



Royal College
of Physicians

JRCPTB

Joint Royal Colleges of Physicians Training Board

Survey of medical certificate of completion of training (CCT) holders' career progression 2015

Nigel Trudgill, Nina Newbery
Medical Workforce Unit
Royal College of Physicians
January 2016

Introduction

This is the seventh annual survey reporting the experiences of and outcomes for certificate of completion of training (CCT) holders within a year of gaining their CCT in the medical specialties in the UK. The survey results from a collaboration between the Royal College of Physicians (RCP) Medical Workforce Unit and the Joint Royal Colleges of Physicians Training Board (JRCPTB). This unique survey has monitored changing outcomes for CCT holders across the different medical specialties since 2009, during a period of considerable change and uncertainty in the NHS.

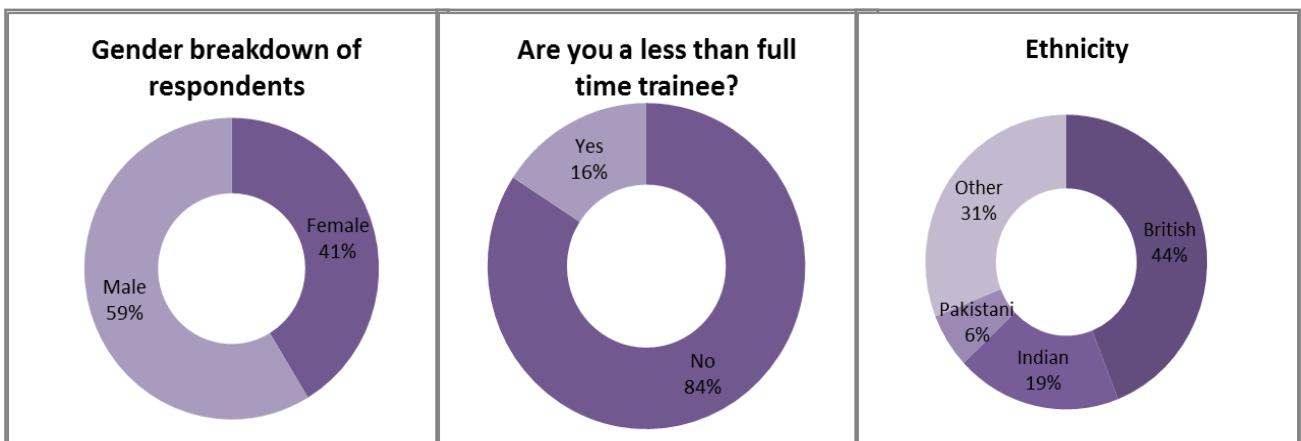
Data collection

Contact details and CCT dates for trainees in all 30 medical specialties were obtained from the JRCPTB. In July 2015, an email invitation to an online survey using Verint questionnaire software was sent to all doctors in medical specialties who had obtained their CCT in the previous 12 months. Data were collected on specialty; age; gender; ethnicity; deanery; full time or less than full time status; current work situation and reasons for not being in a substantive consultant post if appropriate; applications for substantive consultant posts and interview success; the quality of training in their specialty and general medicine; and whether, if they had their training period again, CCT holders would still choose to train in their specialty and general medicine. All results described are in comparison with the previous 6 years' data, where available. The tables referred to are available in the Appendix section of this report.

Demographics

In total, 850 CCT holders were contacted and 422 responses were received (49.6%): an almost identical response rate to the previous year (49.4%). Sixty-nine per cent of respondents were male and 16% of respondents worked less than full time. Forty-four per cent of respondents described their ethnicity as British, 19% as Indian, 6% as Pakistani and all other ethnic groups were less than 5%. There was a similar response rate from all deaneries. Responses were obtained from CCT holders in a wide range of different medical specialties (Table 1 – Appendix). There was no evidence that CCT holders in different areas of the country or different specialties were under-represented. Although it would be desirable to increase the response rate to the survey, trainees are surveyed frequently throughout training, with an inevitable impact on response rates to this survey.

Fig 1 Demographics of the respondents: gender, less than full time and ethnicity



Current work situation of CCT holders

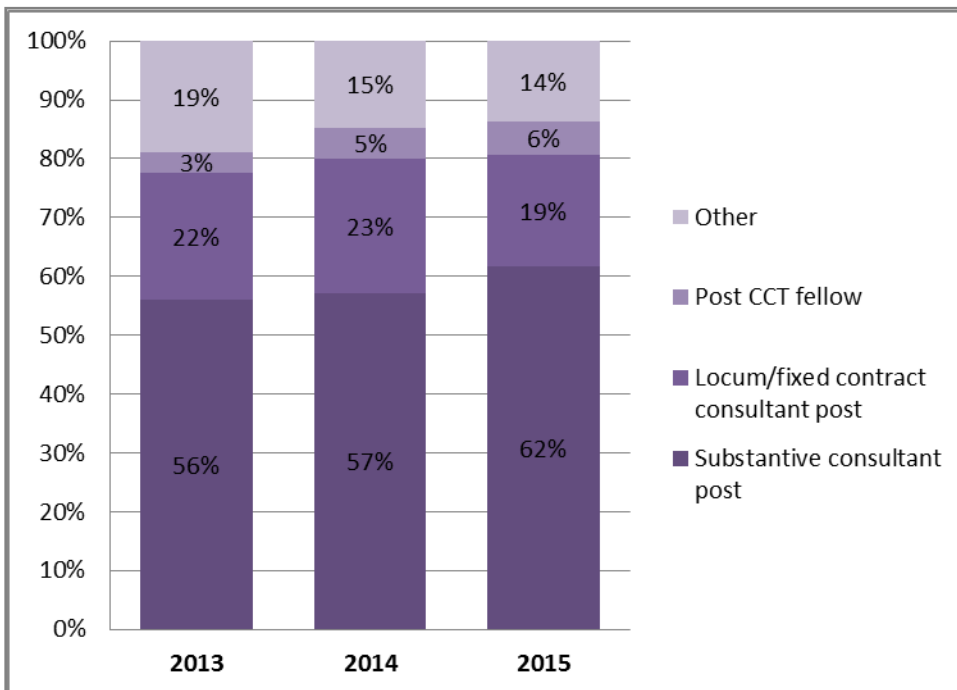
Figure 2 shows the work situation for CCT holders at the time of the survey, in comparison with the 2 previous years. Encouragingly, there has been a modest increase in the number of CCT holders in substantive posts this year to 61.7%, from 57.1% last year and 56.1% in 2013. There was a concurrent fall in the number of CCT holders in locum consultant posts to 19% from 22.8% last year. Respondents reported that they were in locum posts principally due to waiting for a particular post to become available (48%), wanting to stay in the same region where they trained (18%) or for family or personal reasons (15%). There were only two specialties with more CCT holders in locum than substantive posts – genitourinary medicine (71% in locum posts) and medical oncology (75% in locum posts). This is the second consecutive year that a high proportion of CCT holders in genitourinary medicine are in locum rather than substantive posts, and it is likely to relate to the Health and Social Care Act’s introduction of commissioning of contraception and sexual health by local authorities, separately from HIV medicine, on short-term tendering cycles. In the absence of a change in commissioning arrangements, this seems likely to continue to create uncertainty for genitourinary medicine trainees and consultants alike, and for the specialty’s future. On a positive note, of all CCT holders in a substantive post, 56.3% had been offered mentoring.

There was one unemployed CCT holder in allergy, who described this as being due to a lack of available consultant posts to apply for.

Once more, 5.7% of CCT holders were in increasingly popular post-CCT fellowships, principally cardiology and haematology this year. Respondents reported that this was mostly to develop a subspecialty interest (45%) or to improve their employment prospects (30%).

The detailed results of CCT holders’ current work situation by employment type in comparison with previous years can be found in Table 2 in the Appendix.

Fig 2 The current work situation of CCT holders in 2013, 2014 and 2015



Other includes: specialist registrar in period of grace, specialist registrar beyond period of grace, locum specialist registrar, maternity leave, pharmaceutical industry, research, overseas, senior/clinical lecturer and unemployed.

Shortlisting and appointment success rates

There was no apparent change in the number of posts applied for or the success rate at being shortlisted compared with previous years, but more respondents had been offered a substantive post this year (61% versus 46% in 2014 and 37% in 2013) (Fig 3a). The specialties with the lowest success rates in applicants being offered a post were rheumatology at 31% and again genitourinary medicine at 38%. There was no fall in the success rate in being offered a post in any specialty. The detailed results by specialty are in Tables 3a to 3d in the Appendix.

Unlike previous years of the survey, this year there was no discernible difference between men and women in the number of jobs applied for and success at being shortlisted or being offered a post, and there was a similar pattern for less than full time compared with full time CCT holders (Figs 3b and 3c).

CCT holders who described themselves as of British ethnicity (44% of respondents) appeared to apply for fewer posts (mean 1.5 versus 1.9), were slightly more likely to be shortlisted (96% versus 90%) and appeared more successful at being offered a post (66% versus 54%) (Fig 3d).

Fig 3a Success rates in being shortlisted for interview and being offered a substantive consultant post

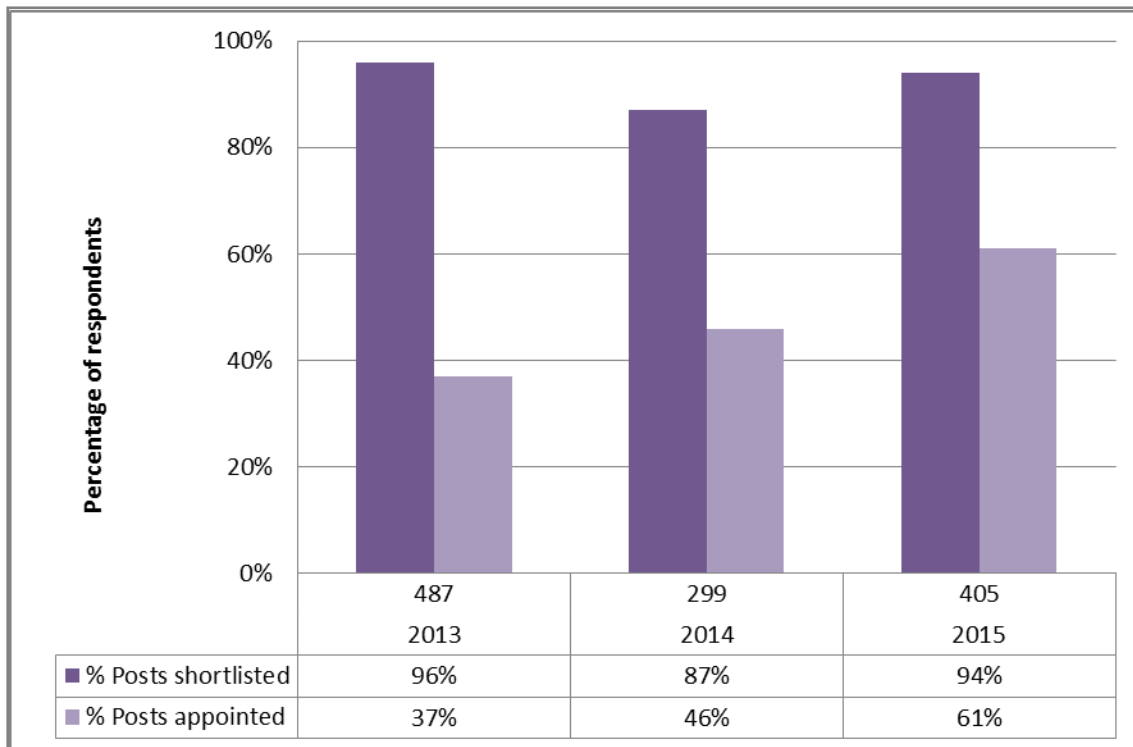


Fig 3b Success rates in being shortlisted for interview and being offered a substantive consultant post by gender

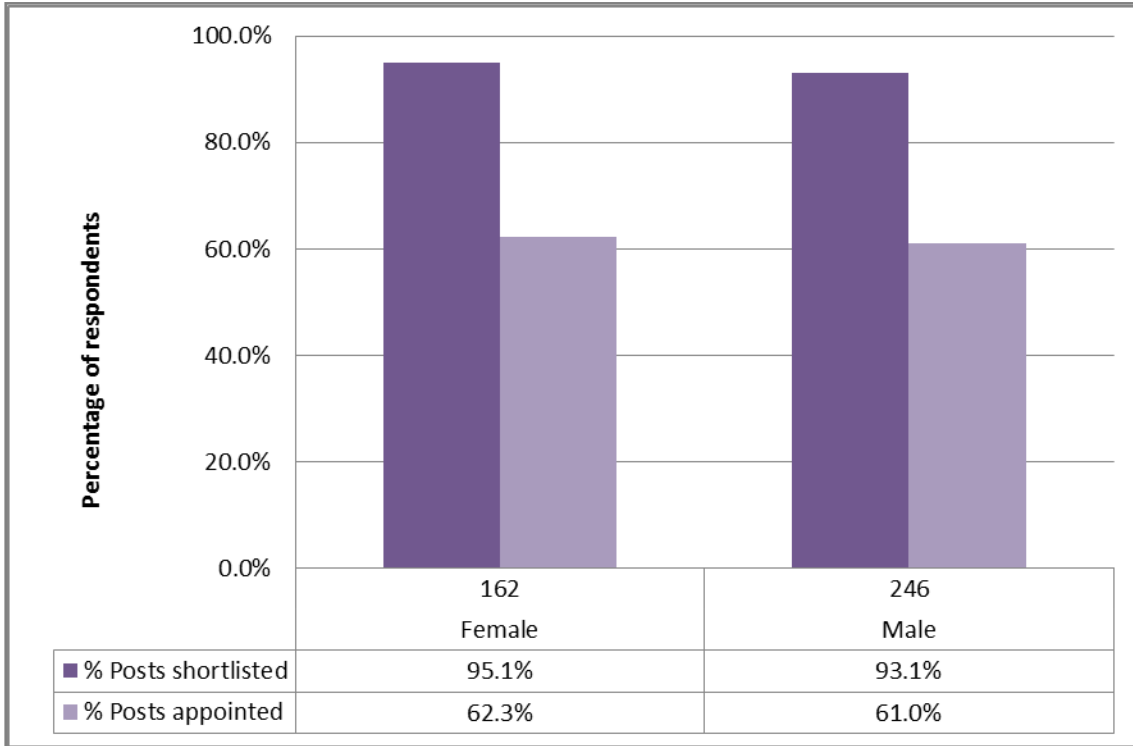


Fig 3c Success rates in being shortlisted for interview and being offered a substantive consultant post by full time or less than full time training status

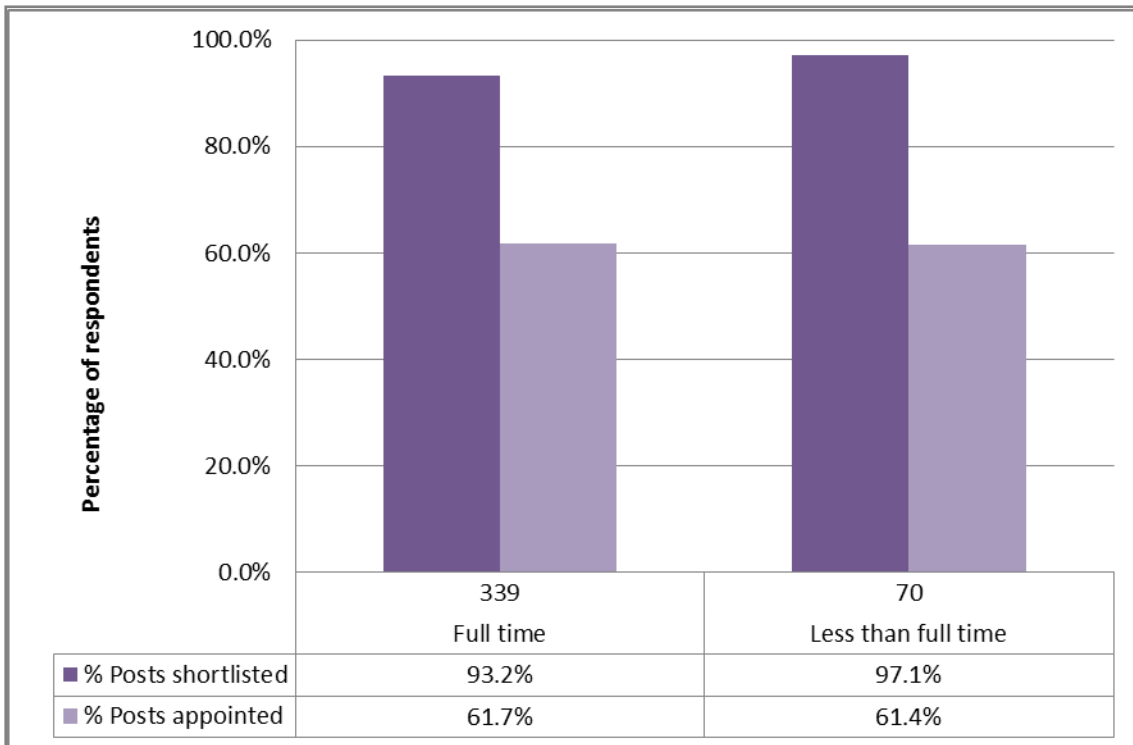
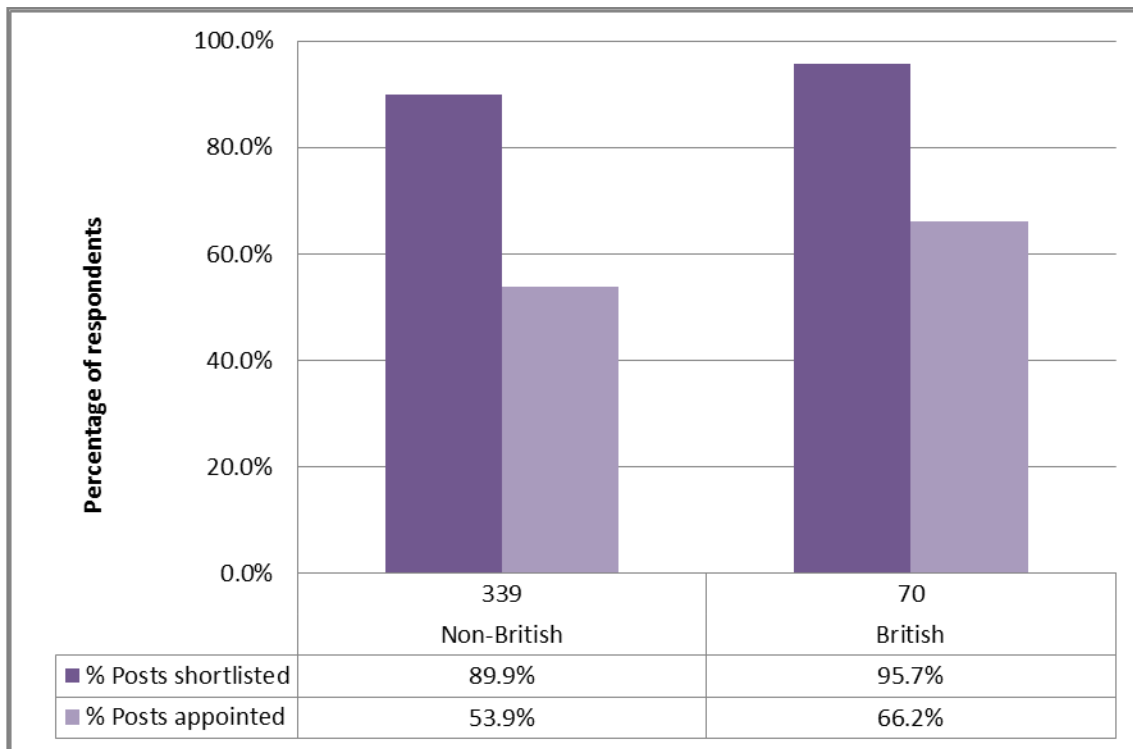


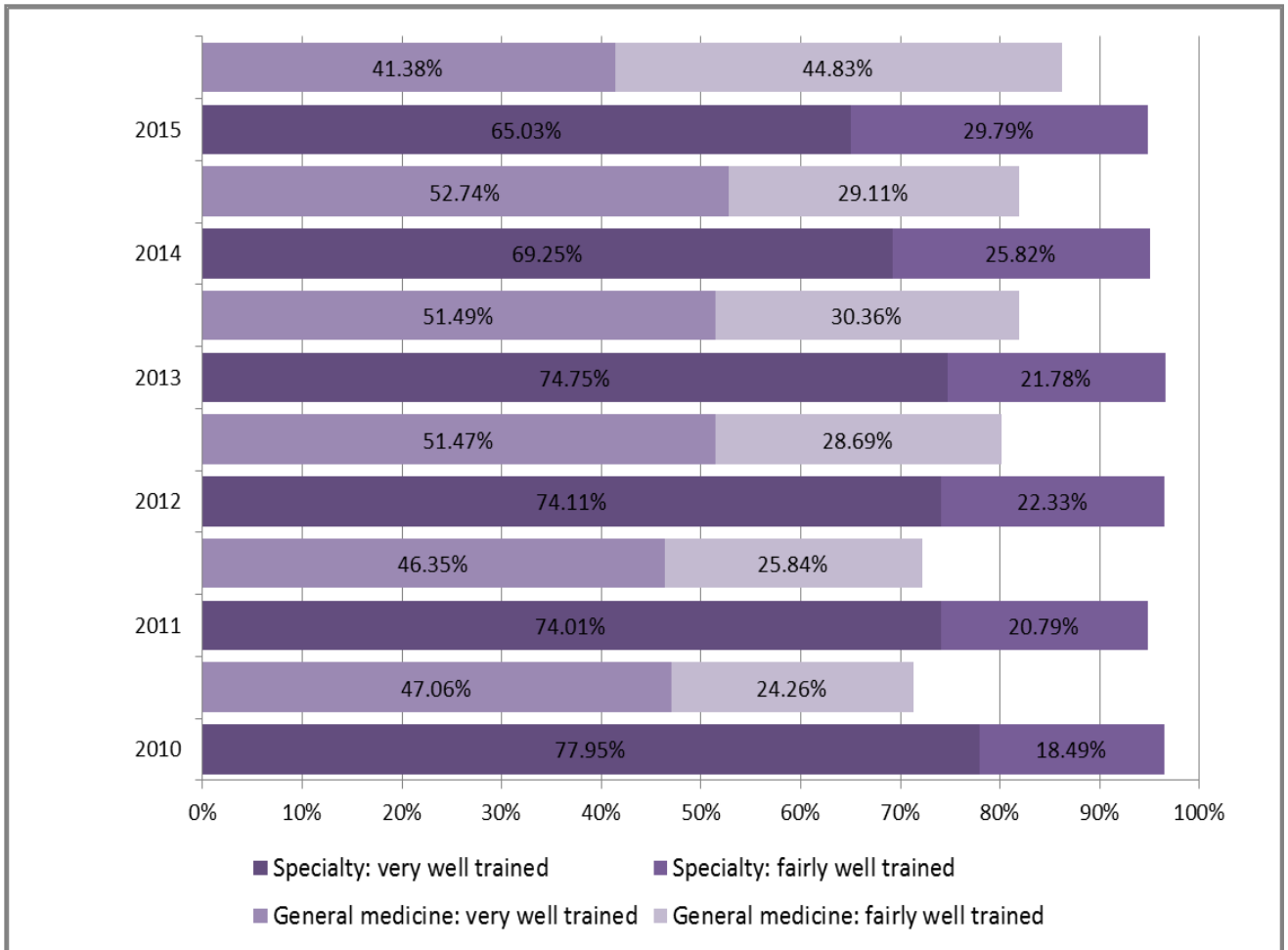
Fig 3d Success rates in being shortlisted for interview and being offered a substantive consultant post by ethnicity



Quality of training in general medicine and specialty

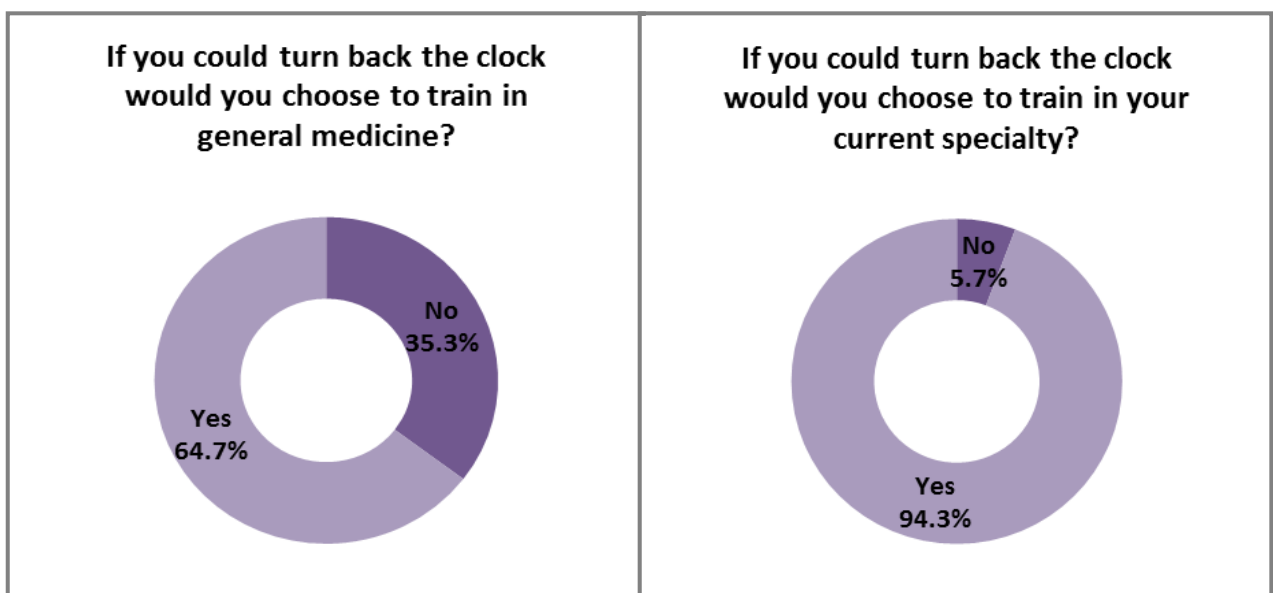
The perceived quality of general medical training has been consistently poorer than specialty training throughout the years of the survey. However, there has also been a gradual fall in the perceived quality of CCT holders' training in their specialty (Fig 4). The proportion reporting being very well trained in their specialty has steadily fallen since 2010 from 78% to 65%, with a coincident rise in those reporting being fairly well trained from 18.5% to 29.8%. In general medicine, the pattern is less clear but there has been a fall in the proportion reporting being very well trained in general medicine from over 50% between 2012 and 2014 to 41.4% this year. Encouragingly, 55.3% of CCT holders who trained in general medicine reported acting up during their training to undertake a post-take ward round with their consultant simply watching to give feedback.


Fig 4 Reported quality of training in general internal medicine and specialty



When CCT holders were asked whether they would train again in their specialty if they could have their training period again, a reassuring 94.3% said they would, but only 64.7% of those who trained in general medicine reported that they would train again in general medicine (Fig 5).

Fig 5





In the 2013–14 higher specialty trainee census,¹ trainees reported that over 80% of their time in general medicine was spent on service provision, resulting in falling levels of satisfaction with their general medical training to only 40% feeling satisfied (compared with 87% for specialty training). This dissatisfaction with general medical training, changing patterns of perceived quality of training and implied regrets of many CCT holders about training in general medicine should challenge all physicians to seek to improve training experiences, particularly for specialist registrars who are on call for the unselected take, which has sadly become a deeply unpopular role. This has obvious implications for initiatives to increase the number of physicians providing general medical care and 7-day working, and the potential benefits of such initiatives.

Summary

- In total, 62% of CCT holders held a substantive post, consistent with the early years of the survey and an improvement on the past 2 years.
- The number of CCT holders in post-CCT fellowships remained high at 5.7% of current CCT holders.
- CCT holders in genitourinary medicine again this year appeared to face considerable uncertainty in obtaining a consultant post.
- CCT holders of British origin applied for fewer posts and appeared more likely to be offered a consultant post, compared with those of other ethnic origins.
- There has been a gradual fall over the past 5 years in perceptions of how well CCT holders feel trained in their specialty and more recently in general medicine.
- If they had their training period again, 94% of CCT holders reported that they would train again in their specialty but only 65% reported that they would train again in general medicine.

Reference

- 1 Federation of the Royal Colleges of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK 2013–14: data and commentary*. London: Royal College of Physicians, 2015. www.rcplondon.ac.uk/projects/outputs/2013-14-census-uk-consultants-and-higher-specialty-trainees



Appendix

Table 1 Respondents according to specialty


Main specialty	2015
Acute medicine	20
Allergy	2
Audiovestibular medicine	-
Cardiology	31
Clinical genetics	5
Clinical neurophysiology	3
Clinical pharmacology and therapeutics	1
Dermatology	14
Endocrinology and diabetes mellitus	30
Gastroenterology	30
General medicine	-
Genitourinary medicine	11
Geriatric medicine	49
Haematology	30
Immunology	5
Infection and tropical medicine	10
Intensive care medicine	1
Medical oncology	12
Medical ophthalmology	-
Neurology	19
Nuclear medicine	4
Paediatric cardiology	1
Palliative medicine	19
Pharmaceutical medicine	4
Rehabilitation medicine	3
Renal medicine	21
Respiratory medicine	44
Rheumatology	19
Sport and exercise medicine	1
Stroke medicine	7

Table 2 Responses to the question 'What is your current work situation?'

	2009	2010	2011	2012	2013	2014	2015
Substantive consultant post	59.3%	59.1%	55.7%	63.2%	56.1%	57.1%	61.7%
Locum/fixed contract consultant post	23.8%	23.4%	20.1%	18.5%	21.6%	22.8%	19.0%
Specialist registrar in period of grace	3.0%	5.4%	6.8%	1.9%	4.0%	2.1%	0.8%
Specialist registrar beyond period of grace	0.9%	0.5%	1.9%	0.5%	1.5%	0.7%	0.0%
Locum registrar	0.6%	0.8%	0.2%	0.0%	0.0%	0.0%	0.0%
Maternity leave	1.2%	0.5%	1.2%	0.7%	1.7%	2.3%	1.8%
Research	5.4%	2.8%	5.8%	5.3%	3.5%	2.3%	4.4%
Overseas	4.5%	3.6%	3.6%	2.8%	4.0%	4.0%	3.1%
Senior/clinical lecturer	4.5%	3.6%	3.6%	1.2%	1.2%	0.9%	2.6%
Post CCT fellow / clinical fellow	-	1.5%	2.7%	3.7%	3.5%	5.4%	5.7%
Unemployed	-	-	0.7%	0.7%	0.5%	0.5%	0.3%
Other	1.2%	0.8%	1.2%	1.6%	2.5%	1.9%	0.8%
Number of responses	332	389	413	432	403	429	389

Table 3a Average number of consultant substantive posts applied for 2011 to 2015

Main specialty	Average number of posts applied for				
	2011	2012	2013	2014	2015
Acute medicine	2.3	2.3	1.9	1.7	1.4
Allergy	2.0	-	-	-	-
Audiovestibular medicine	1.0	-	2.5	1.0	-
Cardiology	2.2	1.9	2.0	2.0	2.0
Clinical genetics	1.3	1.5	-	1.3	1.3
Clinical neurophysiology	-	-	-	1.3	-
Clinical pharmacology and therapeutics	3.0	1.5	-	1.0	-
Dermatology	1.6	1.1	1.4	1.3	1.3
Endocrinology and diabetes mellitus	3.1	2.9	4.5	3.0	2.1
Gastroenterology	2.5	2.2	1.3	2.0	1.9
General medicine	-	-	-	-	-
Genitourinary medicine	1.0	2.3	3.0	3.9	2.0
Geriatric medicine	1.7	2.0	1.3	1.4	1.2
Haematology	1.5	1.7	2.0	1.6	1.3
Immunology	-	1.0	-	1.5	2.0
Infection and tropical medicine	2.0	5.0	2.8	1.6	2.2
Intensive care medicine	1.0	1.5	1.0	2.0	-
Medical oncology	2.4	2.0	1.2	1.4	1.7
Medical ophthalmology	-	-	-	1.0	-
Neurology	2.4	1.3	2.1	1.1	1.0
Nuclear medicine	3.0	-	1.0	1.0	-
Paediatric cardiology	1.5	2.0	1.0	1.0	2.0
Palliative medicine	2.1	1.7	1.9	2.3	1.7
Rehabilitation medicine	2.0	1.0	4.0	1.8	2.0
Renal medicine	2.4	2.6	2.6	3.4	1.7
Respiratory medicine	1.7	2.0	3.4	2.4	1.6



Rheumatology	1.4	2.0	2.5	2.3	2.4
Sport and exercise medicine	-	-		1.0	-
Stroke medicine	2.0	-	0.5	0.0	1.7

Table 3b Total number of consultant substantive posts applied for 2011 to 2015

Main specialty	Total number of posts applied for				
	2011	2012	2013	2014	2015
Acute medicine	18	15	32	19	18
Allergy	2	-	-	0	0
Audiological medicine	2	-	5	1	-
Cardiology	71	16	64	27	45
Clinical genetics	4	2	-	3	5
Clinical neurophysiology	-	-	-	4	0
Clinical pharmacology and therapeutics	3	2	-	3	0
Dermatology	18	9	15	12	12
Endocrinology and diabetes mellitus	46	20	69	20	35
Gastroenterology	60	18	15	29	32
General medicine	-	-	-	-	-
Genitourinary medicine	9	4	33	15	8
Geriatric medicine	29	24	27	34	36
Haematology	25	9	14	12	22
Immunology	-	2	-	2	4
Infection and tropical medicine	8	1	11	7	13
Intensive care medicine	2	2	2	3	0
Medical oncology	19	4	6	12	15
Medical ophthalmology	-	-	-	1	-
Neurology	17	6	19	10	9
Nuclear medicine	3	-	1	1	-
Paediatric cardiology	3	1	1	2	2
Palliative medicine	21	15	28	18	26
Rehabilitation medicine	6	1	8	4	4
Renal medicine	41	14	29	17	24
Respiratory medicine	67	23	79	23	56
Rheumatology	15	9	28	18	29
Sport and exercise medicine	-	-	-	2	0
Stroke medicine	2	-	1	0	10
Total	491	197	487	299	405

Table 3c Success rates in being shortlisted for interview for a substantive consultant post

Main specialty	Success rate in being shortlisted for interview (per application)				
	2011	2012	2013	2014	2015
Acute medicine	89%	85%	97%	100%	100%
Allergy	100%	-	-	-	-
Audiovestibular medicine	100%	-	73%	100%	-
Cardiology	85%	83%	100%	75%	93%
Clinical genetics	100%	100%	100%	100%	100%
Clinical neurophysiology	-	-	46%	100%	-
Clinical pharmacology and therapeutics	100%	100%	100%	70%	-
Dermatology	94%	90%	79%	100%	100%
Endocrinology and diabetes mellitus	63%	81%	100%	77%	91%
Gastroenterology	88%	93%	100%	85%	94%
General medicine	-	-	-	-	-
Genitourinary medicine	100%	89%	150%	74%	63%
Geriatric medicine	97%	86%	100%	100%	100%
Haematology	76%	80%	100%	94%	95%
Immunology	-	100%	-	67%	100%
Infection and tropical medicine	100%	100%	82%	69%	92%
Intensive care medicine	100%	67%	100%	65%	-
Medical oncology	84%	100%	100%	79%	100%
Medical ophthalmology	-	-	-	100%	-
Neurology	100%	100%	95%	91%	89%
Nuclear medicine	-	-	-	-	-
Paediatric cardiology	67%	100%	100%	100%	100%
Palliative medicine	95%	100%	100%	100%	96%
Rehabilitation medicine	83%	100%	63%	100%	75%
Renal medicine	68%	73%	79%	71%	88%
Respiratory medicine	73%	89%	86%	92%	95%
Rheumatology	87%	94%	79%	83%	90%
Sport and exercise medicine	-	-	-	100%	-
Stroke medicine	100%	-	100%	-	100%
Total	89%	85%	97%	100%	100%

Table 3d Success rates in being offered a substantive consultant post

Main specialty	Success rate in being offered a post (per application)				
	2011	2012	2013	2014	2015
Acute medicine	67%	41%	59%	65%	94%
Allergy	100%	-	-	-	-
Audiovestibular medicine	100%	-	80%	100%	-
Cardiology	77%	53%	33%	25%	42%
Clinical genetics	100%	67%	-	77%	80%
Clinical neurophysiology	-	-	-	77%	-
Clinical pharmacology and therapeutics	67%	100%	-	70%	-
Dermatology	89%	80%	53%	85%	92%
Endocrinology and diabetes mellitus	57%	35%	21%	37%	51%
Gastroenterology	63%	35%	80%	50%	56%
General medicine	-	-	-	-	-
Genitourinary medicine	89%	22%	24%	23%	38%
Geriatric medicine	72%	47%	81%	26%	94%
Haematology	68%	47%	36%	71%	68%
Immunology	-	100%	-	63%	50%
Infection and tropical medicine	100%	20%	27%	44%	38%
Intensive care medicine	100%	67%	100%	15%	-
Medical oncology	79%	50%	100%	50%	67%
Medical ophthalmology	-	-	-	100%	-
Neurology	71%	63%	37%	82%	78%
Nuclear medicine	0%	-	-	0%	-
Paediatric cardiology	67%	50%	100%	50%	50%
Palliative medicine	76%	46%	43%	52%	58%
Rehabilitation medicine	83%	0%	25%	44%	50%
Renal medicine	59%	22%	17%	35%	58%
Respiratory medicine	57%	40%	27%	42%	66%
Rheumatology	87%	39%	29%	39%	31%
Sport and exercise medicine	-	-	-	100%	-
Stroke medicine	50%	-	100%	-	80%
Total	69%	44%	37%	46%	61%