.6%	506	27.0%	1315	34.0%
Replied	1164	58.3%	1357	72.5%	2521	65.2%
Deceased	10	.5%	2	.1%	12	.3%
Not participating	12	.6%	8	.4%	20	.5%
Total	1995	100.0%	1873	100.0%	3868	100.0%

Demographics

Age

The date of birth of 3284 members of the cohort was known. They had a median age of 29 years at the end of September 2001. 37.7% were aged 29; 34.3% were aged 28; 14.5% were aged 30; 2.3% were under 28 and 11.2% were over 30. The oldest respondent was aged 61 years; the next oldest was 48.

Marital status

Almost two-thirds of respondents were living with a spouse or partner, and almost one-third were single (Table 2). These proportions were very similar for men and women.

Table 2: Marital status of respondents

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Living with spouse/partner	690	59.3%	798	58.8%	1488	59.0%
Single	335	28.8%	432	31.8%	767	30.4%
Widowed/Divorced/Separated	13	1.1%	19	1.4%	32	1.3%
Blank	126	10.8%	108	8.0%	234	9.3%
Total	1164	100.0%	1357	100.0%	2521	100.0%

Children

Almost 70% of respondents did not have children, the proportion was slightly less for men than women (Table 3).

Table 3: Numbers of children of respondents in 2001

		Sex				Total	
		Male		Female		Count	Col %
		Count	Col %	Count	Col %		
Number of children (Year 04)	0	763	65.5%	986	72.7%	1749	69.4%
	1	148	12.7%	143	10.5%	291	11.5%
	2	63	5.4%	40	2.9%	103	4.1%
	3	11	.9%	12	.9%	23	.9%
	4	1	.1%			1	.0%
	7	1	.1%			1	.0%
	8	1	.1%			1	.0%
	Not given	176	15.1%	176	13.0%	352	14.0%
Total	1164	100.0%	1357	100.0%	2521	100.0%	

Of the 420 respondents with children, 313 had a youngest child under two years of age, and 393 had a youngest child who was pre-school (i.e. under 5 years of age).

Dependent adults

Respondents were asked if they had adult dependants who might affect their ability to pursue their chosen career; 78 did so (3.1% of respondents) (Table 4).

Table 4: Respondents with dependent adults in 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	33	2.8%	45	3.3%	78	3.1%
No	1120	96.2%	1293	95.3%	2413	95.7%
No reply	11	.9%	19	1.4%	30	1.2%
Total	1164	100.0%	1357	100.0%	2521	100.0%

Career choices in 2001

These respondents, five years after graduation, were reasonably sure of their long-term career choice, with 93.5% describing their career choice as a 'definite' or 'probable' choice (Table 5). Women were less sure than men of their choices, with 61.2% of women and 68.1% of men describing their career choice as definite.

Table 5: Firmness of career choice in 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Definitely	793	68.1%	831	61.2%	1624	64.4%
Probably	306	26.3%	428	31.5%	734	29.1%
Not really	61	5.2%	91	6.7%	152	6.0%
Not given	4	.3%	7	.5%	11	.4%
Total	1164	100.0%	1357	100.0%	2521	100.0%

Tables 6a-c show the first, second and third choices of career expressed by the respondents, with choices grouped into mainstream specialties. Most respondents expressed only a first choice.

Table 6a: First choices of long term career in 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Medical Specs.	181	15.7%	197	14.6%	378	15.1%
Paediatrics	32	2.8%	99	7.4%	131	5.2%
Accident & Emergency	47	4.1%	51	3.8%	98	3.9%
General surgery	23	2.0%	12	.9%	35	1.4%
Other Surgical Specialty	231	20.0%	85	6.3%	316	12.6%
Obstetrics & Gynaec.	12	1.0%	43	3.2%	55	2.2%
Anaesthetics	110	9.5%	86	6.4%	196	7.8%
Radiology	51	4.4%	39	2.9%	90	3.6%
Clinical Oncology	22	1.9%	37	2.8%	59	2.4%
Pathology	29	2.5%	37	2.8%	66	2.6%
Psychiatry	61	5.3%	63	4.7%	124	5.0%
General Practice	311	26.9%	534	39.7%	845	33.8%
Community Medicine	2	.2%	13	1.0%	15	.6%
Public Health Medicine	5	.4%	14	1.0%	19	.8%
Other Medical Spec.	20	1.7%	18	1.3%	38	1.5%
Two or more specialties			1	.1%	1	.0%
Non-Medical	17	1.5%	16	1.2%	33	1.3%
Total	1154	100.0%	1345	100.0%	2499	100.0%

Table 6b: Second choices of long term career in 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Medical Specs.	101	26.4%	107	23.6%	208	24.9%
Paediatrics	12	3.1%	30	6.6%	42	5.0%
Accident & Emergency	19	5.0%	24	5.3%	43	5.1%
General surgery	12	3.1%	4	.9%	16	1.9%
Other Surgical Specialty	36	9.4%	17	3.8%	53	6.3%
Obstetrics & Gynaec.	1	.3%	11	2.4%	12	1.4%
Anaesthetics	42	11.0%	27	6.0%	69	8.3%
Radiology	12	3.1%	6	1.3%	18	2.2%
Clinical Oncology	5	1.3%	4	.9%	9	1.1%
Pathology	2	.5%	5	1.1%	7	.8%
Psychiatry	26	6.8%	25	5.5%	51	6.1%
General Practice	51	13.3%	83	18.3%	134	16.0%
Community Medicine	2	.5%	25	5.5%	27	3.2%
Public Health Medicine	7	1.8%	18	4.0%	25	3.0%
Other Medical Spec.	26	6.8%	38	8.4%	64	7.7%
Two or more specialties			1	.2%	1	.1%
Non-Medical	29	7.6%	28	6.2%	57	6.8%
Total	383	100.0%	453	100.0%	836	100.0%

Table 6c: Third choices of long term career in 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Medical Specs.	32	21.6%	32	21.1%	64	21.3%
Paediatrics	3	2.0%	6	3.9%	9	3.0%
Accident & Emergency	8	5.4%	14	9.2%	22	7.3%
General surgery	2	1.4%	1	.7%	3	1.0%
Other Surgical Specialty	16	10.8%	3	2.0%	19	6.3%
Obstetrics & Gynaec.	3	2.0%	3	2.0%	6	2.0%
Anaesthetics	3	2.0%	5	3.3%	8	2.7%
Radiology	6	4.1%	3	2.0%	9	3.0%
Clinical Oncology	1	.7%	1	.7%	2	.7%
Pathology	5	3.4%	4	2.6%	9	3.0%
Psychiatry	4	2.7%	10	6.6%	14	4.7%
General Practice	22	14.9%	25	16.4%	47	15.7%
Community Medicine			4	2.6%	4	1.3%
Public Health Medicine	9	6.1%	10	6.6%	19	6.3%
Other Medical Spec.	10	6.8%	9	5.9%	19	6.3%
Non-Medical	24	16.2%	22	14.5%	46	15.3%
Total	148	100.0%	152	100.0%	300	100.0%

Table 7 shows the percentages of those choosing each mainstream specialty who were expressing a definite, probable or uncertain choice. Two-thirds of the respondents considered their choice to be “definite”, with some variation by specialty.

Table 7: Percentages of those choosing each mainstream as their first choice of long term career, whose choice was definite, probable or not really certain in 2001

	Firmness of career choice						Total	
	Definitely		Probably		Not really		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
Medical Specs.	235	62.3%	111	29.4%	31	8.2%	377	100%
Paediatrics	75	57.7%	47	36.2%	8	6.2%	130	100%
Accident & Emergency	58	59.2%	27	27.6%	13	13.3%	98	100%
General surgery	22	62.9%	9	25.7%	4	11.4%	35	100%
Other Surgical Specialty	249	78.8%	62	19.6%	5	1.6%	316	100%
Obstetrics & Gynaec.	40	72.7%	12	21.8%	3	5.5%	55	100%
Anaesthetics	119	60.7%	75	38.3%	2	1.0%	196	100%
Radiology	75	83.3%	14	15.6%	1	1.1%	90	100%
Clinical Oncology	49	83.1%	9	15.3%	1	1.7%	59	100%
Pathology	47	71.2%	14	21.2%	5	7.6%	66	100%
Psychiatry	80	64.5%	38	30.6%	6	4.8%	124	100%
General Practice	547	64.7%	263	31.1%	35	4.1%	845	100%
Community Medicine	2	13.3%	12	80.0%	1	6.7%	15	100%
Public Health Medicine	3	15.8%	13	68.4%	3	15.8%	19	100%
Other Medical Spec.	10	27.0%	14	37.8%	13	35.1%	37	100%
Two or more specialties	1	100%					1	100%
Non-Medical	9	27.3%	12	36.4%	12	36.4%	33	100%
Total	1621	64.9%	732	29.3%	143	5.7%	2496	100%

We asked respondents giving more than one choice whether their choices were equally likely. Given up to 3 choices, ranked in order, 1st and 2nd, 2nd and 3rd, or all 3 could be equally likely. 91% of respondents did not have any tied choices (Table 8).

Table 8: Tied choices 2001

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1st+2nd choices tied	170	6.7	75.2	75.2
	2nd&3rd choices tied	32	1.3	14.2	89.4
	All 3 choices tied	24	1.0	10.6	100.0
	Total	226	9.0	100.0	
Missing	No ties	2295	91.0		
Total		2521	100.0		

Intentions to practise in the United Kingdom

A large majority (73.5%) of respondents definitely or probably intended to practise medicine in the UK for the foreseeable future (Table 9), with 8.7% undecided and 9.0% definitely or probably not intending to do so. There was no appreciable sex difference.

Table 9: Intentions of respondents to practise medicine in the UK for the foreseeable future

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes-definitely	497	42.7%	635	46.8%	1132	44.9%
Yes-probably	321	27.6%	400	29.5%	721	28.6%
Undecided	111	9.5%	108	8.0%	219	8.7%
No-probably not	75	6.4%	68	5.0%	143	5.7%
No-definitely not	39	3.4%	43	3.2%	82	3.3%
Blank	121	10.4%	103	7.6%	224	8.9%
Total	1164	100.0%	1357	100.0%	2521	100.0%

Table 10 shows the alternative intentions expressed by those who did not definitely intend to practise in the UK. The three categories in Table 10 were not mutually exclusive. 62.5% of respondents would consider practising medicine abroad, 14.8% leaving medicine but remaining in the UK, and 6.0% leaving medicine and the UK.

Table 10: Percentages of respondents considering different alternatives to UK medicine

	Considering practising medicine abroad		Considering leaving medicine, remaining in UK		Considering leaving medicine & UK	
	Count	%	Count	%	Count	%
Yes	868	62.5%	206	14.8%	84	6.0%
Blank	521	37.5%	1183	85.2%	1305	94.0%
Total	1389	100.0%	1389	100.0%	1389	100.0%

Table 11 shows respondents' level of commitment to a long-term career in the NHS. Two-thirds were definitely or probably intending a long-term NHS career, 10% were definitely or probably not, and the remainder were undecided. More women than men were committed to a long-term NHS career.

Table 11: Respondents' commitment to a long-term career in NHS

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes-definitely	280	24.1%	410	30.2%	690	27.4%
Yes-probably	418	35.9%	545	40.2%	963	38.2%
Undecided	199	17.1%	175	12.9%	374	14.8%
No-probably not	89	7.6%	77	5.7%	166	6.6%
No-definitely not	54	4.6%	43	3.2%	97	3.8%
Blank	124	10.7%	107	7.9%	231	9.2%
Total	1164	100.0%	1357	100.0%	2521	100.0%

Factors affecting career choices

Figures 1a - c summarise the degree to which each of 13 factors affected the career choice of respondents. Overall, enthusiasm and commitment, experience of jobs in training, self-appraisal and hours or working conditions had the most influence on career choices, and inclinations before medical school and eventual financial prospects had the least (Figure 1c). There were differences between men and women in the amount of influence attributed to domestic circumstances, hours and working conditions, financial prospects and promotion/career prospects.

Figure 1a: Factors influencing choice a great deal, a little, or not at all - men

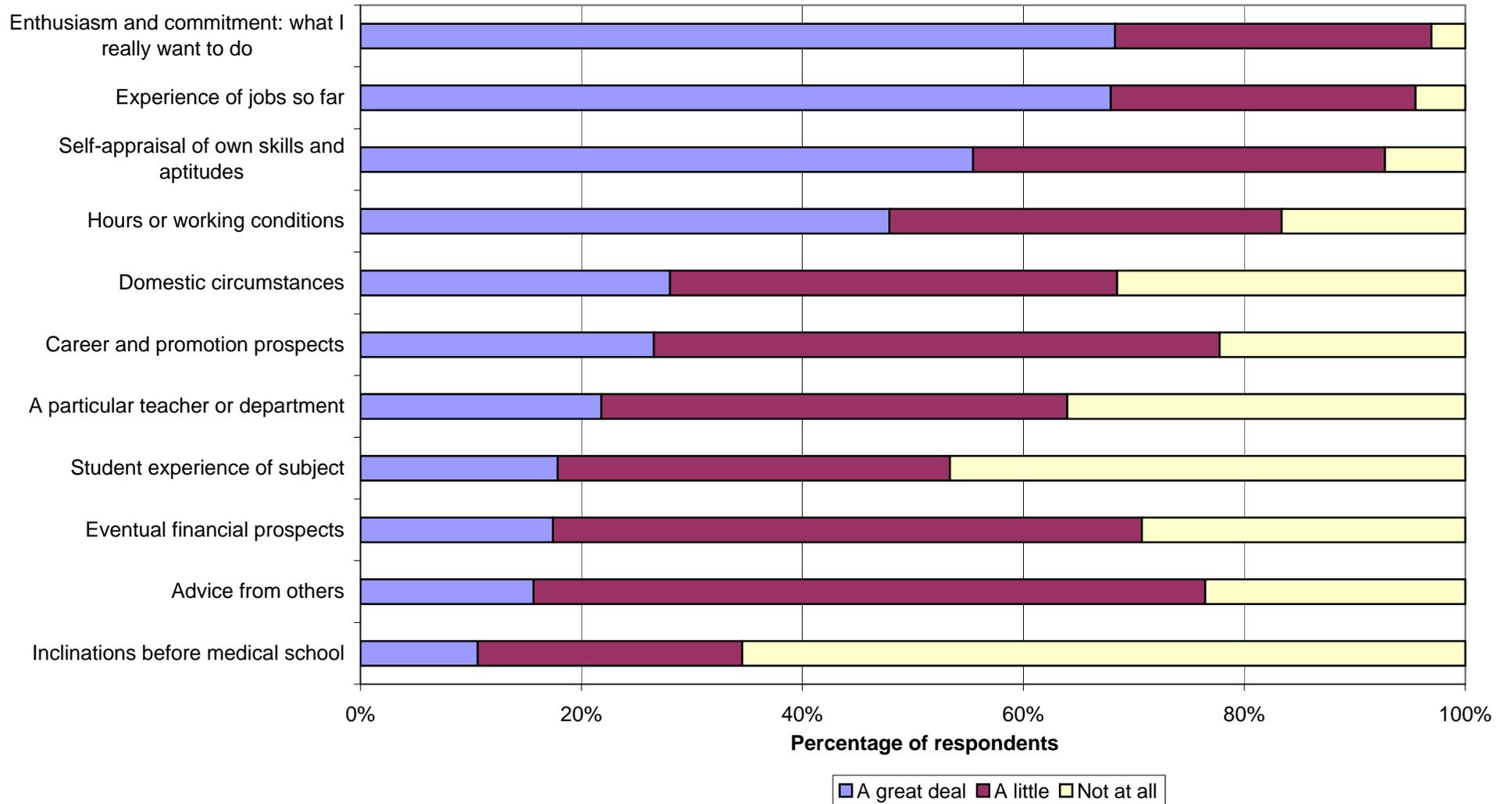


Figure 1b: Factors influencing choice a great deal, a little, or not at all - women

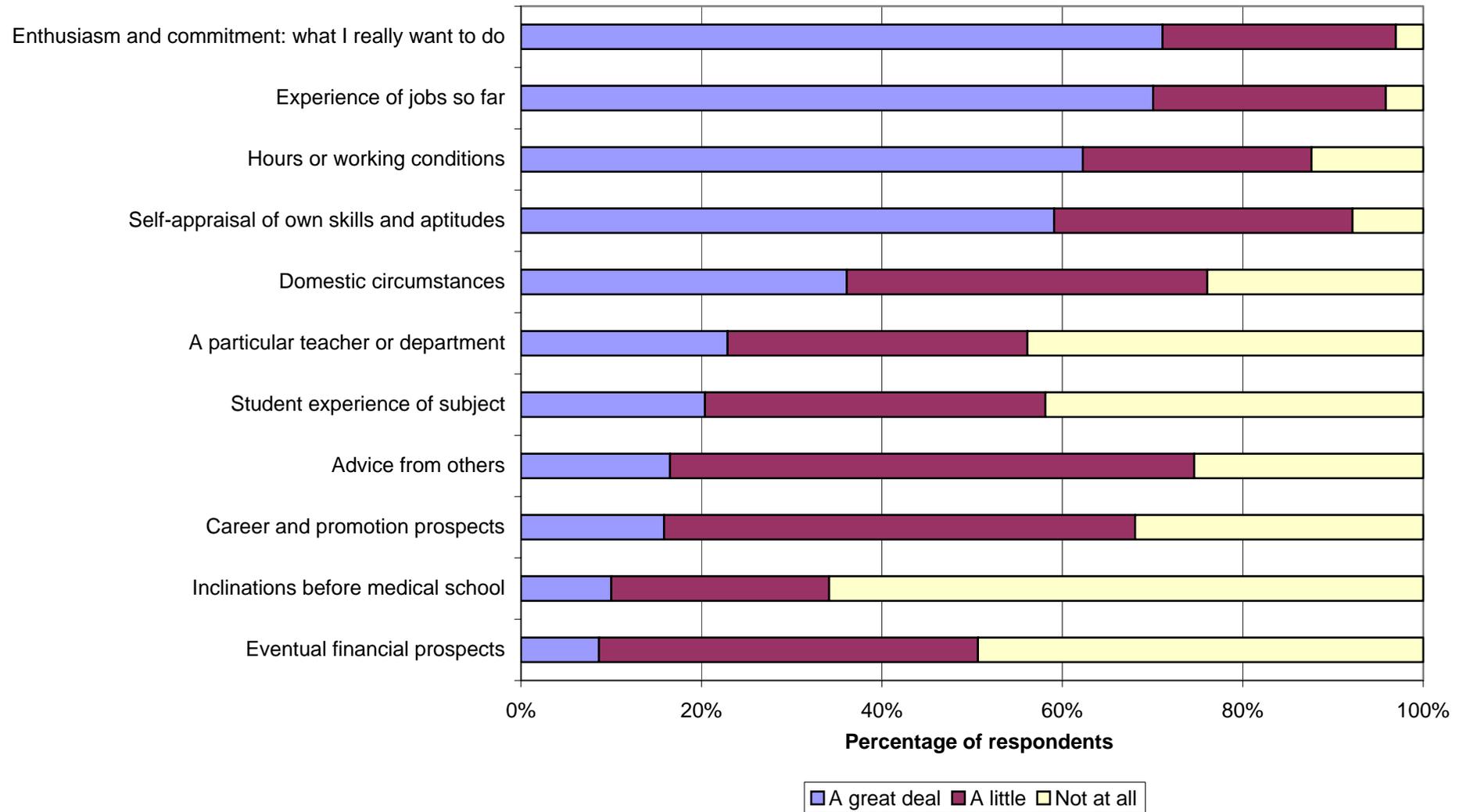
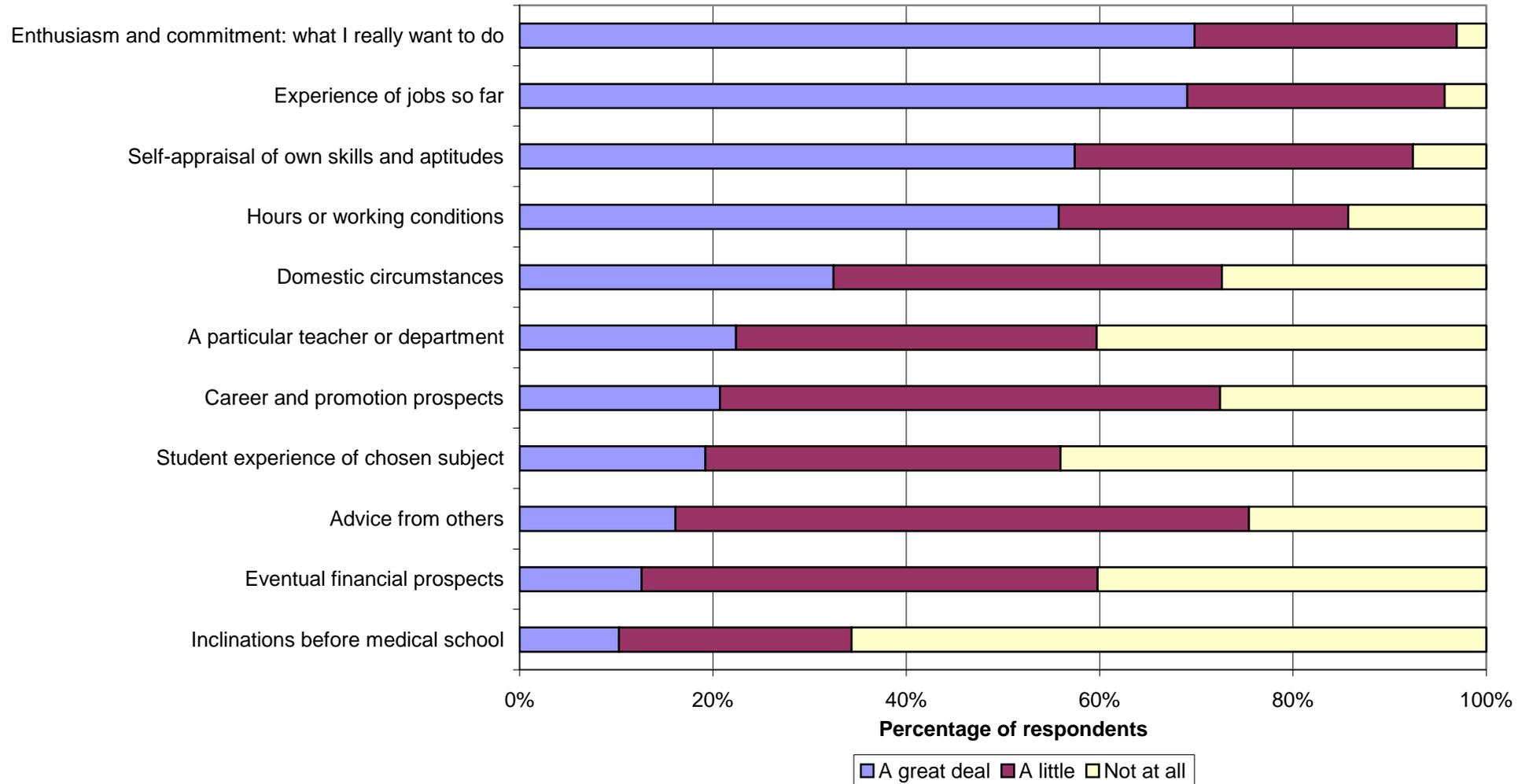


Figure 1c: Factors influencing choice a great deal, a little, or not at all - all respondents



Views and attitudes

Future career

Figures 2a-c show, for men, women and all respondents respectively, the percentages of respondents who scored each of seven statements about medical careers with *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, *strongly disagree*, or *no opinion*. The statements have been ordered from top to bottom in each figure in declining value for the total of the *strongly agree* and *agree* percentages.

The majority were happy with their present position, their career opportunities to date, and their career prospects (Figure 2c). Less than half thought that general practice was more attractive than hospital practice for doctors at present, and a third had had insufficient experience of general practice to assess it as a career option.

Figure 2a: Views on future career - men

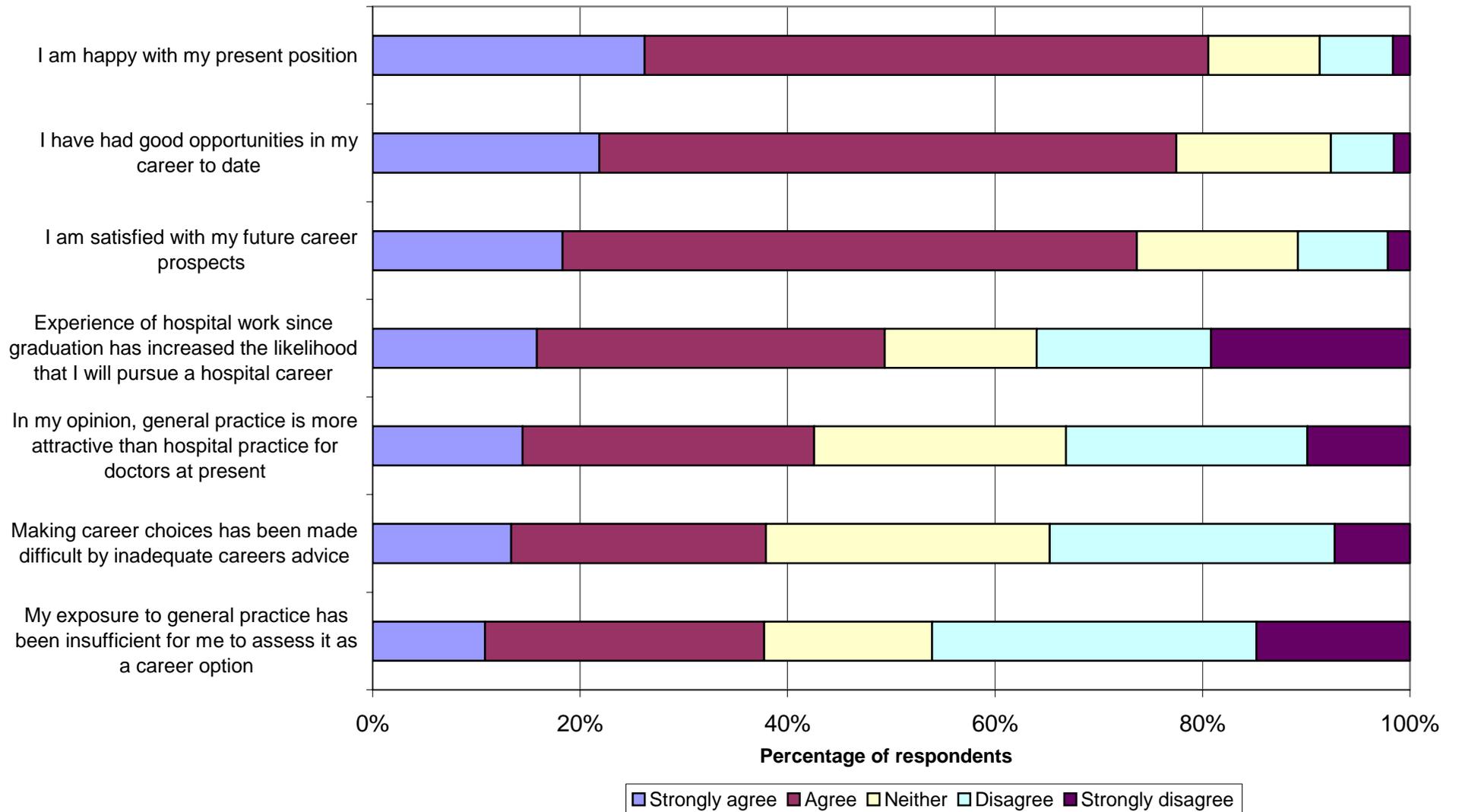


Figure 2b: Views on future career - women

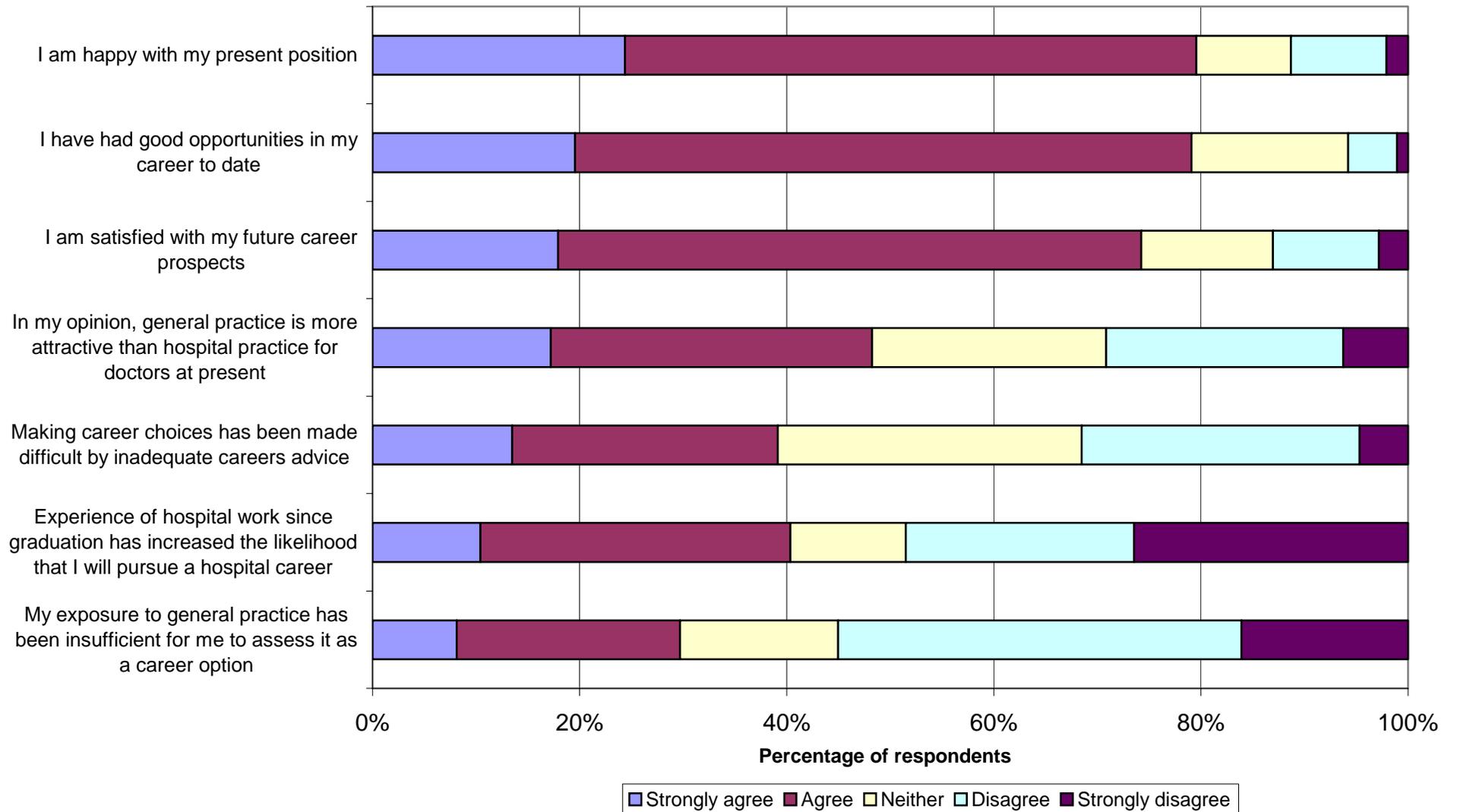
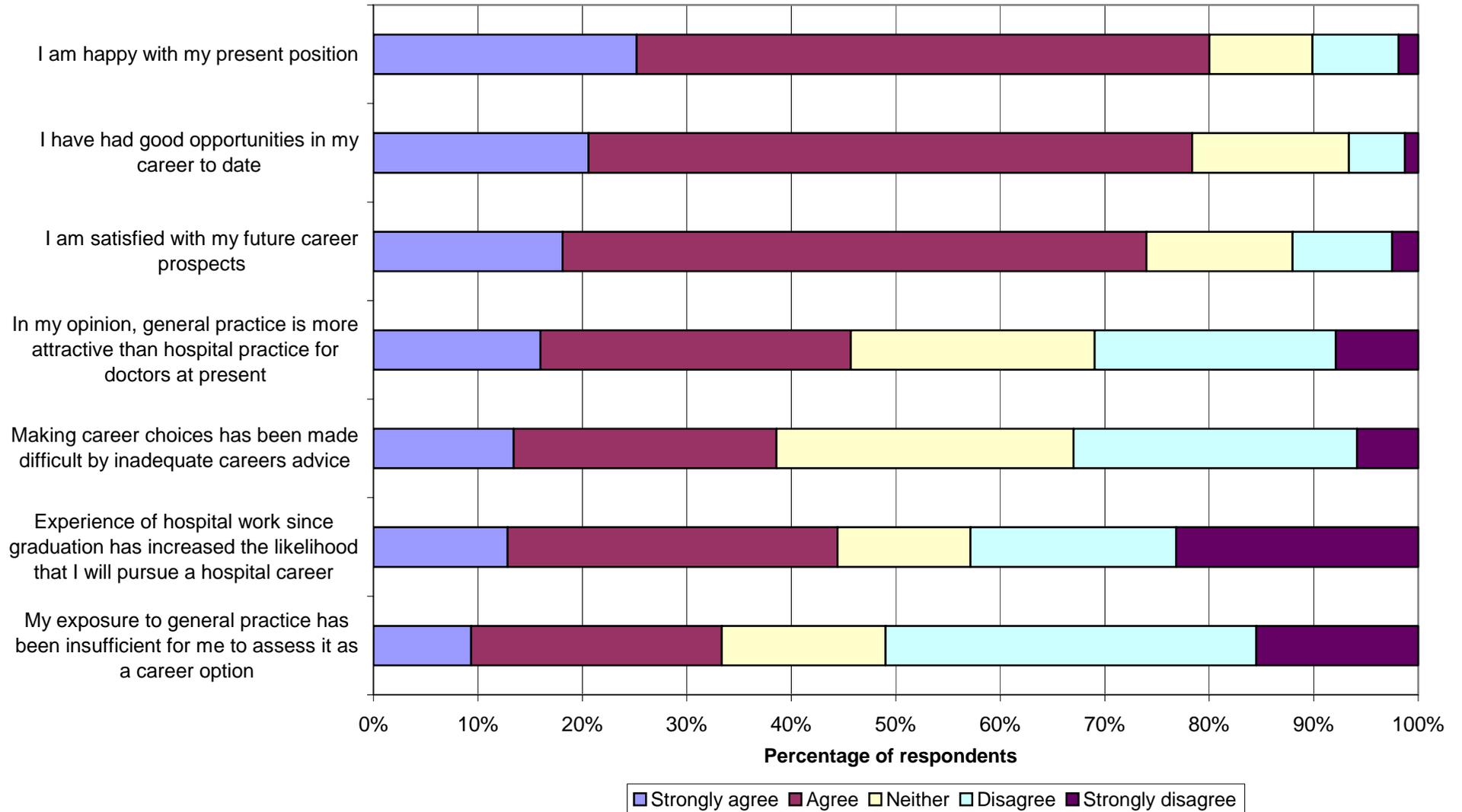


Figure 2c: Views on future career - all respondents



Current employment in 2001

Occupation group

Table 12 gives a breakdown of the main posts held by respondents at the end of September 2001, five years after graduation. As in previous surveys the posts have been summarised in occupation groups whose descriptions should be largely self-explanatory. The distinction between UK University and NHS posts has been made on the basis of the grade of the post as described to us by the respondents. Posts described in academic terms have been assigned to the 'UK Medical Universities' group. However many of these posts carry honorary contracts and may involve NHS service work.

Respondents who did not give details of their employment in September 2001 have been excluded from the table.

Overall 89.9% of men and 88.3% of women were working in the NHS/University sector. Male-female differences are evident in the percentages working in UK universities (more of the men), HM Forces (more of the men) and in those not in paid employment (more of the women).

Table 12: Occupation groups of respondents in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
UK Medical, fully NHS funded	866	81.9%	1043	83.4%	1909	82.7%
UK Medical Universities	85	8.0%	61	4.9%	146	6.3%
HM Forces	22	2.1%	13	1.0%	35	1.5%
UK Other Public Sector	1	.1%			1	.0%
UK Medical Private Sector	9	.9%	10	.8%	19	.8%
UK Non-Medical	6	.6%	8	.6%	14	.6%
UK Not in Paid Employment	13	1.2%	34	2.7%	47	2.0%
Abroad Medical	50	4.7%	70	5.6%	120	5.2%
Abroad Non-Medical	2	.2%	5	.4%	7	.3%
Abroad Not in Paid Employment	4	.4%	6	.5%	10	.4%
Total	1058	100.0%	1250	100.0%	2308	100.0%

Grades

In the hospital sector specialist registrars (22.3% of the total) and senior house officers (25.0%) were the largest groups (Table 13). Among those in general practice registrars were the largest group (10.9% of the total) with principals being the next largest group (8.4%), and slightly smaller numbers of locums (6.7%) and assistants (1.2%).

The male-female difference in the percentage in the UK universities was reflected in the smaller percentage of the women in the research registrar and research fellow grades. In general practice, men and women were fairly equally represented among principals (8.1% men and 8.8% women), although women made up the larger percentage in both GP locums and registrars.

Table 13: Grades of respondents working in the NHS and UK Universities in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Hosp. Consultant			1	.1%	1	.0%
Hosp. Staff Grd.	15	1.6%	32	2.9%	47	2.3%
Hosp. Registrar	6	.6%	4	.4%	10	.5%
Hosp. SHO	265	27.9%	249	22.6%	514	25.0%
Hosp. SHO 3	22	2.3%	40	3.6%	62	3.0%
Hosp. Clin. Ass.	4	.4%	3	.3%	7	.3%
Hosp. Other	6	.6%	5	.5%	11	.5%
Hosp Cln Med Off	2	.2%	1	.1%	3	.1%
Specialist Registrar	234	24.6%	224	20.3%	458	22.3%
Hosp. Locum Registrar	2	.2%	1	.1%	3	.1%
Hosp. LAT Registrar	33	3.5%	41	3.7%	74	3.6%
Hosp. LAS Registrar	8	.8%	8	.7%	16	.8%
Hosp. Clinical Fellow	40	4.2%	38	3.4%	78	3.8%
PH SHO	1	.1%	4	.4%	5	.2%
PH Specialist Registrar	6	.6%	5	.5%	11	.5%
CH Clin Med Off			1	.1%	1	.0%
CH Other Medical	3	.3%	13	1.2%	16	.8%
CH SHO	1	.1%	2	.2%	3	.1%
GP Principal	77	8.1%	96	8.7%	173	8.4%
GP Registrar	79	8.3%	144	13.0%	223	10.9%
GP Assistant	3	.3%	22	2.0%	25	1.2%
GP Trainee			1	.1%	1	.0%
GP Locum	48	5.0%	89	8.1%	137	6.7%
GP Retainer Scheme			9	.8%	9	.4%
Univ. Sen. Lect.	1	.1%			1	.0%
Univ. Lecturer	4	.4%	3	.3%	7	.3%
Univ. Res Asst	1	.1%	1	.1%	2	.1%
Univ. Other Res	3	.3%	2	.2%	5	.2%
Univ. Other App	1	.1%			1	.0%
Univ. Academic	1	.1%	2	.2%	3	.1%
Univ. Res Reg	21	2.2%	10	.9%	31	1.5%
Univ. Res Fellow	57	6.0%	43	3.9%	100	4.9%
Univ. Trn Fellow	2	.2%	3	.3%	5	.2%
Pub Sec HM Frces			1	.1%	1	.0%
Other-Med no grd	3	.3%	2	.2%	5	.2%
Other->1 grade	2	.2%	2	.2%	4	.2%
Not Applicable			2	.2%	2	.1%
Total	951	100.0%	1104	100.0%	2055	100.0%

Specialties

By five years after qualification a large majority of doctors are working in their long-term career specialty. Table 14 shows the breakdown by mainstream specialty grouping of the respondents who were working in the NHS/University sector in September 2001. The largest percentage (27.8%) was in general practice, followed by the hospital medical specialties (16.1%) and the surgical specialties including general surgery (14.6%). Sex differences were most notable in the percentages working in surgery and general practice.

Table 14: Mainstream specialties of respondents working in the NHS and UK Universities in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Medical Specs.	155	16.3%	176	15.9%	331	16.1%
Paediatrics	41	4.3%	91	8.2%	132	6.4%
Accident & Emergency	26	2.7%	33	3.0%	59	2.9%
General surgery	28	2.9%	17	1.5%	45	2.2%
Other Surgical Specialty	185	19.5%	69	6.3%	254	12.4%
Obstetrics & Gynaec.	25	2.6%	69	6.3%	94	4.6%
Anaesthetics	104	10.9%	82	7.4%	186	9.1%
Radiology	42	4.4%	28	2.5%	70	3.4%
Clinical Oncology	19	2.0%	33	3.0%	52	2.5%
Pathology	22	2.3%	37	3.4%	59	2.9%
Psychiatry	64	6.7%	62	5.6%	126	6.1%
General Practice	208	21.9%	364	33.0%	572	27.8%
Community Medicine	4	.4%	16	1.4%	20	1.0%
Public Health Medicine	8	.8%	11	1.0%	19	.9%
Other Medical Spec.	9	.9%	6	.5%	15	.7%
Two or more specialties	9	.9%	4	.4%	13	.6%
Not in Paid Employment	1	.1%	6	.5%	7	.3%
Unknown	1	.1%			1	.0%
Total	951	100.0%	1104	100.0%	2055	100.0%

Table 15 shows the same breakdown by mainstream specialty for the 117 doctors working abroad. Among these, general practice was a less common career destination than among home-based respondents and hospital medical specialties were a more common career destination. This may reflect different patterns of medical practice abroad as much as real differences in career choices and career paths.

Table 15: Mainstream specialties of respondents working in medicine abroad in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Medical Specs.	15	30.0%	23	32.9%	38	31.7%
Paediatrics	2	4.0%	4	5.7%	6	5.0%
Accident & Emergency	6	12.0%	7	10.0%	13	10.8%
General surgery	3	6.0%	1	1.4%	4	3.3%
Other Surgical Specialty	7	14.0%	6	8.6%	13	10.8%
Obstetrics & Gynaec.			3	4.3%	3	2.5%
Anaesthetics	4	8.0%	8	11.4%	12	10.0%
Radiology	2	4.0%			2	1.7%
Pathology	1	2.0%	1	1.4%	2	1.7%
Psychiatry	2	4.0%	5	7.1%	7	5.8%
General Practice	2	4.0%	7	10.0%	9	7.5%
Other Medical Spec.	3	6.0%	1	1.4%	4	3.3%
Two or more specialties	1	2.0%	3	4.3%	4	3.3%
Not in Paid Employment	1	2.0%	1	1.4%	2	1.7%
Unknown	1	2.0%			1	.8%
Total	50	100.0%	70	100.0%	120	100.0%

Full-time and part-time working in medicine

Tables 16a – 16d show the percentage of respondents working full-time and part-time in their main post in September 2001, for all NHS, NHS hospital, NHS general practice, and UK University posts respectively.

Part-time working was much more common in general practice than in the hospital specialties; almost all those in UK universities were working full-time. Higher percentages of women than men were working part-time in each sector.

Table 16a: Working patterns of respondents in the NHS in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Whole-time	900	94.6%	890	80.6%	1790	87.1%
Part-time/flexible	50	5.3%	212	19.2%	262	12.7%
Not given	1	.1%	2	.2%	3	.1%
Total	951	100.0%	1104	100.0%	2055	100.0%

Table 16b: Working patterns of respondents in hospital specialties in the NHS in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Whole-time	625	96.7%	592	90.4%	1217	93.5%
Part-time/flexible	20	3.1%	61	9.3%	81	6.2%
Not given	1	.2%	2	.3%	3	.2%
Total	646	100.0%	655	100.0%	1301	100.0%

Table 16c: Working patterns of respondents in general practice in the NHS in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Whole-time	178	85.6%	220	60.8%	398	69.8%
Part-time/flexible	30	14.4%	142	39.2%	172	30.2%
Total	208	100.0%	362	100.0%	570	100.0%

Table 16d: Working patterns of respondents in UK Universities in September 2001

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Whole-time	85	100.0%	60	98.4%	145	99.3%
Part-time/flexible			1	1.6%	1	.7%
Total	85	100.0%	61	100.0%	146	100.0%

Job enjoyment and lifestyle

Respondents were asked how much they were enjoying their current position, on a scale from 1 (*not at all*) to 10 (*greatly*). Figure 3 shows cumulative percentages for men and women. A quarter of respondents scored 6 or less, and three-quarters scored 7, 8, 9 or 10, indicating a high level of enjoyment.

They were also asked how satisfied they were with the amount of time their work left for family, social and recreational activities, on a scale from 1 (*not at all satisfied*) to 10 (*extremely satisfied*). Results (Figure 4) were evenly distributed across the range from 1 to 10, with half scoring 6 or less. Men showed a slightly lower level of satisfaction than women did.

Figure 3: Enjoyment of current position

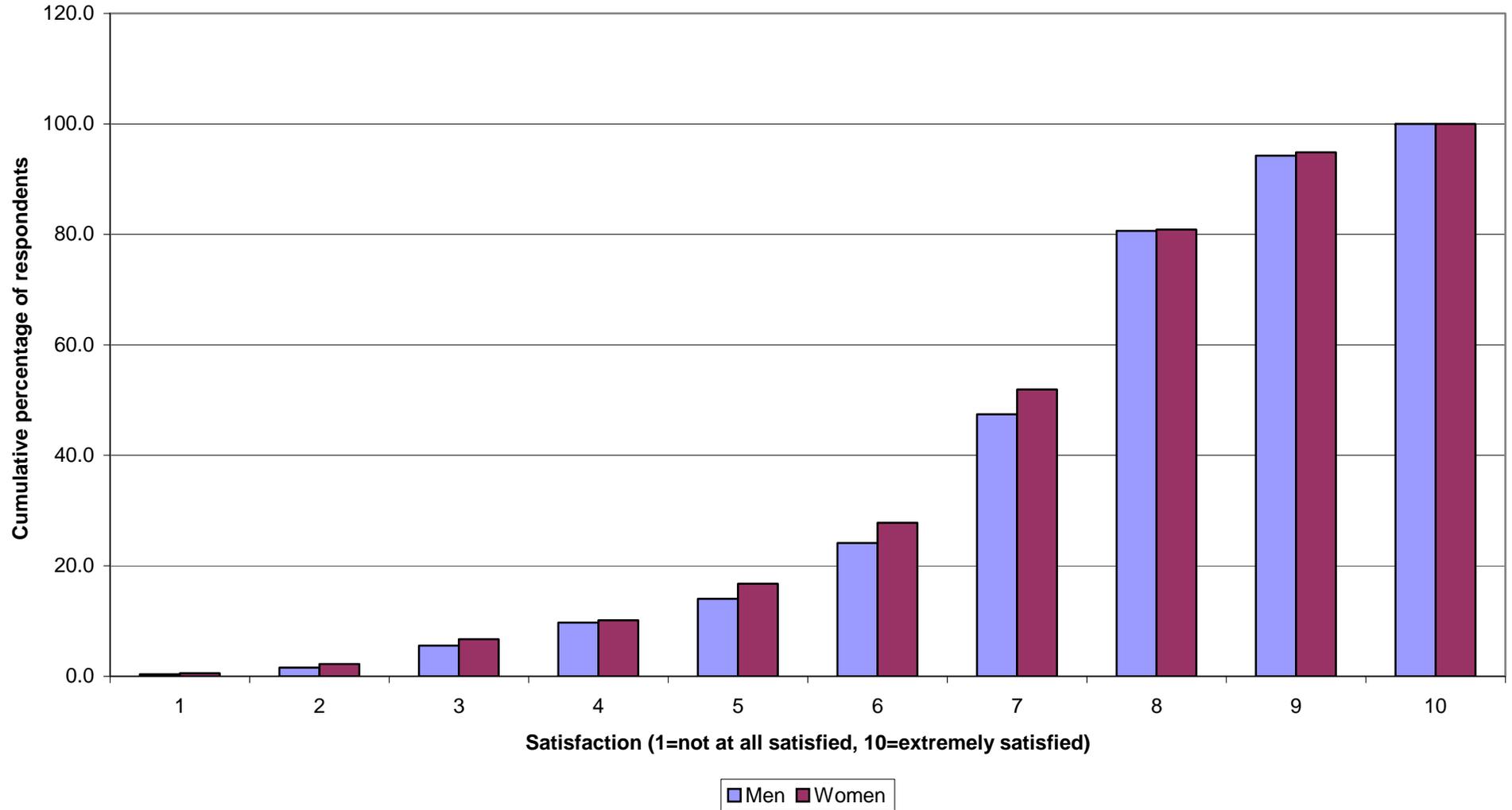
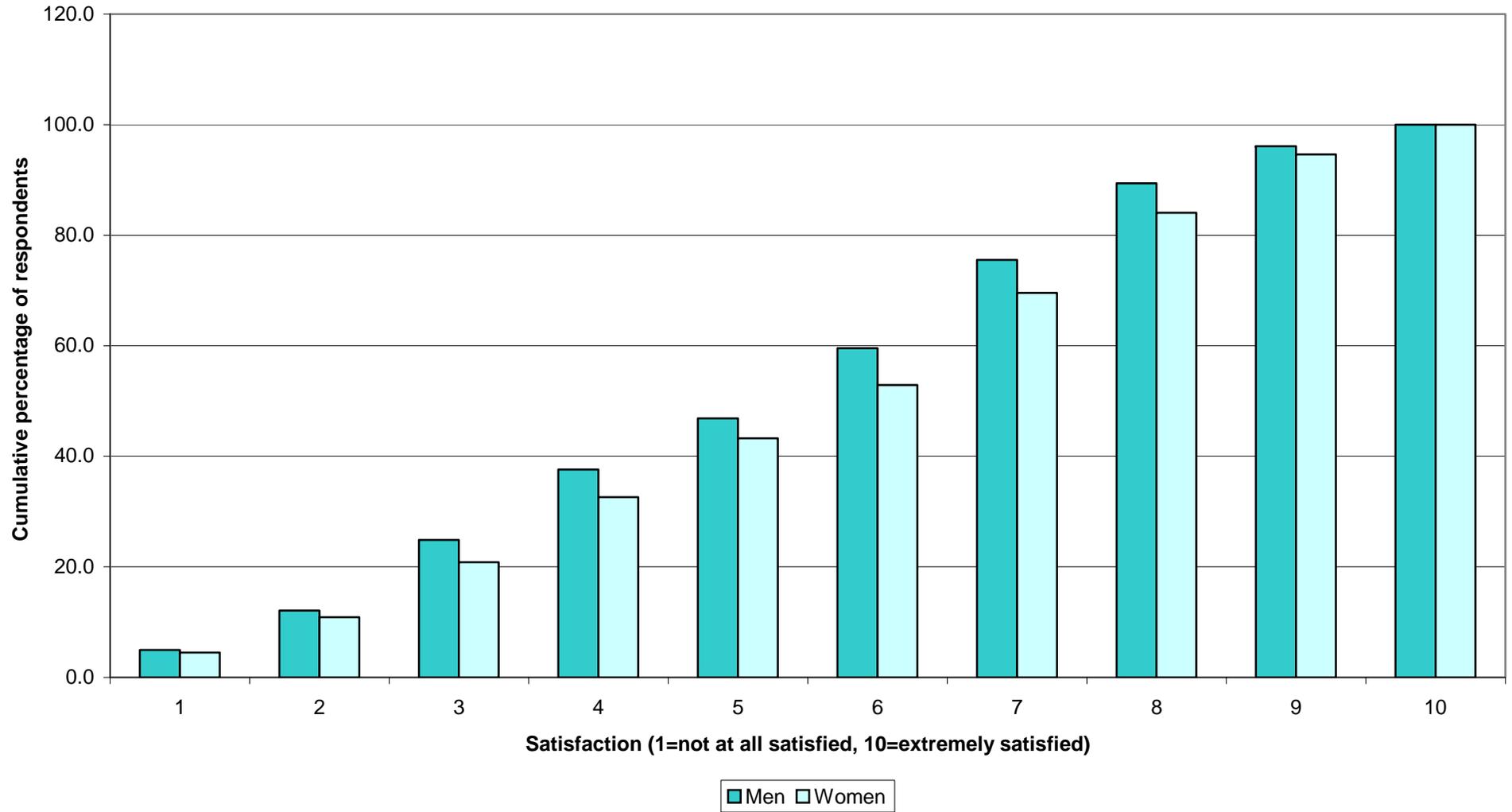


Figure 4: Satisfaction with time for family and leisure



Working conditions and support

Figures 5a - c show the results from 10 statements on working conditions and support, for men, women and all respondents respectively. Two-thirds felt that they received good support from senior doctors and nursing staff, and that arrangement for annual leave were satisfactory. Only 40% found the actual working conditions satisfactory. A third felt they worked longer hours than they should, and a third felt they were under too much pressure whilst at work. Cover for absent doctors was thought satisfactory by only a third.

Figure 5a: Views on working conditions and support - men

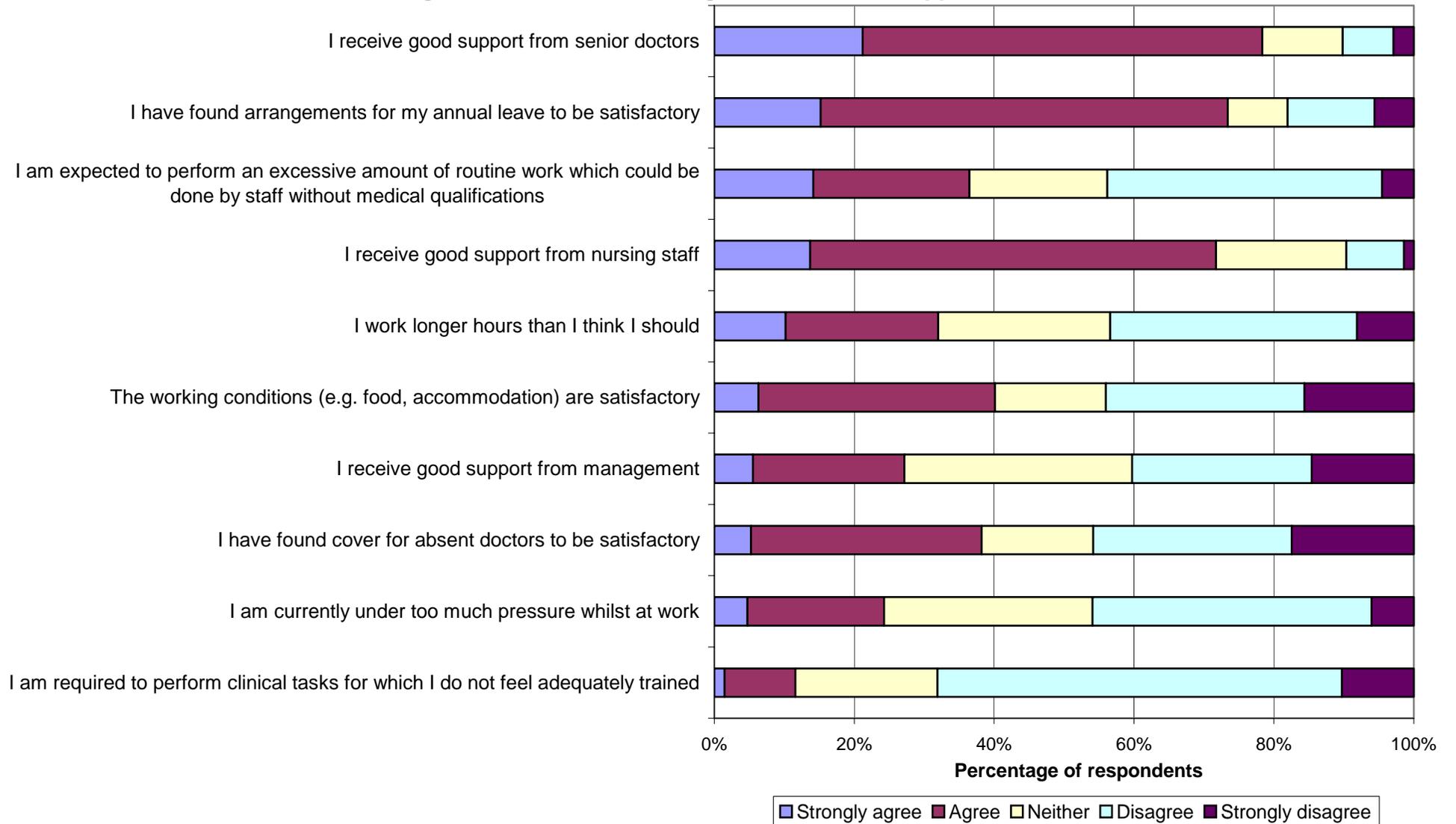


Figure 5b: Views on working conditions and support - women

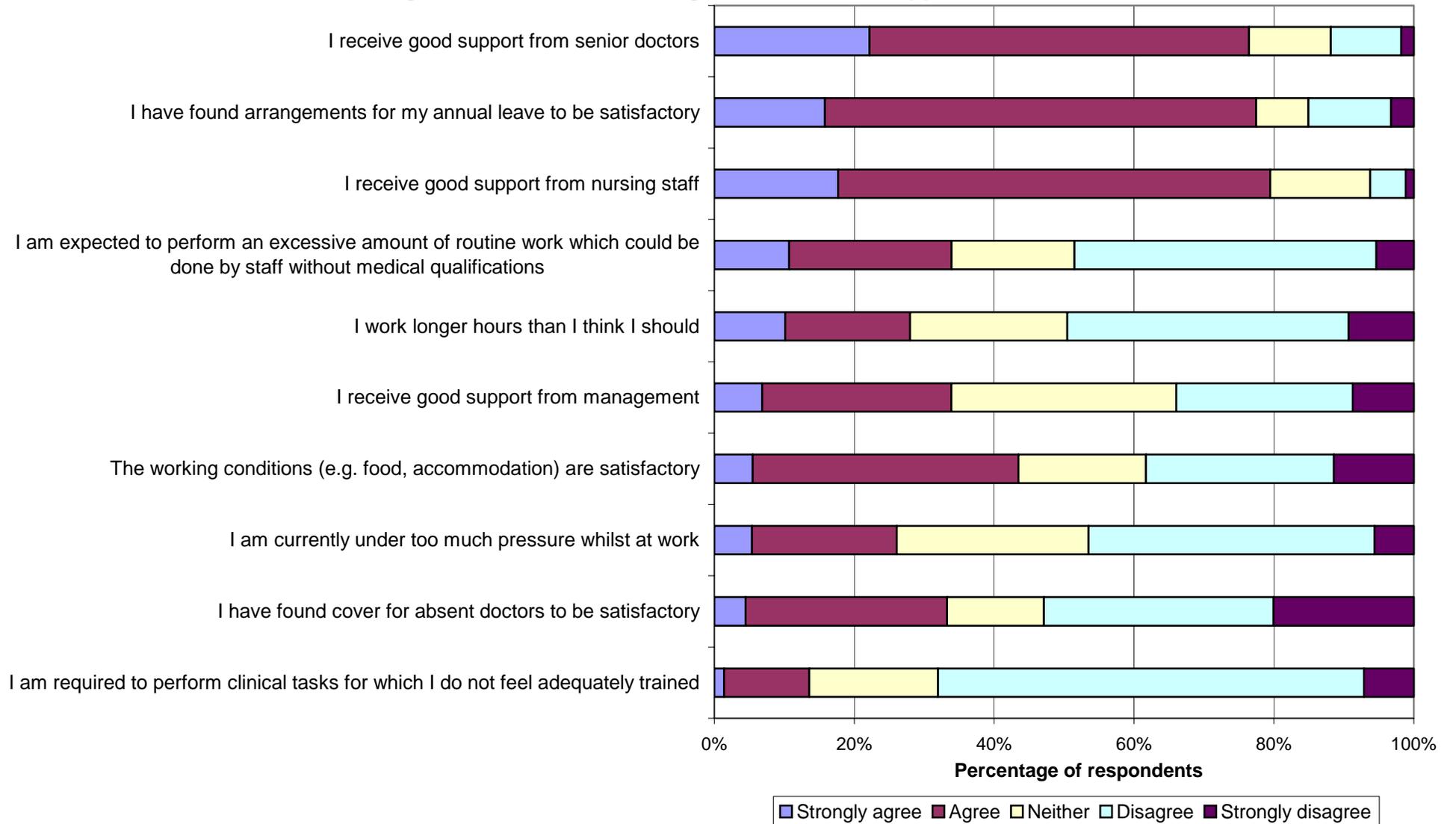
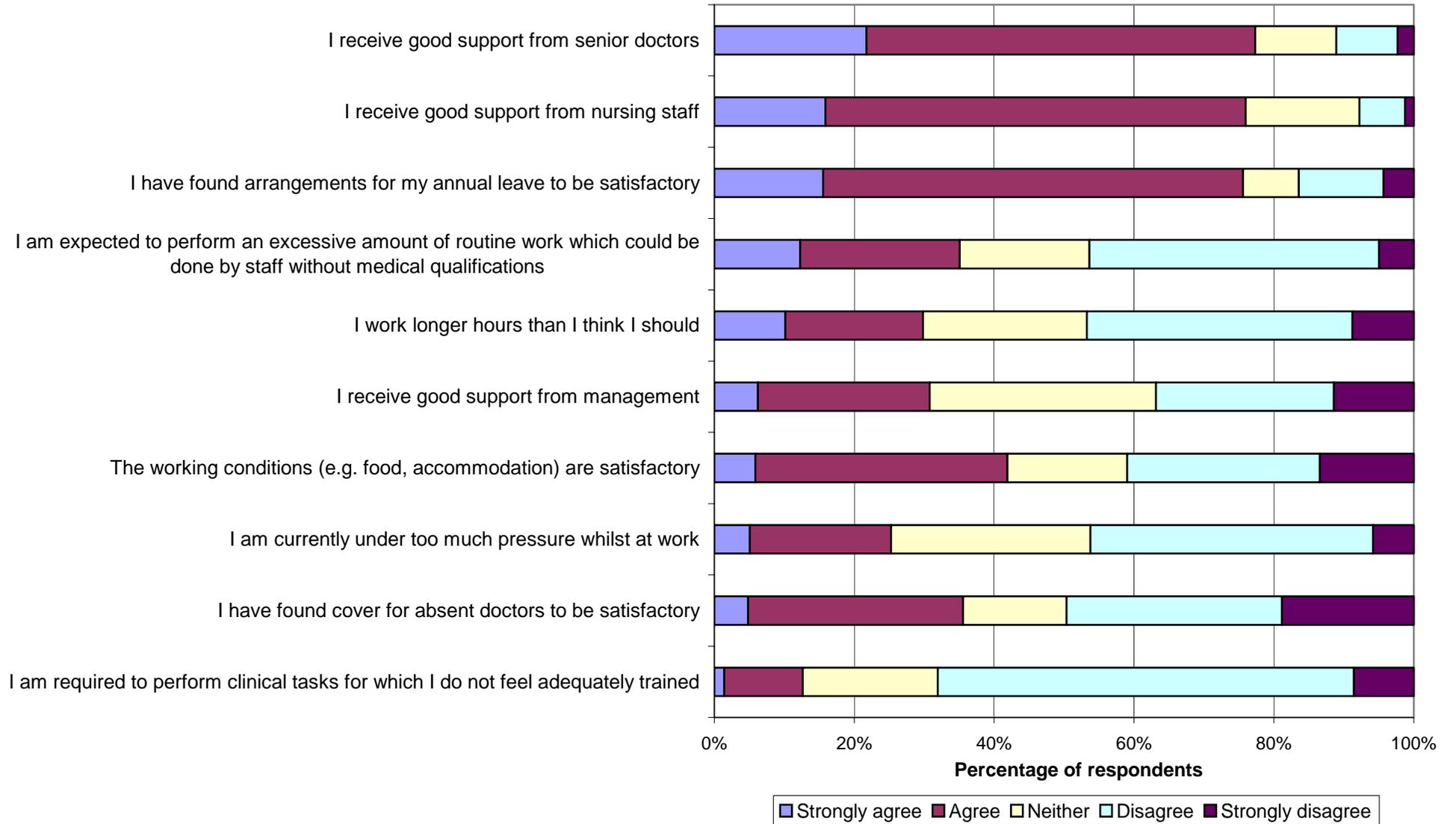


Figure 5c: Views on working conditions and support - all respondents



The NHS and equal opportunities

Figures 6a - c show the results from 11 statements relating to the NHS, for those respondents currently (September 2001) working in the NHS. Forty percent of respondents felt treated fairly by the NHS in their current job, half felt the NHS was a good equal opportunities employer for women doctors, and 40% for doctors from ethnic minorities and gay or lesbian doctors. Ratings of the NHS as an equal opportunities employer with regard to disability or doctors with family responsibilities were quite low. Remuneration for basic contracted hours was thought to be fair by 45%, whereas for additional hours worked it was considered fair by only 23%.

Figure 6a: Views on NHS and equal opportunities - men

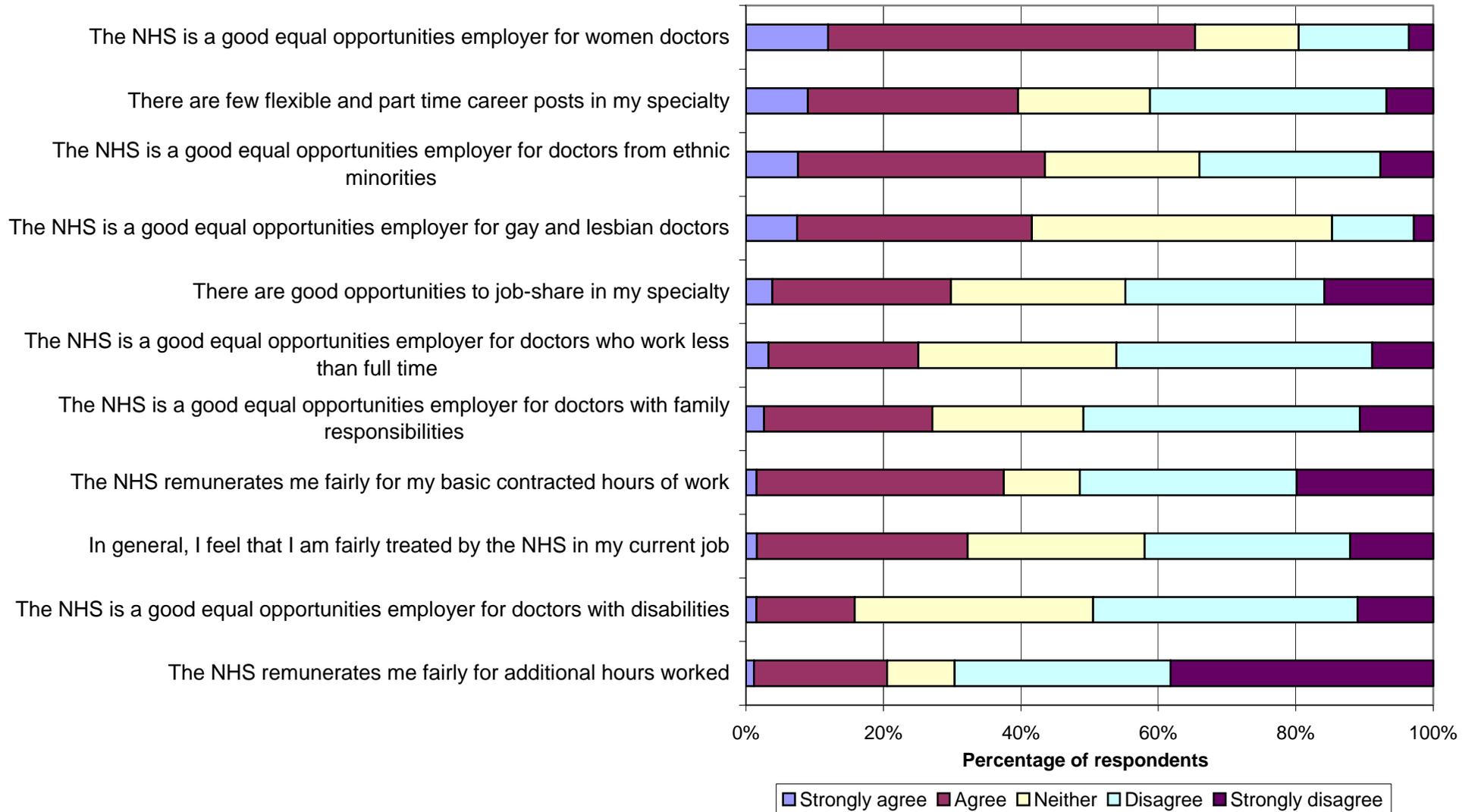


Figure 6b: Views on NHS and equal opportunities - women

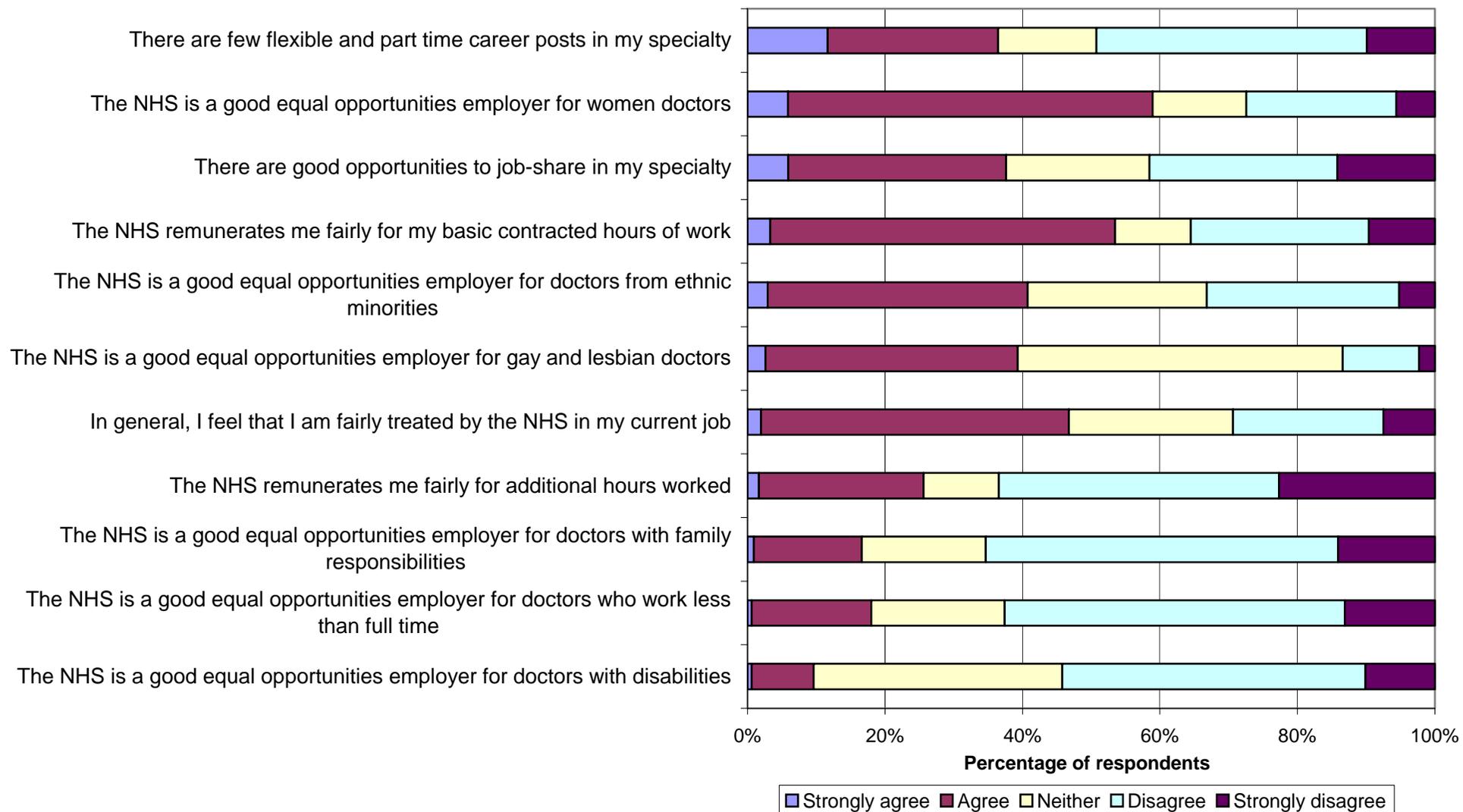
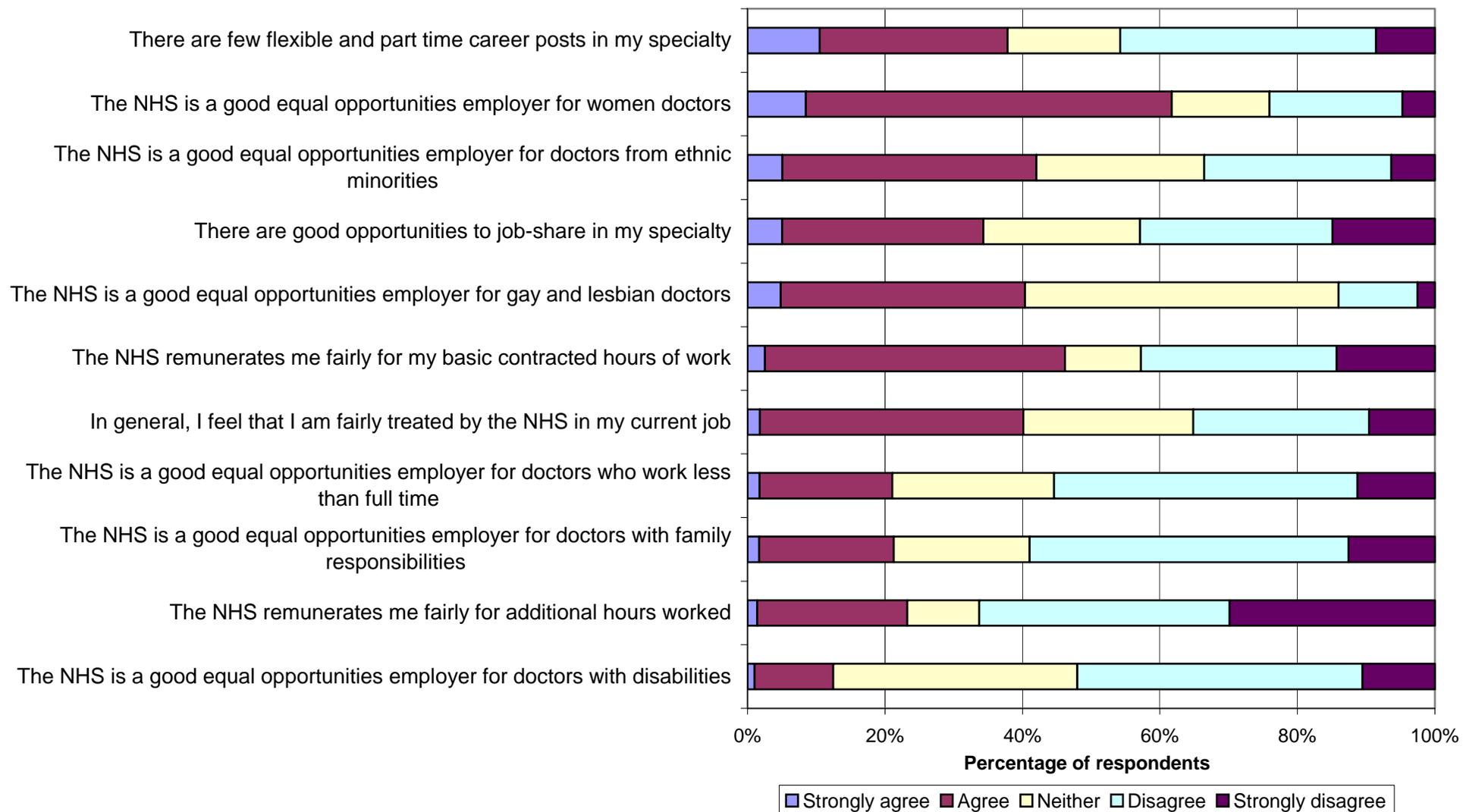


Figure 6c: Views on NHS and equal opportunities - all respondents



Appendix 1

Questionnaire

The following pages contain a copy of the questionnaire used for the survey.

4. Apart from temporary visits abroad, do you intend to practise medicine in the United Kingdom for the foreseeable future? (Mark X)
- | | |
|-------------------|--------------------------|
| Yes-definitely | <input type="checkbox"/> |
| Yes-probably | <input type="checkbox"/> |
| Undecided | <input type="checkbox"/> |
| No-probably not | <input type="checkbox"/> |
| No-definitely not | <input type="checkbox"/> |

If you did not answer 'Yes-definitely', are you

- | | |
|--|--------------------------|
| Considering practising medicine abroad | <input type="checkbox"/> |
| Considering leaving medicine but remaining in the United Kingdom | <input type="checkbox"/> |
| Considering leaving medicine and leaving the United Kingdom | <input type="checkbox"/> |

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

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

5. Do you feel committed to a long-term career in the NHS? (Mark X)
- | | |
|-------------------|--------------------------|
| Yes-definitely | <input type="checkbox"/> |
| Yes-probably | <input type="checkbox"/> |
| Undecided | <input type="checkbox"/> |
| No-probably not | <input type="checkbox"/> |
| No-definitely not | <input type="checkbox"/> |

If you did not answer *Yes-definitely*, what changes to the NHS would increase your commitment or encourage you to return (if you have left)?

6. Your future career

Please consider each statement and mark with X 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, N/O=No opinion.

	SA	A	N	D	SD	N/O
I have had good career opportunities in my career to date	<input type="checkbox"/>					
I am happy with my present position	<input type="checkbox"/>					
I am satisfied with my future career prospects	<input type="checkbox"/>					
Making career choices has been made difficult by inadequate careers advice	<input type="checkbox"/>					
My exposure to general practice has been insufficient for me to assess it as a career option	<input type="checkbox"/>					
In my opinion, general practice is more attractive than hospital practice for doctors at present	<input type="checkbox"/>					
Experience of hospital work since graduation has increased the likelihood that I will pursue a hospital career	<input type="checkbox"/>					

B. YOUR POSTGRADUATE TRAINING AND QUALIFICATIONS

1. OBTAINING A NATIONAL TRAINING NUMBER (NTN)

Have you ever applied for a National Training Number (NTN) in order to enter the SpR grade? (Mark X) Yes No

If Yes, what was the result? (Mark X against one option below) ←

- I obtained an NTN
- I am awaiting a decision on my application(s)
- I failed to obtain an NTN and do not intend to reapply
- I failed to obtain an NTN but intend to reapply:
 - as soon as possible
 - after gaining further SHO experience
 - after gaining more qualifications
 - after gaining research experience
 - after gaining experience in medicine abroad

Other outcome (please give details)

PLEASE GO TO NEXT PAGE

If No, which of the following applies to you? (Mark X against one option below) ←

- I have not yet applied for an NTN but I intend to do so
- I haven't yet decided whether to apply for an NTN
- I have not applied for an NTN because I intend to pursue a career:
 - in general practice or community health
 - in hospital medicine in a non-consultant career grade
 - in medicine abroad
 - outside medicine

I considered applying for an NTN in

(specialty) but decided against it because:

- competition for training posts is too fierce
- the training is too long
- the training is too difficult
- it would be very difficult to train for this specialty on a less-than-full-time basis
- there were no posts available in my chosen region

2. BECOMING A GP REGISTRAR

Have you ever applied for a registrar post in general practice? (Mark X) Yes No

If Yes, what was the result? (Mark X) ←

I obtained a GP Registrar post

I am awaiting a decision on my application

I failed to obtain a GP registrar post and do not intend to reapply

I failed to obtain a GP registrar post but intend to reapply:

as soon as possible

after gaining further SHO experience

after gaining more qualifications

after gaining research experience

after gaining experience in medicine abroad

Other outcome (please give details)

Did any of the following influence your decision to apply for GP training?

(Please answer for each, marking X in one of the boxes on each line)

	Yes	No	Unaware of this
Increased provision of GP registrar posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposals for a new national GP contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The growth in PMS (personal medical services) contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans to introduce GP specialist posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expansion of practice nurse support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Golden hello' payments to each new GP who joins the NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional payments for GPs to work in deprived or under-served areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GO TO NEXT PAGE

If No, which of the following best describes your reasons for not applying for GP training? ←

(Mark X in one box)

Competition for posts is too fierce

I haven't yet applied but I intend to do so

The training is too long

I haven't yet decided whether to apply

The training is too difficult

I intend to pursue a hospital medical career

It would be very difficult to train part-time

I intend to pursue a career in medicine abroad

No training posts available in my chosen region

I intend to pursue a career outside medicine

3. FOR ALL RESPONDENTS. This question consists of a number of statements on a theme.

Please consider each statement and mark with X 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, N/O=No opinion.

	SA	A	N	D	SD	N/O
Information about the availability of Specialist Registrar training posts in different hospital specialties is scarce	<input type="checkbox"/>					
Information about the availability of GP registrar posts is scarce	<input type="checkbox"/>					
The postgraduate training I have received so far has been of a high standard	<input type="checkbox"/>					
There are few opportunities to follow flexible and part-time postgraduate training in my specialty	<input type="checkbox"/>					
Flexible and part-time postgraduate training in my specialty is discouraged	<input type="checkbox"/>					
If I worked fewer hours my training would suffer	<input type="checkbox"/>					

4. FOR THOSE IN SPECIALIST REGISTRAR POSTS

My training is too short to enable me to practise adequately when I first become a consultant	<input type="checkbox"/>					
I am concerned about securing a consultant post within six months of obtaining my CCST	<input type="checkbox"/>					

To obtain a post did you have to compromise on your first choice of specialty?

Yes No

What is the minimum time in your specialty to reach CCST?

years
or (Mark X) Don't know

Do you expect to take longer than this minimum period? (Mark X)
(allowing for your working pattern if part-time)

No
Up to 1 year longer
Up to 2 years longer
Over 2 years longer

What is the main reason for your answer?

5. FOR THOSE IN SPECIALIST REGISTRAR OR GP REGISTRAR POSTS

To obtain a post did you have to compromise on your first choice of geographical location?

Yes No

QUESTIONS 6 TO 13 ARE FOR ALL RESPONDENTS

6. Do you plan to undertake part or all of your future training on a less-than-full-time basis? (Mark X)

Yes No Undecided

7. Do you plan to work *in a career post on a less-than-full-time basis at some point in your career?* (Mark X) Yes No Undecided

8. How much has the availability of flexible and less-than-full-time working options in career posts influenced your choice of career? (Mark X) Not at all A little A great deal

What, if anything, would encourage you to work on a flexible basis?

What, if anything, would discourage you from working on a flexible basis?

9. Do you plan to take a career break at some point in your career? (Mark X) Yes No Undecided

10. How much has the possibility of taking a career break from your chosen specialty influenced your choice of career? (Mark X) Not at all A little A great deal

What, if anything, would encourage you to take a career break?

What, if anything, would discourage you from taking a career break?

11. How many hours per week are you contracted to work in your current post?

12. How many hours per week would you say you actually worked in an average week, after taking rest periods into account?

13. Please list all higher professional or academic qualifications obtained since leaving medical school. Please give details below (spell out in full rather than initials) and the year passed.

Qualification

Year

|_|_|_|

|_|_|_|

|_|_|_|

C. YOUR EMPLOYMENT HISTORY

Please give details of your current employment and all completed periods of employment since «when».

Please either complete details of your employment in the table below or enclose the relevant portion of your curriculum vitae (if this would give us equivalent information).

Please supply brief details of each current post, and previous posts, whether as a medical practitioner or in a non-medical job. Please include any substantial period(s) of time not in paid employment, except periods of maternity leave from a post to which you returned (or plan to return).

Date started <small>(month and year as digits)</small> M M Y Y	Details of current post(s)			Additional details (Mark X)				
	Specialty: Medical specialty/ subspecialty, Type of work (if non-medical), or 'Not in paid employment'	Grade: Grade (if medical), Job title (if non-medical), Travel/career break/domestic responsibilities/illness etc (if not employed)	Location: (county if in the UK, or the country if abroad)	Full-time?	NHS?	Locum?	Retainer scheme?	HM Forces?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date started M M Y Y	Date ended M M Y Y	Details of previous posts			Additional details (Mark X)				
		Specialty	Grade	Location	Full-time?	NHS?	Locum?	Retainer scheme?	HM Forces?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. YOUR VIEWS

In this section, please consider each statement and mark with **X** 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, **N/O**=No opinion.

1. Working conditions and support

In my current post...	SA	A	N	D	SD	N/O
I work longer hours than I think I should	<input type="checkbox"/>					
I have found arrangements for my annual leave to be satisfactory	<input type="checkbox"/>					
I have found cover for absent doctors to be satisfactory	<input type="checkbox"/>					
I receive good support from senior doctors	<input type="checkbox"/>					
I receive good support from nursing staff	<input type="checkbox"/>					
I receive good support from management	<input type="checkbox"/>					
The working conditions (e.g. food, accommodation) are satisfactory	<input type="checkbox"/>					
I am currently under too much pressure whilst at work	<input type="checkbox"/>					
I am expected to perform an excessive amount of routine work which could be done by staff without medical qualifications	<input type="checkbox"/>					
I am required to perform clinical tasks for which I do not feel adequately trained	<input type="checkbox"/>					

2. Equal opportunities

	SA	A	N	D	SD	N/O
women doctors	<input type="checkbox"/>					
doctors from ethnic minorities	<input type="checkbox"/>					
doctors with disabilities	<input type="checkbox"/>					
gay and lesbian doctors	<input type="checkbox"/>					
doctors with family responsibilities	<input type="checkbox"/>					
doctors who work less than full time	<input type="checkbox"/>					
The NHS remunerates me fairly for my basic contracted hours of work	<input type="checkbox"/>					
The NHS remunerates me fairly for additional hours worked	<input type="checkbox"/>					
In general, I feel that I am fairly treated by the NHS in my current job	<input type="checkbox"/>					
There are few flexible and part-time career posts in my specialty	<input type="checkbox"/>					
There are good opportunities to job-share in my specialty	<input type="checkbox"/>					

3. Job satisfaction *This section provides a simple measure of job satisfaction which we can use to compare doctors with other professional groups. Please answer with reference to your current post. For each statement, mark X in one box.*

	SA	A	N	D	SD	N/O
I find enjoyment in my current post.	<input type="checkbox"/>					
I am doing interesting and challenging work.	<input type="checkbox"/>					
I feel dissatisfied in my current post.	<input type="checkbox"/>					
Most days I am enthusiastic about my work.	<input type="checkbox"/>					
I am often bored with my work.	<input type="checkbox"/>					

4. Job enjoyment and lifestyle *For the following two questions we would like you to respond by placing an X in the box next to the number which you think most accurately reflects your opinion.*

a) **How much are you enjoying your current position?**

<input type="checkbox"/>									
1	2	3	4	5	6	7	8	9	10
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?**

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

E. YOUR DOMESTIC SITUATION

1. Are you currently (Mark X) single
living with a spouse or a partner
widowed / separated/divorced

2. How many children under 16 are normally resident in your household?

If there are children, what are their ages in years?
(Enter 0 for 0-11 months)

3. Are there any dependent adults (e.g. disabled, sick or elderly) whose needs could affect your ability to pursue your chosen career? (Mark X) Yes No

G. ADDITIONAL COMMENTS

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

We are particularly interested in any comments you may have on your experiences so far of good and bad features of your training, working conditions and working environment; professional relationships ; and administrative and managerial issues. Your individual comments will remain totally confidential to senior researchers in the UK Medical Careers Research Group. Thank you for your help.

Alternatively, feel free to email your comments to trevor.lambert@dphpc.ox.ac.uk or michael.goldacre@dphpc.ox.ac.uk quoting the above reference number.

Thank you for your co-operation.

Please return this questionnaire to: UK Medical Careers Research Group, Unit of Health-Care
Epidemiology, Institute of Health Sciences, Old Road, Oxford OX3 7BR.

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

**Career Preferences and Experiences of Doctors Qualifying in 1996
2001/2 Survey**

YOUR CONTACT DETAILS

**We will use this information to match your replies to future surveys in the study.
This sheet is stored separately from the rest of the questionnaire.**

Surname used professionally

Forename(s)

Maiden/married/former surname (if any)

(Changes of surname are particularly important for future follow-up questionnaires)

Contact address
(if different from the address we used)

Postcode

e-mail address

Date of completion of questionnaire

D D M M Y Y

Appendix 2

Specialty mainstream groupings

1. Accident and emergency
2. Anaesthetics (includes intensive care)
3. Clinical Oncology
4. Community Health (includes family planning)
5. General Practice
6. Medical specialties (includes academic medicine, cardiology, chest medicine, clinical pharmacology, dermatology, endocrinology, gastroenterology, general medicine, genetics, geriatrics, industrial medicine, infectious diseases, nephrology, neurology, rheumatology / rehabilitation, tropical medicine, venereology)
7. Obstetrics and gynaecology
8. Other medical (includes academic work, general hospital work, HM Forces, Third World medicine)
9. Surgical specialties (includes academic surgery, cardiac surgery, dental surgery, ear nose and throat, general surgery, neurosurgery, ophthalmology, orthopaedics/trauma, paediatric surgery, plastic surgery, urology, vascular surgery)
10. Paediatrics
11. Pathology (includes clinical chemistry, forensic medicine, haematology, histopathology, immunology, microbiology)
12. Psychiatry (includes adult psychiatry, child / adolescent psychiatry, forensic psychiatry, psychogeriatrics, psychotherapy)
13. Public health medicine
14. Radiology