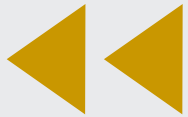
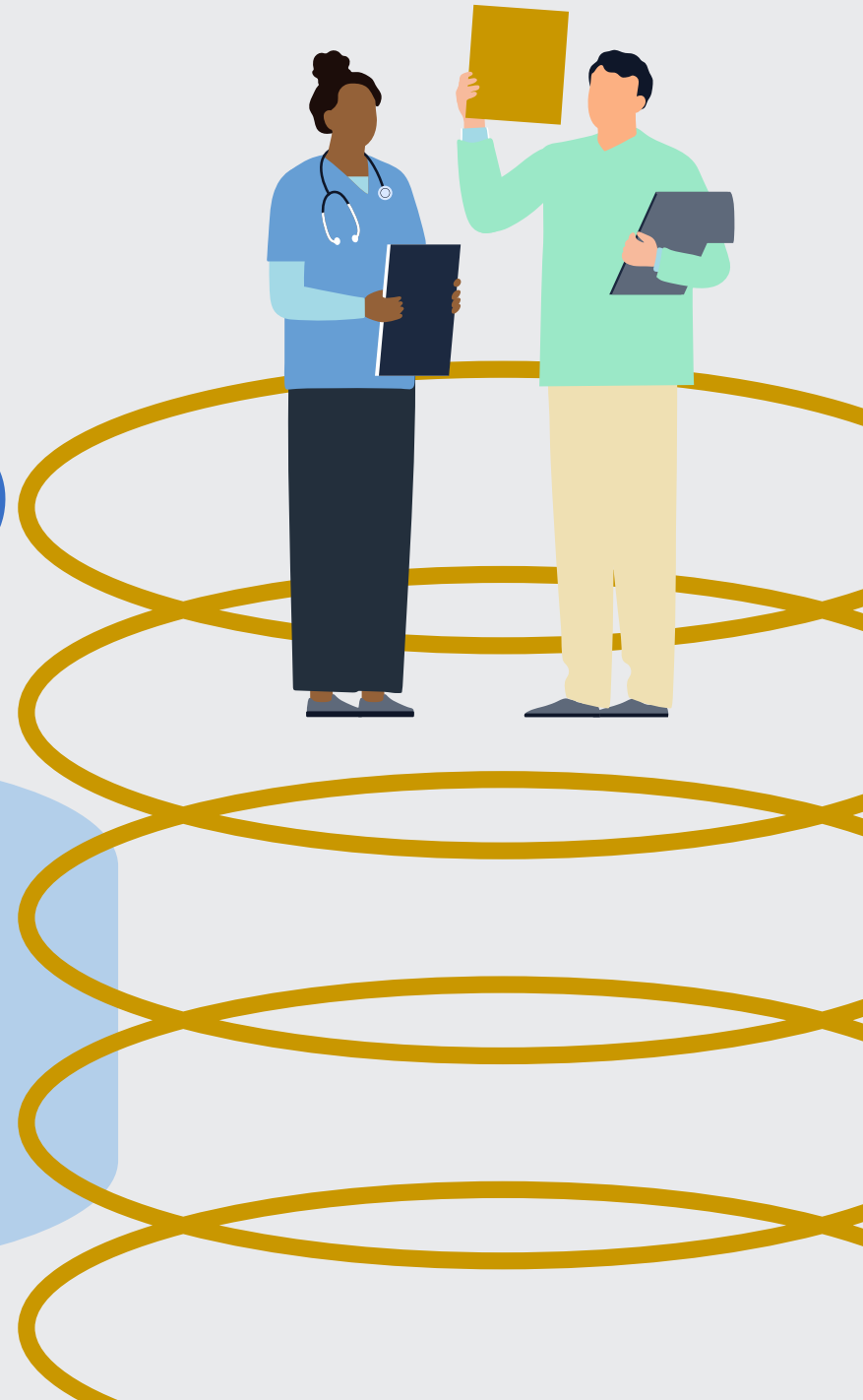
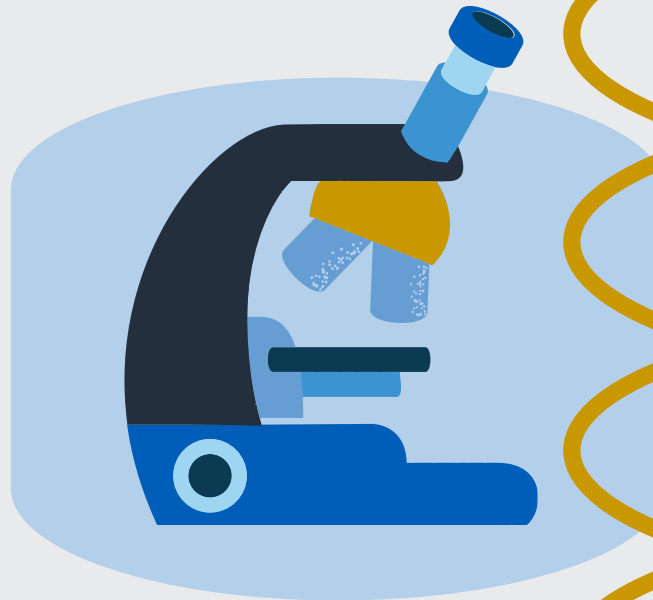


Medical CCT class of 2023

Summary of 2024 survey results



In partnership with the Federation of the
Royal Colleges of Physicians of the UK



Introduction

This is a summary of our 16th survey reporting the experiences of and outcomes for physicians within a year of gaining their CCT (certificate of completion of training). Physicians in all 30 medical specialties in the UK who gained their CCT during 2023 were asked about their current working situation, experience of training and transition to a consultant role.

Each year, the Medical Workforce Unit of the Royal College of Physicians (RCP) conducts this unique survey on behalf of the RCP, the Joint Royal Colleges of Physicians Training Board (JRCPTB), the Royal College of Physicians of Edinburgh (RCPE) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG). This survey has monitored outcomes and emerging trends for CCT holders since 2009, highlighting opportunities and challenges for those involved in the training of physicians.

Demographics of the class of 2023 cohort

47% 

Information on CCT holders was obtained from JRCPTB. 47% were women and 52% were men. (1% other). The largest number of CCTs were awarded in cardiology, geriatric medicine and gastroenterology.

52% 

Demographics of respondents to the survey

41%

The survey was sent to all 1,096 physicians who gained a CCT in 2023; 188 completed the survey fully, a response rate of 17%, while an additional 259 started or partially completed it – an overall engagement rate of 41%. The survey was open for completion from February to March 2024.

100%

All specialties were represented, with the highest response rates from CCT holders working in larger specialties.

88%

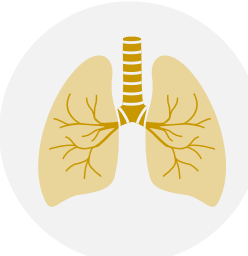
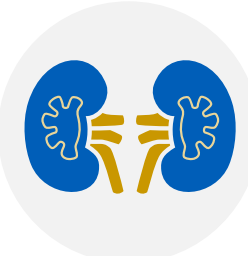
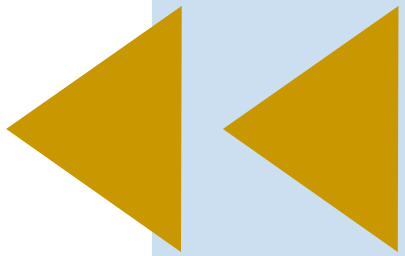
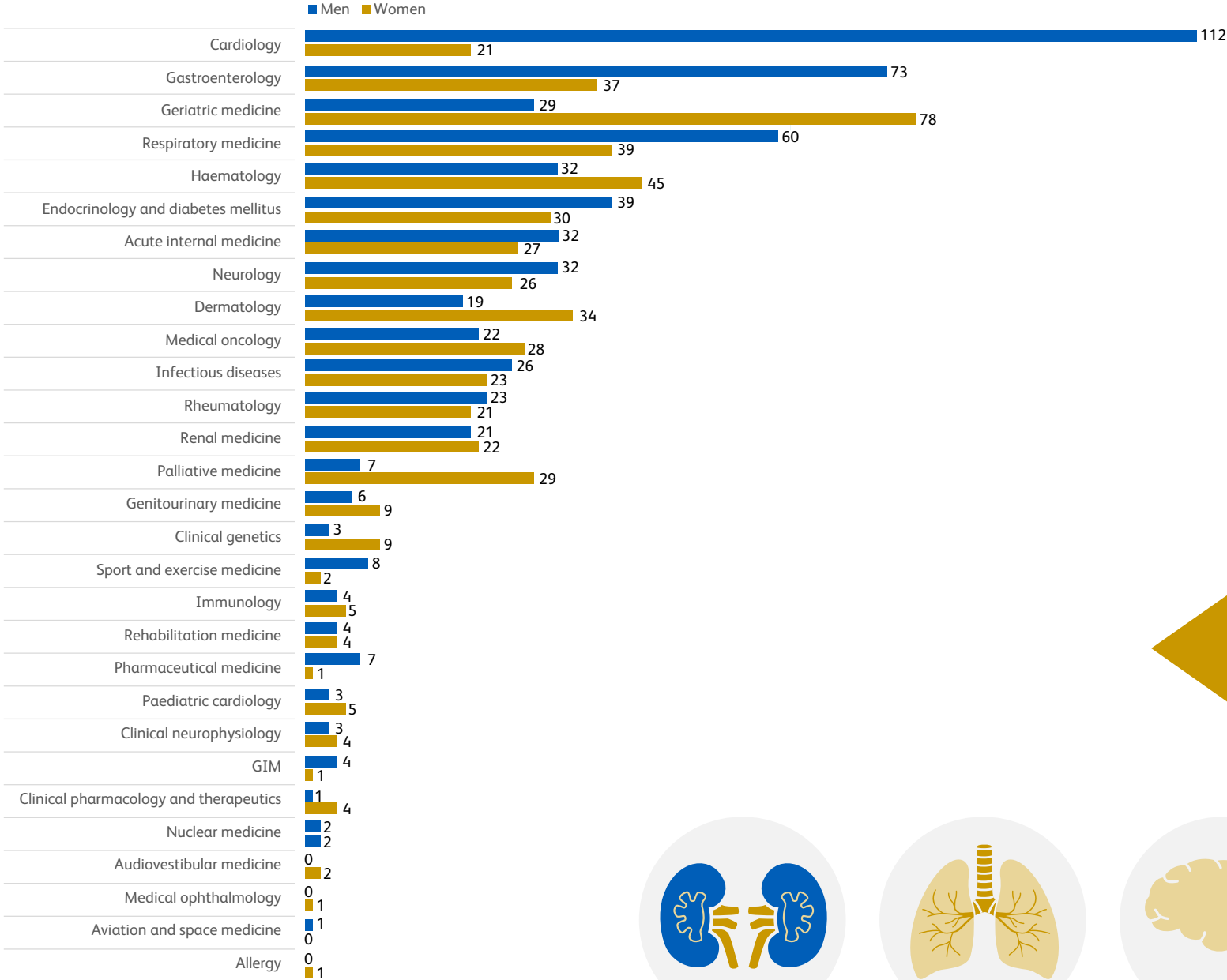
of respondents were UK citizens and 75% graduated in the UK. Of the 22% who graduated outside of the UK, the majority (59%) had graduated from countries in Asia.

59%

of responses described their ethnicity as White (English, Scottish, Welsh, British, other White), 26% as Asian (Indian, Pakistani, Chinese, and other Asian ethnic backgrounds), 3% as Black, 3% as mixed, 4% as other and 2% did not specify.



Number of CCTs awarded by specialty and sex in 2023



Based on data supplied by JRCPTB on the 1,096 CCTs awarded in 2023; excludes one transgender person and 12 who did not disclose their sex

Current work situation

Based on 191 responses to this section*

- > 64% of respondents had taken up a substantive consultant post and 19% reported being in locum posts; 4% were working as post-CCT fellows and the remainder (16%) in other roles. The proportion of CCT holders in substantive consultant posts was slightly higher than in previous years (2022 = 60%) when the survey was administered at the same time, post CCT.
- > 55% of respondents in consultant posts took up their post within 1 month of obtaining their CCT.
- > 87% did not use their grace period.
- > 78% were based in the same post as the region/trust/health board in which they trained.
- > 42% stated that they look after GIM patients as inpatients in their consultant post. This is also higher than in 2022 (38%)

- > 42% stated that they participated in the acute unselected take (receiving unselected medical patients).
- > 61% worked 10 programmed activities (PAs) or more – the majority worked between 9am and 5pm Monday – Friday.
- > 31% worked fewer than 10 PAs.
- > 7% worked 10 PAs – delivered flexibly across the week in- and out-of-hours (eg 3 long days).
- > 78% of people working less than full time (LTFT) said it was very easy/quite easy to have their LTFT/flexible working job plan agreed by their new department.

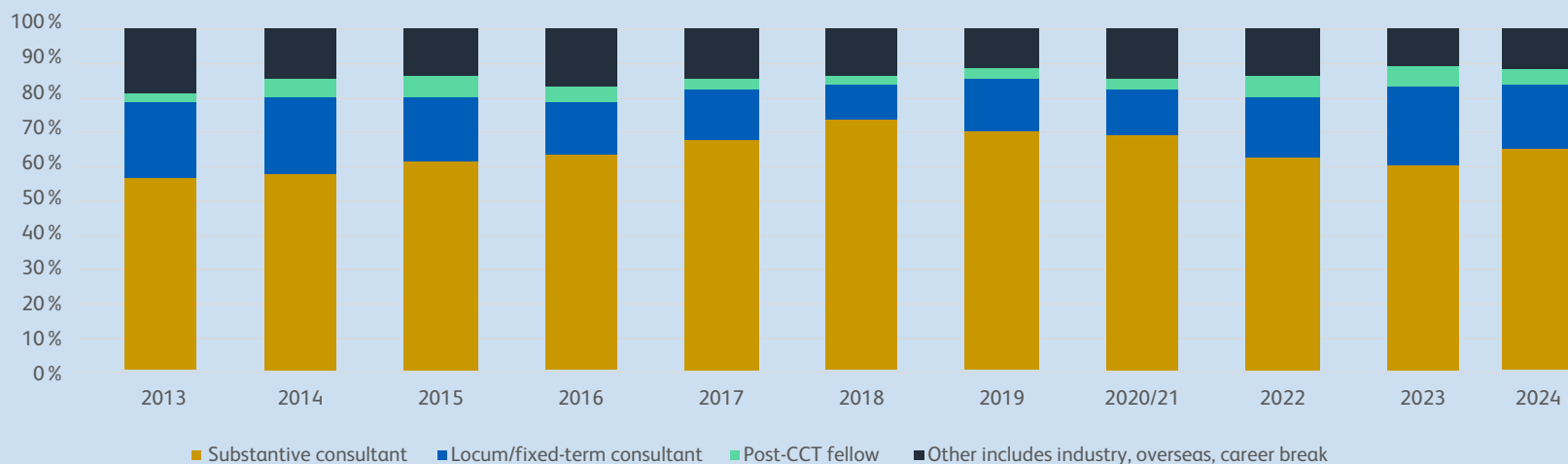
Training

Based on a maximum of 197 responses to this section*

- > 62% of respondents dual accredited in their specialty and general internal medicine (GIM).

- > Compared with 84% in the previous survey, 88% felt that they were trained very well or fairly well in GIM. 3% said they were trained poorly. Most respondents (92%) felt that they were trained very well or fairly well in their specialty.
- > 26% acted up as a consultant for a period in their hospital, while 42% acted up to undertake the post-take ward round (with the consultant watching to give feedback). 32% stated they did neither.
- > At some point during their training, 33% of respondents had trained less than full-time (LTFT), similar to the previous survey. 89% recommended training LTFT, with the main reason being a better work-life balance.
- > 65% of those who had trained LTFT were aware that, when starting a consultant post, their pay threshold would need to be adjusted.

Current work situation – surveys 2013 onwards



Applying for a consultant post

Based on 191 responses to this section*

75% of those who chose to respond to the questions on job applications had applied for a consultant post since their CCT was awarded, with 23% applying for a post outside of their deanery. 81% stated it was their preference to take up their first consultant post in the LETB/region they trained in. Of those who are consultants, the majority started within 1 month of gaining their CCT.

- > 63% were considering consultant posts that include GIM. Of the 44 respondents who said they were not considering a post in GIM, 75% of these physicians would not consider a consultant post that included GIM even if all their other criteria were met in the job description.

- > Of the 72 people working LTFT or flexibly, 66% said it was very or quite easy to agree their job plan with their employer.
- > When considering a substantive consultant post, respondents stated that the most important factors in order of preference were:
 - geography (ie post in chosen location/deanery)
 - high proportion of their specialty in their job plan
 - good reputation, among resident doctors, of the department they were applying to work in
 - ability to work part time/flexibly
 - academic opportunities/links.

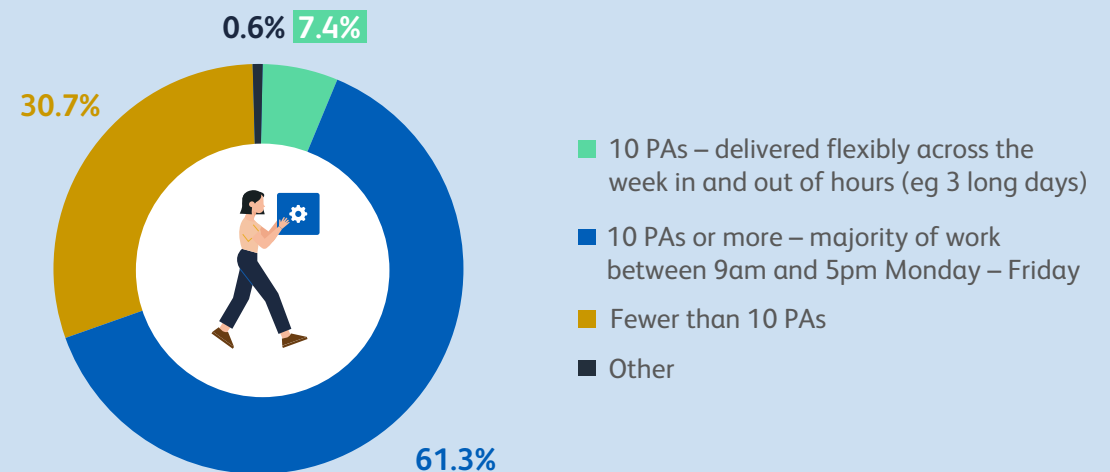
- > 13% of respondents stated that they were still paying off their student debts, 52% of those said a consultant post where the employer pays off their student debts would influence their choice of post.
- > 7% of those who had applied for a consultant post reported feeling discrimination during the application process, citing sex and ethnicity as the main reasons.
- > Of the 143 who reported that they had applied for a consultant post (32% of the responders to the survey), there had been 168 job offers. A median of one post was applied for and offered. There was no difference between men and women or between those of White ethnicity and those of a minority ethnicity. There was a range of 1–4 posts applied for.

Number of posts



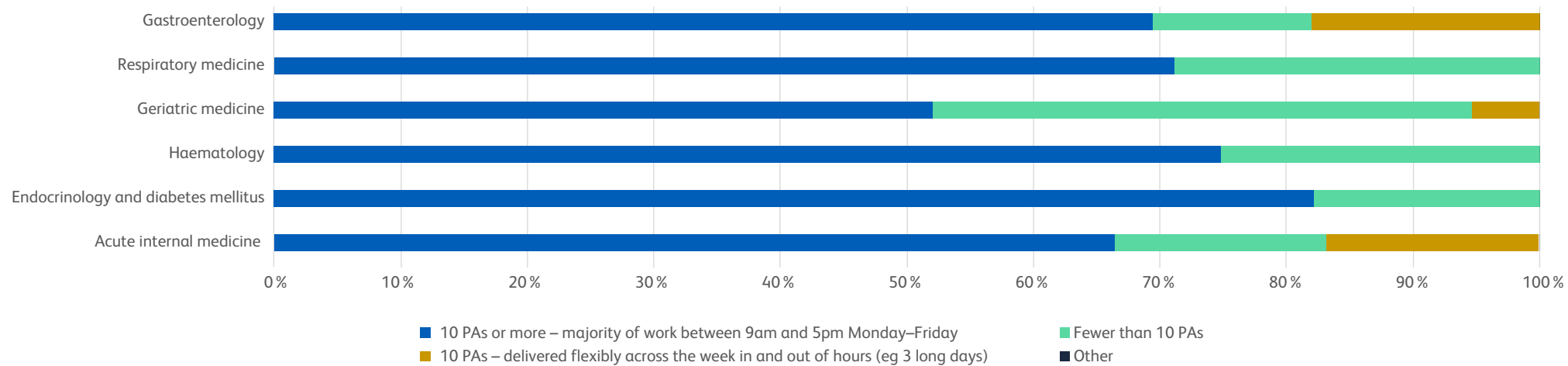
Based on 143 responses

Working patterns in posts

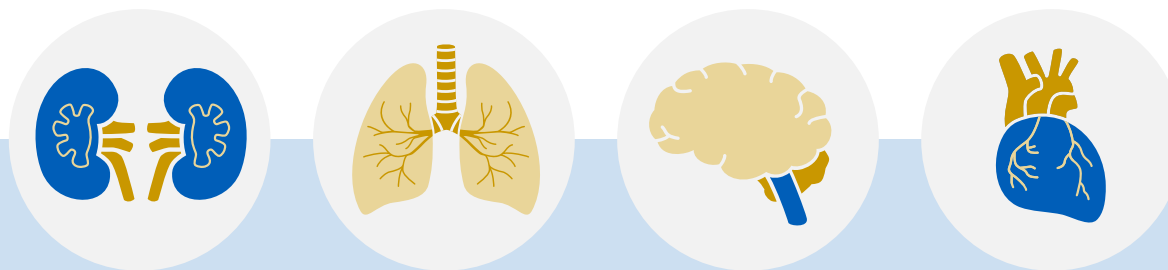


Based on 163 responses*

Working pattern of consultants by specialty*



*Specialties with more than 10 responses



Transition from resident doctor to consultant

Based on 163 responses to this section*

- > 49% of respondents said that they found the transition from resident doctor to consultant very or quite easy. 35% found it neither easy nor difficult, 16% found it quite/very difficult. The main areas of difficulty were administration related to patient care, managing resident doctors, dealing with complaints and meetings with management teams.
- > 85% (compared with 78% last year) of respondents felt very or quite prepared when taking up their consultant post. 4% were a little unprepared and 11% said they felt neither prepared nor unprepared.

Working patterns in consultant posts

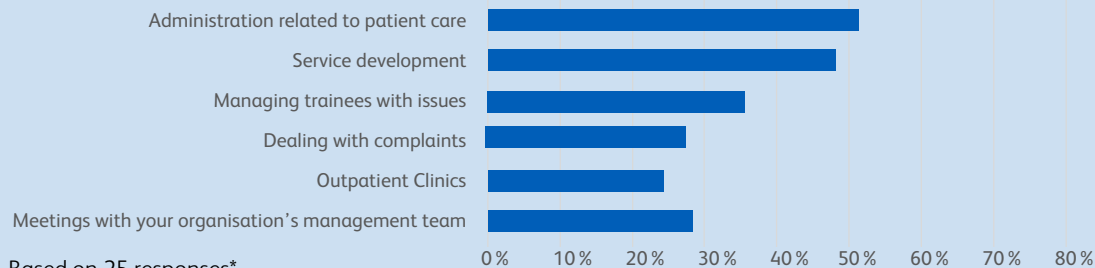
Women made up 47% of 1,083 CCT holders in 2023 and it is notable that 45% of 82 women respondents were currently working fewer than 10 programmed activities (PAs) per week, as well as 16% of 77 men who responded. Overall, 38% of respondents stated that they worked fewer than 10 PAs or delivered 10 PAs flexibly during the week. A further 12% of those 100 currently working full time would have preferred an LTFT contract. The main obstacles cited were financial or service need. Employing organisations need to recognise this clear desire for LTFT working in consultant posts if we are to retain this workforce within the NHS after completion of training.

Research during training

Based on 163 responses to this section*

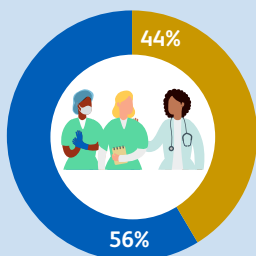
- > 46% of respondents undertook clinical research during their training.
- > 60% of respondents stated that it was part of a dedicated research programme.
- > 78% said that it was part of their out of programme research with, 17% as a clinical lecturer and 39% as academic clinical fellow.
- > 46% took part in clinical research within their training programme, with 90% stating that it enhanced their training.

Top five areas that respondents found difficult on transition from resident doctor to consultant



Based on 25 responses*

Doctors offered mentor/equivalent support as a new consultant



Based on 162 responses*



Current research

Based on 163 responses to this section*

- > 28% (45 respondents) said that they conducted any clinical research, main roles being principal or supporting investigator roles.
- > 50% of these people have research time allocated in their job plan (average of 2.3 programmed activities).
- > 44% of these people had a formal induction into their research department and 62% had links with their local clinical research network (CRN) specialty leads for support.
- > 48% of respondents would like to do some or more research than they currently do but having no time in the working week and prioritising work-life balance were cited as the main barriers to this.

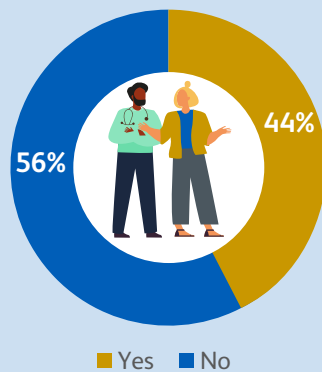
Support in a new consultant post

Based on 163 responses to this section*

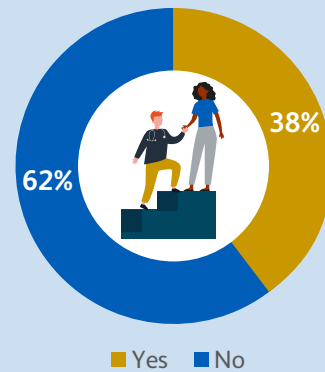
- > Only 44% (no change from last year) of newly appointed consultants were offered a mentor or equivalent support, out of those 73% took up the offer and 89% found it helpful.
- > Only 38% had a specific new consultant induction when they started their post. Inductions were mainly delivered by the trust/board or specific department.
- > Only 21% of respondents knew that their trust/board had a new consultant development programme and 52% didn't know. 27% said that their trust/board did not have a programme and the majority of them (86%) felt that it would have been beneficial to them.

- > The top five areas of support respondents would expect from their employer at the beginning of their post:
 - appraisal guidance
 - job planning support and review
 - mentorship programme
 - guidance for managing complaints
 - specific formal induction for new consultants.
- > 74% (65% last year) had a job planning meeting prior to or at the start of their consultant post.
- > 4% received pension advice at the start of their consultant post.

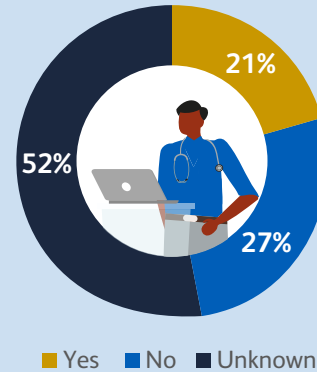
Doctors offered mentor /equivalent support as a new consultant



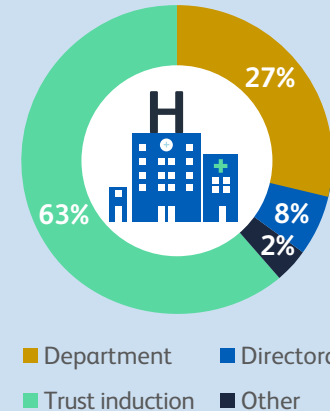
Doctors who were offered a new consultant induction



Does your trust have a new consultant development programme?



Who delivers the new consultant development programme?



Based on 163 respondents*



- > The top five methods of support **currently provided by the colleges** that consultants think are the most important:
 - appraisal/revalidation support
 - college facilitated network for new consultants
 - mentoring
 - leadership and management skills development
 - CPD courses/e-learning (48% were registered with the Federation CPD scheme).
- > The top five areas in which newly appointed consultants **would want** colleges to provide support:
 - managing complaints
 - appraisal
 - consultant contracts
 - medico-legal
 - new consultants course.
 - Only 12% (20) of respondents had heard of the RCP's Launchpad resource. Out of those, 11 people (55%) said they found it useful.
 - 65% stated the following topics were useful during transition from trainee to consultant:
 - overall training on management (how to do the job)
 - overall training on educational supervision and how to educate
 - overall training on leadership is all useful.
 - The top three areas that respondents would like colleges to cover:
 - managing complaints
 - appraisal
 - consultant contracts.
 - Out of 188 respondents, 69% said that they aspire to be a fellow of one of the royal colleges of physicians.

Take-home messages



- > Every year for the last 10 years around 1,000 physicians have gained their certificate of completion of training in their chosen specialty. In 2023 this numbered 1,096 physicians.
- > Response rates to this end-of-training survey have decreased; this year it was 17% of the cohort.
- > The majority of new CCT holders graduated in the UK (75%). Women made up 47% of this cohort.
- > The largest number of CCTs (>100 per specialty) were awarded in cardiology, gastroenterology and geriatric medicine.
- > More men than women gained a CCT in cardiology, respiratory medicine and gastroenterology, while the reverse was true in geriatric medicine and haematology.
- > 64% of responders were in substantive consultant posts within a year of gaining their CCT. This has not changed significantly over the last 11 years.
- > The number of doctors taking up post CCT fellowships remained at <10% of responders and this has also not changed significantly over 11 years.
- > Only 61% of newly appointed consultants who responded were working >10 PAs and only 42% participated in the unselected medical take. This compares with 62% who had gained a CCT in general internal medicine.
- > When considering where to apply for a consultant post the most important factors were location of the post, followed by the proportion of work in their chosen specialty.
- > Over half of respondents felt that an employer paying off their student debt would influence whether they applied.
- > The transition between resident doctor and consultant was most challenging in areas related to patient administration, managing the training of others, and managing complaints.
- > 46% of responders had undertaken research during their training and almost all felt it had enhanced it.
- > There is a variation in the type of support offered by employers to new consultants.
- > Support for appraisal, job planning, consultant contracts, managing complaints from employers and colleges would be welcomed.

‘It is disappointing that the survey uptake has decreased this year, however, there is some very useful feedback particularly in relation to the support we can offer for those transitioning into becoming a new consultant and the resources that the colleges can provide.’

– Dr Katie Honney, chair of the RCP New Consultants Committee

This survey continues to provide critical information about the early consultant workforce, and it is good to see all the physician specialties represented. It is also good to see that an increased percentage feel that they were trained well or very well in GIM. The increasing number who are working less than full time, or who wish to, has been anticipated for some time but has not been recognised with an increased number of training posts. It is hoped that the statutory education bodies will recognise this and respond. The importance of location is demonstrated in the numbers of resident doctors who want to take up their first consultant post in the region in which they trained. It is of regret therefore that many do not have a mentor, an adequate consultant induction or work in a trust with a new consultant development programme. We need to work with employers to improve training in the areas that have proved difficult in the transition from resident doctor to consultant.

– Dr Mike Jones, executive medical director, training and development, JRCPTB

* If you would like more detail about the numbers of responses to each question in the survey, please contact medicalworkforce.unit@rcp.ac.uk

Acknowledgements

The survey and report were conducted and produced by the RCP's Medical Workforce Unit.

We are very grateful to the following for their insight, experience and support in the preparation of this report: the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow, the Joint Royal Colleges of Physicians Training Board and the RCP's New Consultants Committee.

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