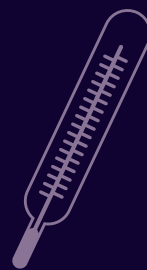


Medical CCT class of 2017

2018 survey results



In partnership with

Federation of the Royal Colleges
of Physicians of the United Kingdom



Introduction

This is the tenth survey reporting the experiences of, and outcomes for, certificate of completion of training (CCT) holders within a year of gaining their CCT. Physicians in all 30 medical specialties in the UK who gained their CCT in 2017 were asked about their current working situation, experience of training and transition to a consultant role. This year we focused on patterns of working and support for new consultants.


This unique survey is a collaboration between the RCP's Medical Workforce Unit and the Joint Royal Colleges of Physicians Training Board (JRCPTB) on behalf of the Federation of the Royal Colleges of Physicians of the UK. It has monitored changing outcomes for CCT holders since 2009.



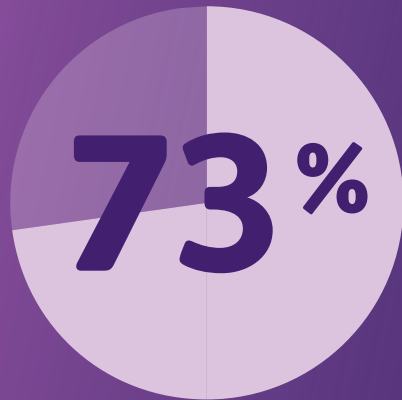
78%



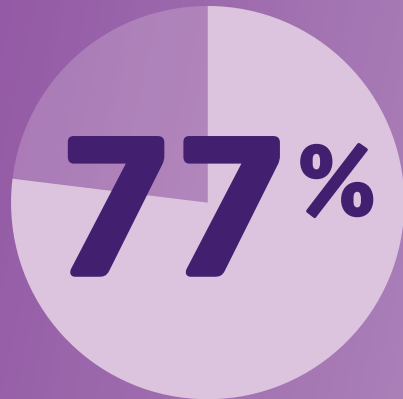
27%



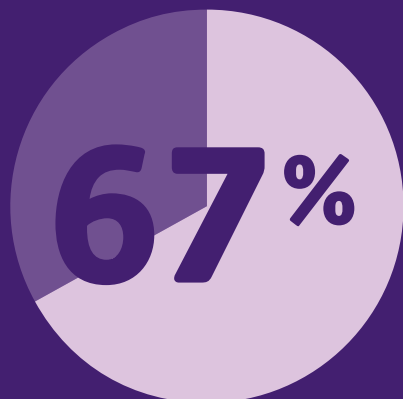
78% of CCT holders, who at some point trained less than full time (LTFT), were in substantive consultant posts, compared with 69% of those who trained full time (FT) throughout. LTFT training therefore did not appear to be a barrier to attaining a substantive consultant post.



73% of the class of 2017 CCT holders had gained a substantive post by November the following year. This builds on the increase we found last year and is likely to reflect ongoing consultant shortages in many specialties.



77% of CCT holders who trained LTFT had been placed LTFT in an FT post at some point. This way of filling training posts has the potential to increase rota gaps and therefore the frequency reported here is of concern.



27% of CCT holders were working LTFT or flexibly. 13% of those working full time would have preferred an LTFT contract, with service need the most frequently cited barrier.

67% of respondents did not receive a trust induction specifically designed for new consultants. 77% did not have access to a trust-delivered new consultant development programme.



Demographics

In total, 951 CCT holders were contacted in November 2018 and we received 460 completed responses (49%). There were no significant differences in terms of age group, gender or specialty between those who replied and the whole cohort.

50.2% of responders were female and 49.8% were male. The top three primary specialties of responders were respiratory medicine (48), geriatric medicine (47) and cardiology (43), but all specialties were represented.

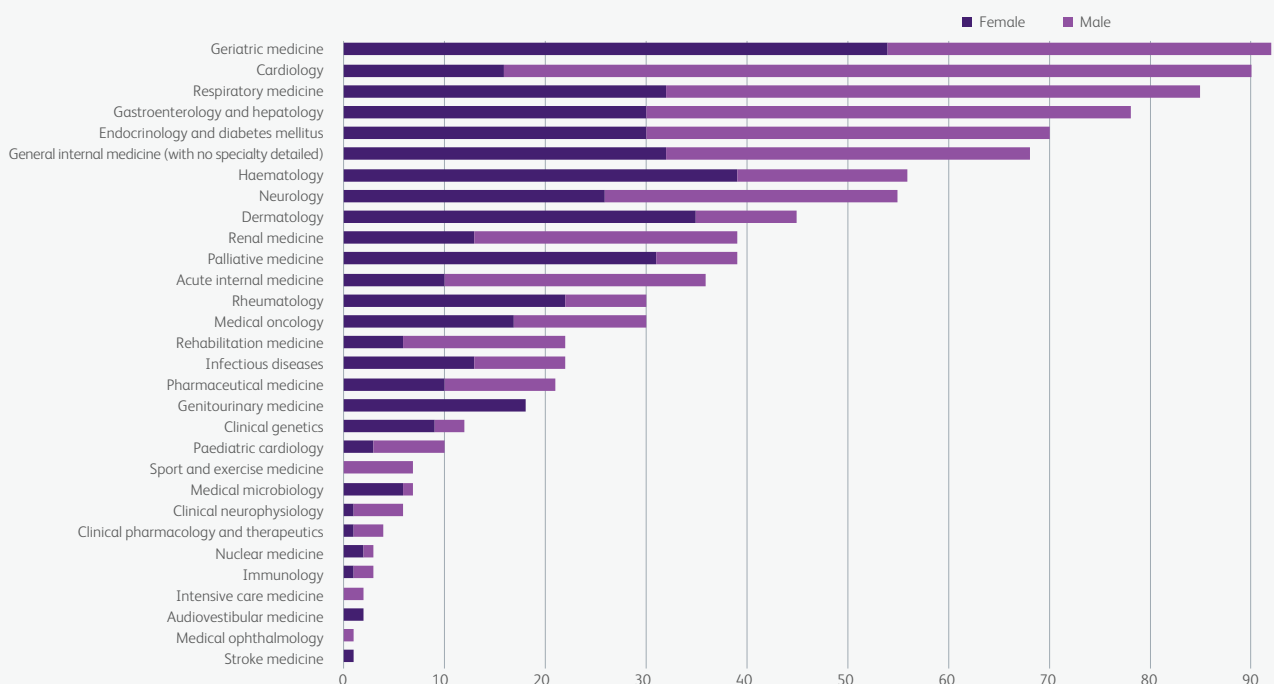
93% of responders were UK citizens and 75% had graduated in the UK. Of the 25% who had graduated outside the UK, the majority (62%) had graduated from countries in Asia.

54% of responders described their ethnicity as white English / Welsh / Scottish / Northern Irish / British; 14% as Indian; 8% as any other white background; 6% as Pakistani; 4% as Chinese; 4% as any other Asian background; all other ethnic groups each made up less than 4% of responders.

73%

worked a traditional week of 10 programmed activities (PAs) or more, with the majority working between 9am and 5pm, Monday to Friday.

Number of CCTs awarded by specialty and gender



Current work situation

The number of CCT holders in substantive consultant posts increased again to 73%, compared with 67% in 2017 and 63% in 2016. However, a caveat is that the survey was sent out 4 months later than in previous years. Of those in substantive consultant posts, 52% were female and 48% were male.

The number of CCT holders in locum posts fell again to 11%, compared with 15% last year. Reasons given were waiting for a particular post to become available and family reasons but three responders had actively chosen locum consultant posts for career flexibility.

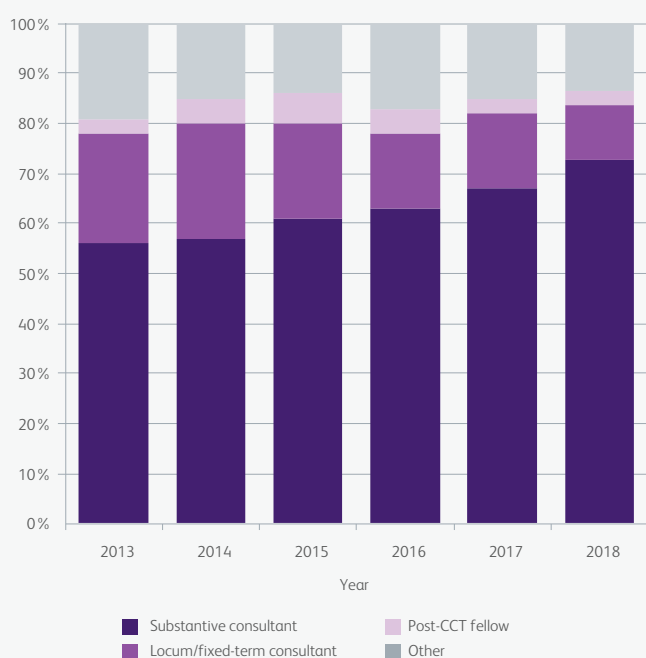
6.5% of responders were in academic roles, 4% were overseas either on a temporary or permanent basis, 2% were in non-consultant medical posts, 1.5% were on maternity leave, 1.3% were post-CCT fellows, 1% had jobs in the pharmaceutical industry, 0.5% were either on a career break or unemployed, 0.5% were retraining, and one person was doing non-clinical work for the NHS.

Of the respondents who were in substantive posts, 53% were involved in the care of non-specialty general medical inpatients, compared with 44% in 2017. 44% took part in the acute medical take, compared with 42% in 2017.

73% worked a traditional week of 10 programmed activities (PAs) or more, with the majority working between 9am and 5pm, Monday to Friday. This represented 92% of all male responders and 55% of all female responders. 21.5% of responders were working fewer than 10 PAs in total.

A less common working pattern was 10 PAs flexibly across the week, both in and out of hours, for example, 10 PAs over 3 days. This was done by 5% of responders.

Current working situation



Locum vs substantive



Working less than full time (LTFT)

21.5% of responders – 65 women and four men – were working fewer than 10 PAs in total. 13% of responders who were working full time would have preferred a LTFT contract. For the majority (63%), the barrier was service need, rather than financial reasons or the culture of their department.

There is some debate around when best to discuss a desire to work LTFT when applying for a substantive post. Encouragingly, the majority (71%) of those currently working flexibly or LTFT discussed it pre-interview. Nonetheless, 56% said that their job had been advertised as 10 PAs/full time. In only a quarter of cases, was the job advertised as LTFT.

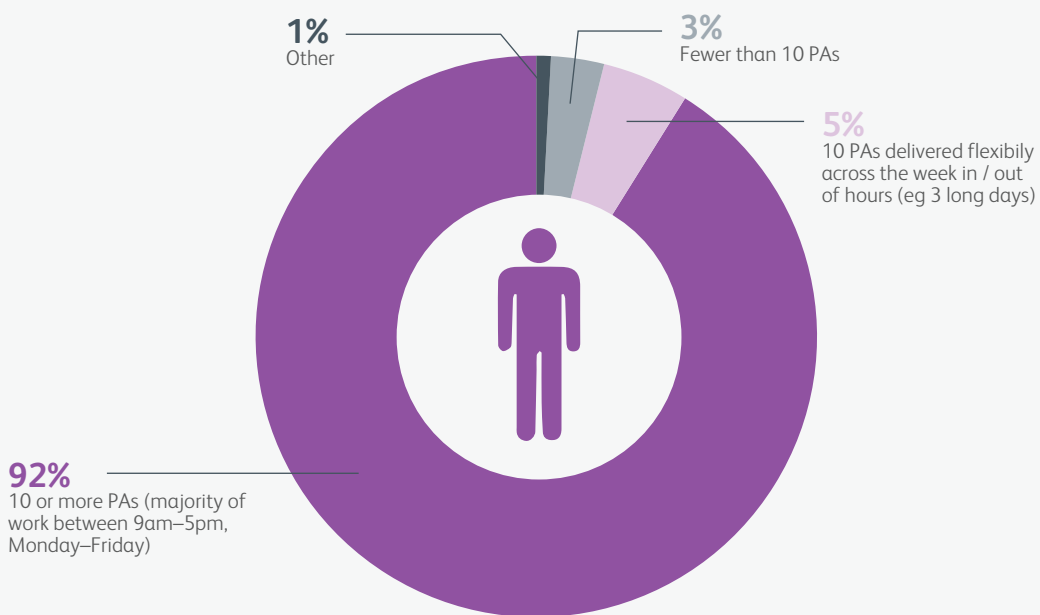
However, 35 out of 86 reported the advertisement for their post stated that ‘applications were welcome from those who want to work LTFT’.

24%

of all responders had trained LTFT at some point in their training.

Working patterns by gender

Working patterns of men who have progressed to substantive consultant posts



Training

57% of responders dual accredited in general internal medicine (GIM), compared with 49% in the previous survey. Out of those, 93% felt they were trained very well or fairly well. Only 1.5% felt that they had been trained poorly in GIM. Comments revealed a general view that GIM training focused on service delivery as opposed to training.

As in previous CCT surveys, most doctors (95.8%) felt they were well trained in their specialty.

Trainees were increasingly able to act up for post-take ward rounds: 66.9% acted up compared with 59% in 2017. A total of 95% of all responders said that they would recommend acting up to trainees.

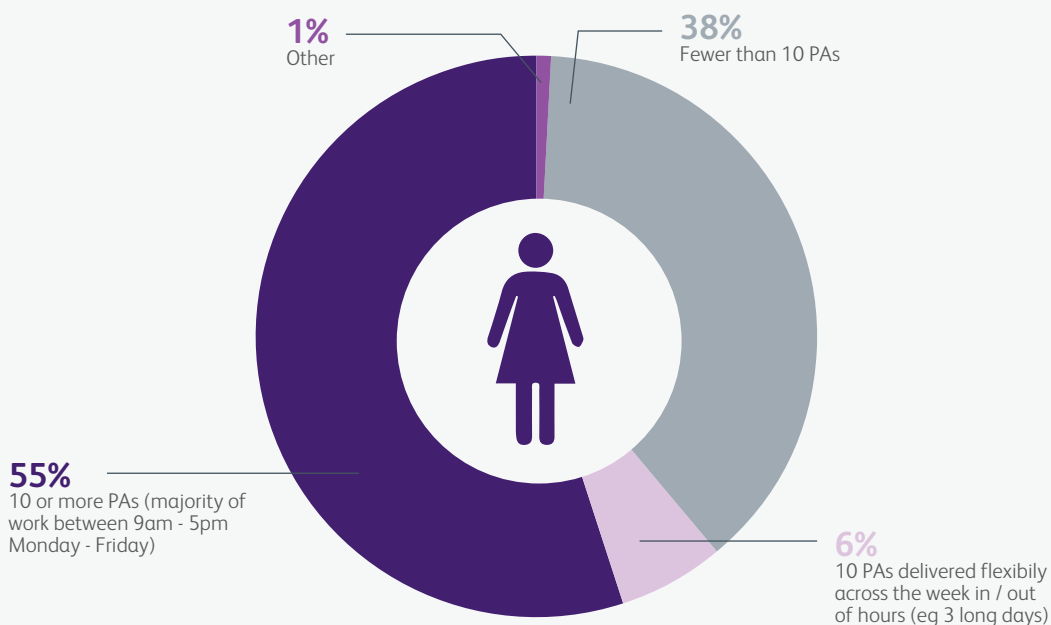
Choice of specialty (57.9%) and geographical location (24.4%) were the most important factors in determining choice of training post. Only 1% felt that the ability to work LTFT or flexibly was an important factor in choosing their training post.

24% of all responders had trained LTFT at some point in their training: this was made up of 105 women (45% of all female responders) and five men (2% of all male responders). 93.5% of those who had undertaken some of their training LTFT would recommend this to others.

Of those who had trained LTFT at some point, most (77%) had been placed LTFT in a FT post at some point. The frequency with which this pattern of filling training posts was reported is of concern as it has the potential to add to the burden of rota gaps.

Of the 110 individuals who trained LTFT at some point during their training, 78% were in substantive consultant posts compared with 69% of those who trained full time throughout. LTFT training therefore did not appear to be a barrier to attaining a substantive consultant post.

Working patterns of women who have progressed to substantive consultant posts



Substantive consultant posts – LTFT trainees vs FT trainees

Training LTFT should result in an adjustment to the entry point into the consultant pay scale (Schedule 14.6 of NHS Employers’ Terms and Conditions of Service – Consultant (England) 2003 (version 10, April 2018)). Only half of those who had trained LTFT were aware of this.

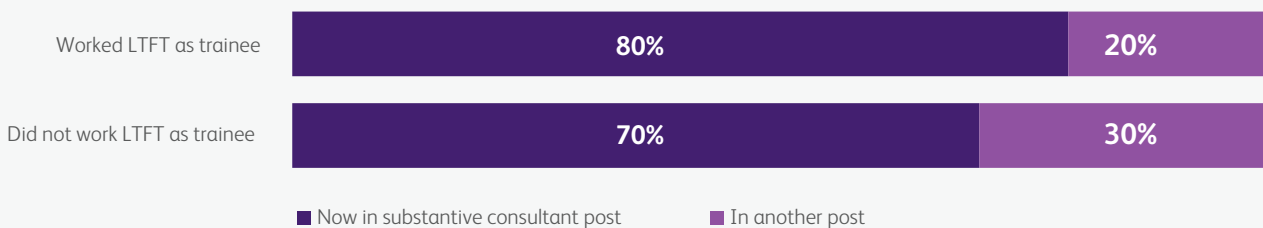
If you could turn back time ...

- 91.8% would still choose to train in their specialty compared with 93% in 2017.
- 53.3% would still choose to train in general internal medicine compared with 53% in 2017.
- 87.5% would still choose to train in their current location.
- 33.9% would choose to train LTFT. 12.3% of those who trained FT wish they had trained LTFT, whereas only 3% of those who did train LTFT regretted it.

91.8%

would still choose to train in their specialty.

Proportion of those now in substantive consultant posts who had worked LTFT as a trainee vs those who had not



Shortlisting and appointment success rates

In previous years, CCT holders who described themselves as being of white British ethnicity appeared to apply for fewer posts, but were more likely to be shortlisted and be offered a post. As these data appeared consistent for several years, last year we said they were a clear warning signal of potential bias in appointment processes.

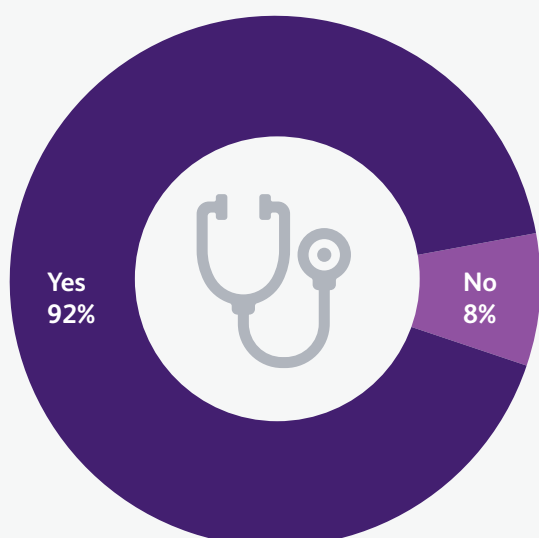
This year we have opted not to comment on these data and instead to undertake a multivariate regression analysis of all appointment data from 2012–18. The analysis, which will be peer reviewed and published later in the year, will help us understand the data better and make further recommendations.

Transition from trainee to consultant

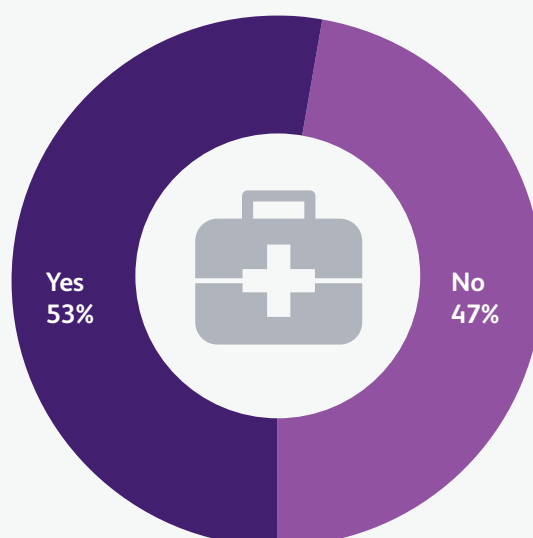
Transitioning from a higher specialist trainee to a substantive consultant brings many challenges. Newly appointed consultants highlighted administrative tasks (69%) and managing complaints (51%) as the most difficult areas of transition, with less concern over clinical components such as on call (10%) and general internal medicine (4%). Consequently, non-clinical aspects of the consultant role also need to feature during and post-CCT throughout the transition phase.

Reported satisfaction with training in specialty vs GIM

If you could turn back time, would you still choose to train in main specialty?



If you could turn back time, would you still choose to train in GIM?



Mentoring over time

It is recognised that support through mentoring should be an integral part of medical workforce planning. 43% of respondents were offered mentoring, with 75% taking up the opportunity. Of those who did take up mentoring, 81% found it helpful. However, the offer of mentorship, uptake and utility were higher in the previous year's cohort. This may reflect the perceived understanding and effectiveness of mentoring, alongside the challenges of training, as well as access to high-quality mentors and adequate time for consultants and mentors to engage with the process.

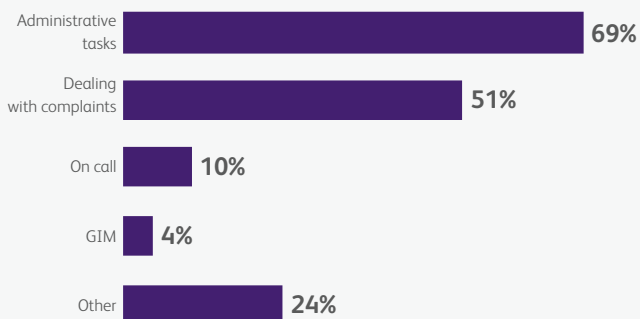
Induction and development programme

Induction programmes specifically designed for new consultants ensure they receive the appropriate information, procedural and practical knowledge, and support to enable them to undertake their new role effectively. Only 33% of CCT holders received such an induction, of which the majority (71%) were delivered at trust induction and 17% via the specialty department.

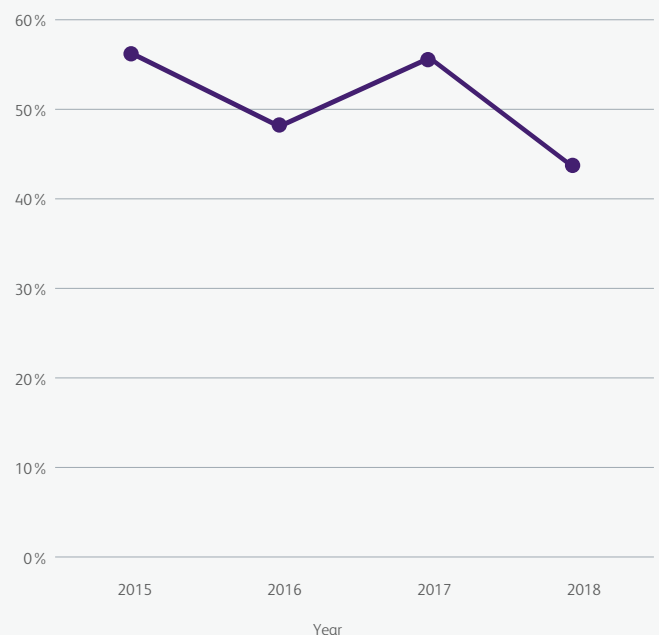
81%

of those who did take up mentoring found it helpful.

Areas that doctors have found difficult on transition from trainee to consultant



Doctors offered a mentor or equivalent support on starting as a new consultant

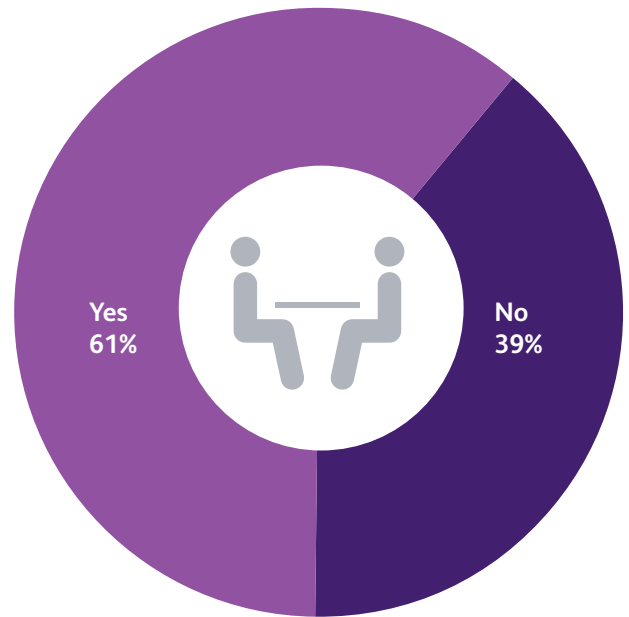


Effective transition

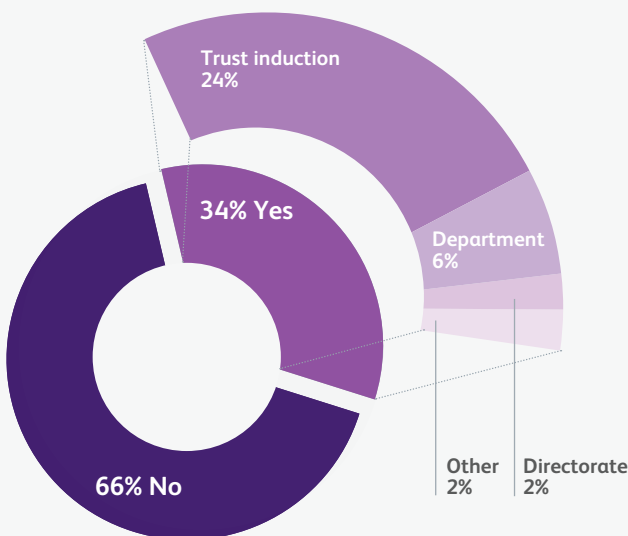
Working independently as a substantive consultant is very different from the supported training environment for specialty trainees. Effective transition over a specified time period into the new role can help to improve personal and professional growth and skills. Less than a quarter (23%) of respondents had access to a trust-delivered new consultant development programme.

A collaborative approach to consultant job planning is key to enhancing outcomes for patients, maintaining service efficiency and professionalism. Only 61% of respondents had a job planning meeting prior to or at the start of their consultant post.

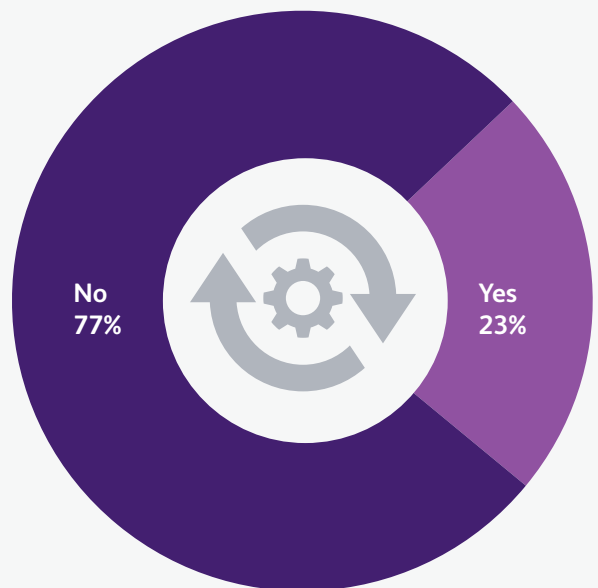
Had job planning meeting prior to / at the start of consultant post



Doctors who had a specific consultant induction when starting their posts



Trust has a new consultant development programme



For more info, visit
rcplondon.ac.uk/census

Acknowledgement

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