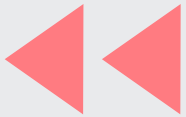


Medical CCT class of 2024

Summary of 2025 survey results



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



Introduction

This short report summarises the results of our seventeenth survey on 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 2024 were asked about their current working situation, experience of training and transition to a consultant role.

Each year, the Medical Workforce and Data Insights team 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). The survey has monitored the outcomes and emerging trends for CCT holders since 2009, highlighting the opportunities and challenges for those involved.

Demographics of the class of 2024 cohort

Information on CCT holders was obtained from the JRCPTB. In total, 48 % were women and 52 % were men (1 person identified as other). The largest number of CCTs this year were awarded in respiratory medicine, cardiology and geriatric medicine.

The survey was sent to all 1,099 physicians who gained a CCT in 2024; 263 completed the survey fully, while an additional 47 partially completed it, giving a response rate of 28 %. The survey was open for completion from January to March 2025.

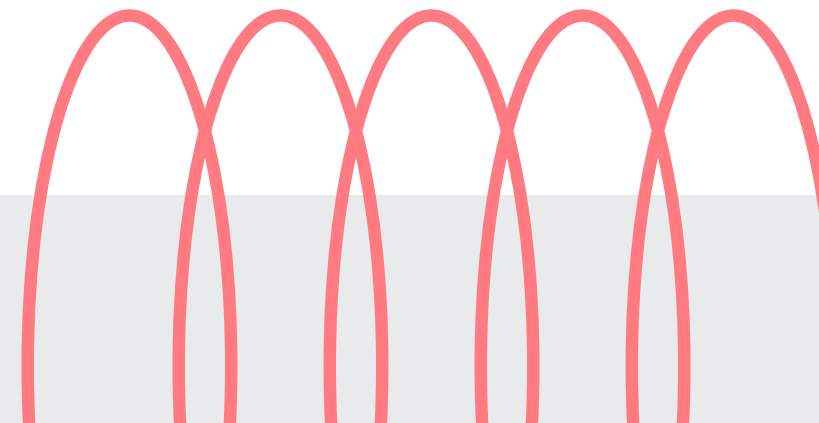
All specialties were represented, with the highest response rates from CCT holders working in larger specialties.

89 %

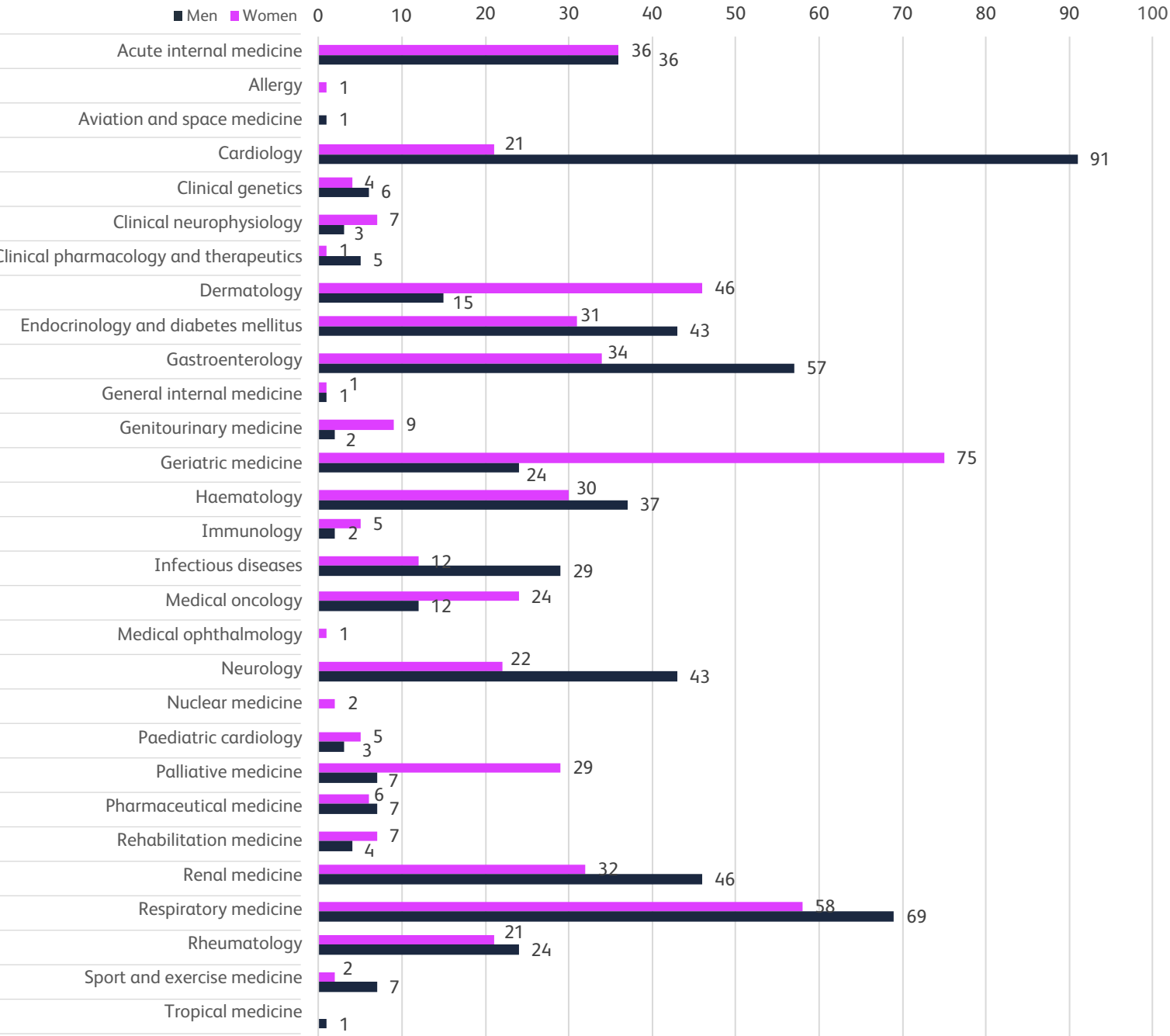
of respondents were UK citizens and 79 % graduated in the UK. Of the 21 % who graduated outside of the UK, the majority (54 %) had graduated from countries in Asia.

55 %

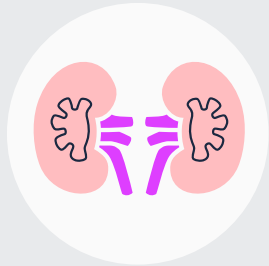
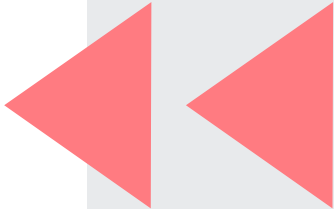
of responses described their ethnicity as White (English, Scottish, Welsh, British, other White), 24 % as Asian (Indian, Pakistani, Chinese, and other Asian ethnic backgrounds), 5 % as Black, 3 % as Arab, 2 % as mixed, <1 % as other and 5 % did not specify.



Number of CCTs awarded by specialty and sex in 2024



Based on data supplied by JRCPTB on the 1,099 CCTs awarded in 2024; excludes one transgender person.



Current work situation

Based on 310 responses to this section*

- > 61 % of respondents had taken up a substantive consultant post and 21 % reported being in locum posts; 5 % were working as post-CCT fellows and the remainder (13 %) in other roles.
- > 54 % of respondents in consultant posts took up their post within 1 month of obtaining their CCT.
- > Only 12 % used their grace period.
- > The vast majority (as in previous years) take up consultant posts where they trained.
 - 75 % were based in the same post as the region/ trust/health board in which they trained.
- > 46 % stated that they look after general internal medicine (GIM) patients as inpatients in their consultant post. This is also higher than in 2023 (42 %).

- > 39 % stated that they participated in the acute unselected take (receiving unselected medical patients).
- > 62 % 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).
- > 90 % 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. (compared with 78 % in the class of 2023).

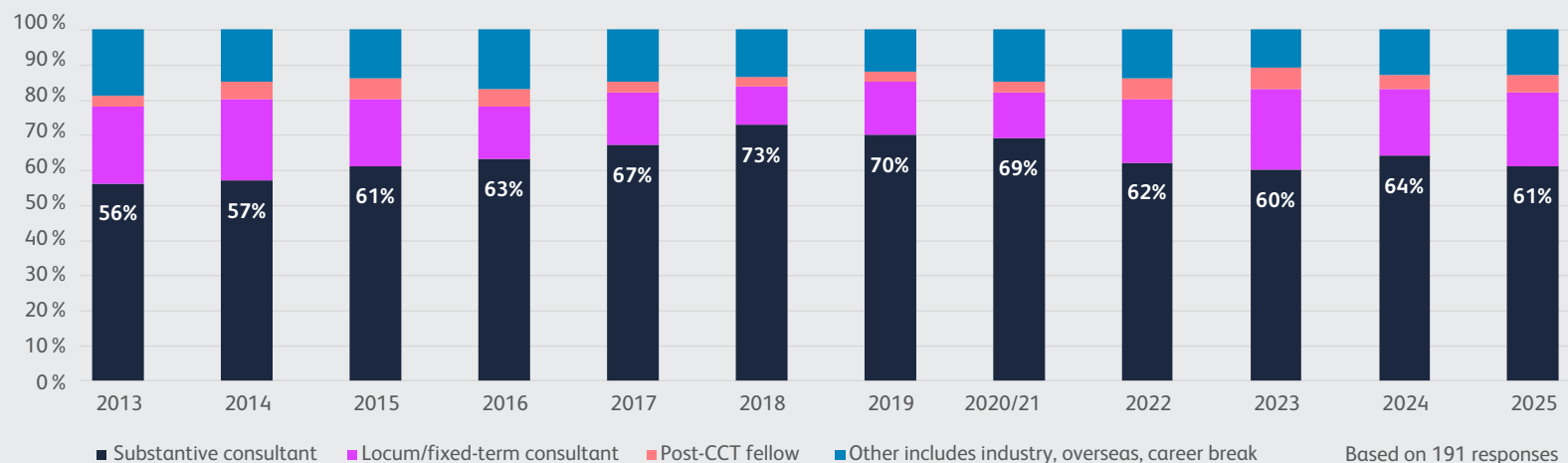
Training

Based on a maximum of 287 responses to this section*

- > 61 % of respondents dual accredited in their specialty and general internal medicine (GIM).

- > 91 % felt that they were trained very well or fairly well in GIM (slightly higher than the 88 % in 2023). 0 % said they were trained poorly. Most respondents (96 %) felt that they were trained very well or fairly well in their specialty.
- > 30 % acted up as a consultant for a period in their hospital, while 37 % acted up to carry out the post-take ward round (with the consultant watching to give feedback). 33 % stated they did neither.
- > At some point during their training, 37 % of respondents had trained LTFT (33 % in previous survey). 95 % recommended training LTFT, with the main reason being a better work-life balance.
- > Doctors who trained LTFT were increasingly aware that their pay threshold should be adjusted on starting a consultant post (69 %, compared with 65 % in 2023).

Current work situation – surveys 2013 onwards



Applying for a consultant post

Based on 276 responses to this section*

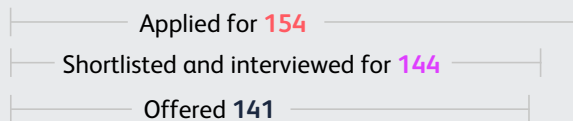
- > 68 % (compared with 75 % in 2023) of those who chose to respond to the questions on job applications had applied for a consultant post since their CCT was awarded, with 29 % applying for a post outside of their deanery. 81 % stated it was their preference to take up their first consultant post in the LETB/region they trained in. Of those who are consultants, the majority (54 %) started within 1 month of gaining their CCT.
- > 71 % (63 % in 2023) were considering consultant posts that include GIM. Of the 48 respondents who said they were not considering a post in GIM, 83 % of these physicians would not consider a consultant post that included GIM even if all their other criteria were met in the job description.
- > 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)
 - good reputation, among resident doctors, of the department they were applying to work in
 - high proportion of their specialty in their job plan
 - ability to work part time/flexibly
 - academic opportunities/links.
- > 11 % of respondents stated that they were still paying off their student debts, 63 % (52 % in 2023) of those said a consultant post where the employer pays off their student debts would influence their choice of post.

- > 4 % (7 % in 2023) of those who had applied for a consultant post reported feeling discriminated against during the application process, citing sex and ethnicity as the main reasons.
- > Of the 187 who reported that they had applied for a consultant post (67 % of the responders to this section of the survey), there had been 158 job offers. A median of one post was applied for and offered. There was a range of 1–8 posts applied for.

Number of posts



Based on 141 responses
5 preferred not to disclose their sex,
4 left the space blank



Men



Based on 70 responses

Women



Based on 62 responses



Transition from resident doctor to consultant

Based on 230 responses to this section*

- > 51 % of respondents said that they found the transition from resident doctor to consultant very or quite easy. 34 % found it neither easy nor difficult, 15 % found it quite/very difficult. The main areas of difficulty were administration related to patient care, dealing with complaints, managing resident doctors, appraisal and meetings with management teams.
- > 80 % (85 % in 2023) of respondents felt very or quite prepared when taking up their consultant post. 8 % were a little unprepared and 12 % said they felt neither prepared nor unprepared.

Working patterns in consultant posts

Based on 230 responses to this section*

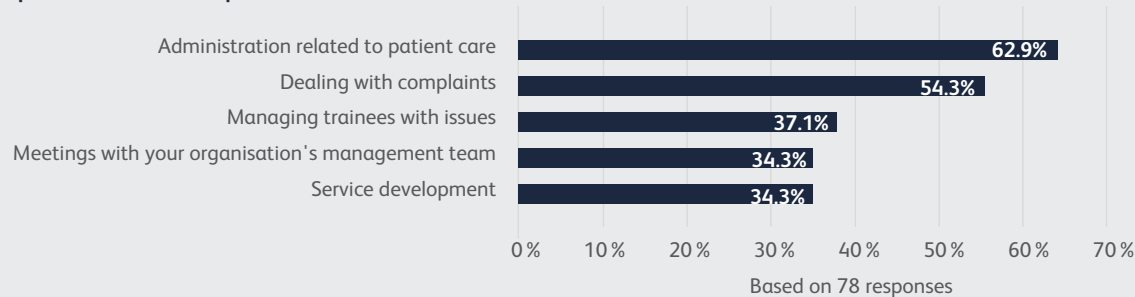
- > Women made up 48 % of 1,099 CCT holders in 2024.
- > 54 % of 106 female respondents were currently working fewer than 10 programmed activities (PAs) per week, and 6 % of 109 men who responded.
- > Overall, 37 % of respondents stated that they worked fewer than 10 PAs or delivered 10 PAs flexibly during the week. A further 11 % of those 142 currently working full time would have preferred an LTFT contract. The main obstacles cited were financial or service need.

Research during training

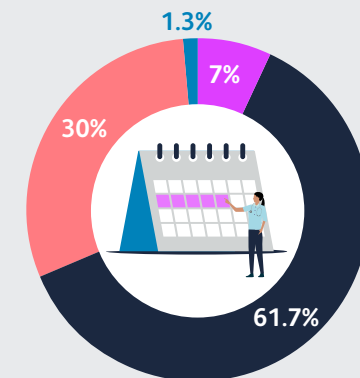
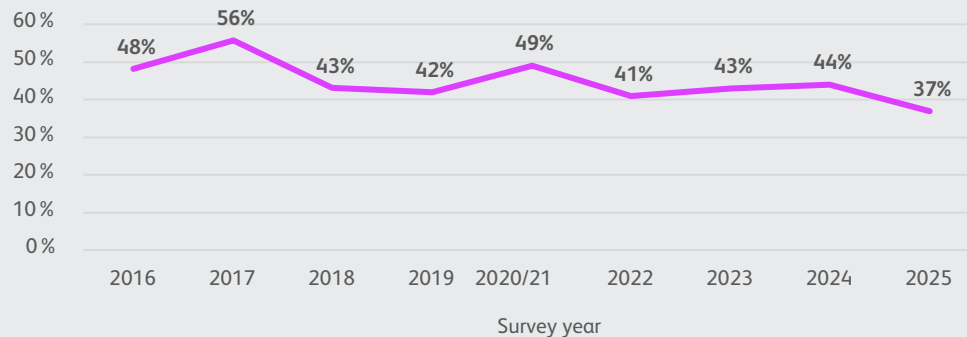
Based on 285 responses to this section*

- > 45 % of respondents undertook clinical research during their training.
- > 60 % of respondents stated that it was part of a dedicated research programme.
- > 69 % said that it was part of their out of programme research, with 20 % as a clinical lecturer and 36 % as academic clinical fellow.
- > Of the 45 % who took part in clinical research within their training programme, 92 % stated that it enhanced their training.

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



Doctors offered mentor/equivalent support as a new consultant



- 10 PAs – delivered flexibly across the week in and out of hours (eg 3 long days)
- 10 PAs or more – majority of work between 9am and 5pm Monday – Friday
- Fewer than 10 PAs
- Other

Current research

Based on 229 responses to this section*

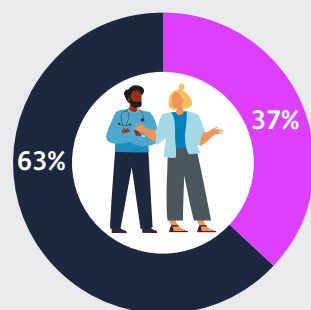
- > 25 % said that they conducted any clinical research, main roles being principal or supporting investigator roles.
- > 36 % (compared with 50 % of new consultants in the class of 2023) had research time allocated in their job plan (average of 2.8 programmed activities).
- > 38 % of these physicians had a formal induction into their research department.
- > 57 % of respondents would like to do some more research than they currently do but lack of time and prioritising work–life balance were cited as the main barriers

Support in a new consultant post

Based on 227 responses to this section*

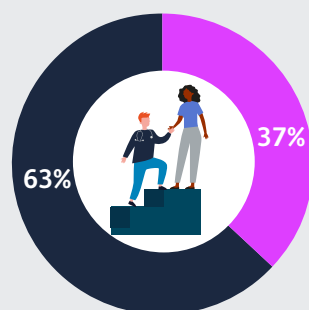
- > Only 37 % (down from 44 % from last year) of newly appointed consultants were offered a mentor or equivalent support; out of those 81 % took up the offer and 87 % found it helpful.
- > Only 37 % (similar to 2023) had a specific new consultant induction when they started their post. Inductions were mainly delivered by the trust/board or specific department.
- > Only 21 % of respondents knew that their trust/board had a new consultant development programme, with 50 % unsure.
- > The top five areas of support respondents would expect from their employer at the beginning of their post:
 - Appraisal guidance
 - Clinical leadership skills
 - Job planning
 - Medical education
 - Mentorship

- > 74 % (same as last year) had a job planning meeting prior to or at the start of their consultant post.
- > 8 % received pension advice at the start of their consultant post.
- > The top five methods of support currently provided by the colleges that consultants felt were the most important:
 - New consultant network
 - Appraisal/revalidation support
 - Mentorship
 - Leadership and management development
 - CPD/e-learning (44 % registered with the Federation CPD scheme, down from 48 % in 2023)
- > The top five areas in which newly appointed consultants would want colleges to provide support:
 - Managing complaints
 - Appraisal
 - Consultant contracts
 - New consultant course
 - Business case preparation



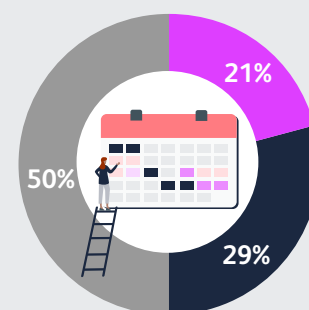
■ Yes ■ No

Doctors offered mentor/equivalent support as a new consultant



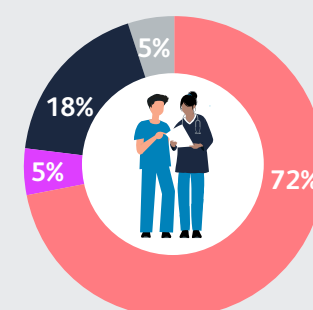
■ Yes ■ No

Doctors offered mentor/equivalent support as a new consultant



■ Yes ■ No ■ I don't know

Does your trust have a new consultant development programme?



■ Trust induction ■ Directorate
■ Department ■ Other

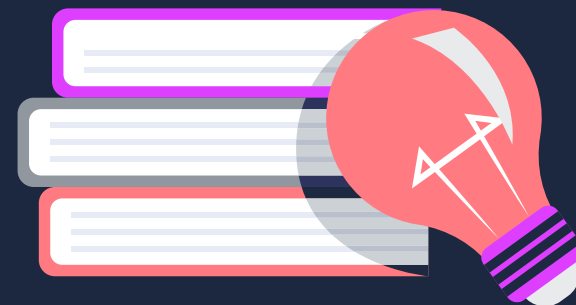
Who delivers the new consultant development programme?

- > Only 11 % (24) of respondents had heard of the RCP's Launchpad resource. Out of those, 11 people (74 %) said they found it useful.
- > 63 % stated the following topics were useful during the transition from resident doctor to consultant:
 - Management training
 - Education supervision
 - Leadership skills
- > Out of 264 respondents, 65 % said that they aspired to be a fellow of one of the royal colleges of physicians.



Summary

- > Every year for the last 12 years around 1,000 physicians have gained their certificate of completion of training in their chosen specialty.
- > In 2024 this numbered 1,099 physicians, 310 of whom responded to at least some questions in our survey, a response rate of 28 %.
- > The majority of new CCT holders graduated in the UK (79 %); 48 % were women.
- > The largest number of CCTs were awarded in cardiology, respiratory medicine and geriatric medicine.
- > 61 % of responders were working in substantive consultant posts within a year of gaining their CCT. This has not changed significantly over the last 12 years.
- > The majority of new consultants take up posts where they trained (75 %).
- > Only 12 % had used their grace period.
- > 5 % of responders had taken up post-CCT fellowships, this has not changed significantly over 12 years.
- > Similar to 2023, 61 % of newly appointed consultants reported working 10 PAs or more and 31 % are working <10 PAs.



- > 90 % of doctors working LTFT had found getting their job plan agreed easy or very easy, a significant increase from 2023 (73 %).
- > There has been a year-on-year increase in those who look after general medical inpatients in their consultant post to 46 % in this cohort. This compares with 61 % (171) who stated that they dual accredited in general internal medicine.
- > The transition between resident doctor and consultant was most challenging in areas related to patient administration, developing services and managing the training of others.
- > 45 % of responders had undertaken some research during their training but only 36 % of new consultants said they had time in their job plan to do research (lower than in 2023).



Response from the Joint Royal College of Physicians Training Board (JRCPTB)

Workforce planning relies on good quality data, and this seventeenth survey of the experiences of medical CCT holders provides detailed analysis of what our training delivers to the NHS. It is excellent to see the survey covering all group 1 and 2 medical specialties.

A total of 1,099 physicians gained their CCT in 2024, and we received responses from 28 %. The ethnicity and diversity breakdown is similar to last year. It is very encouraging to see that discrimination on the basis of sex or ethnicity continues to fall.

As seen in previous surveys, 75 % of physicians remain working in the same region where they trained and the majority take up their substantive consultant post soon after gaining their CCT. This is very important for future workforce planning, to ensure that training and subsequent consultant appointments reflect population needs, as has been highlighted in the recently published 10 Year Health Plan for England.

We continue to see an increase in those looking after general medical patients, in keeping with the objectives of the 'Shape of training' review and the most recent curricular changes we have made.

We are delighted to see that more doctors training in a specialty and GIM felt that they were trained well or very well in GIM compared to previous years. This trend is relevant for future service delivery and fits with government guidance on generalism.

We would like to see more opportunities for resident doctors to act up in their final training year to prepare them for the transition to consultant working.

Flexibility in training is of the utmost importance and the survey results show a further increase in those training LTFT (up from 33 % to 37 % in the last year). It also appears that requests to work LTFT as a consultant are easy to arrange.

Some physicians said they found the transition from resident doctor to consultant difficult and there remains work to be done to support this process. Mentorship and support for newly appointed consultants is vital for the NHS and more work is required from colleges and employers to facilitate this.

The JRCPTB continues to support research opportunities and has just completed a further survey of resident doctors to gain more understanding of the barriers to research. This survey emphasises the importance of research with 45 % of respondents undertaking clinical research and 92 % of them stating that it enhanced their training.

Dr David Marshall

Medical director,
training and development, JRCPTB

Response from the RCP New Consultants Committee

The New Consultants Committee (NCC) was pleased to see that 100 % of specialties were represented in the survey, ensuring that we are hearing from a wide range of CCT holders.

A total of 61 % of respondents dual accredited in their specialty and GIM. This translates to 46 % of respondents stating that they look after GIM patients in their consultant post, a welcome increase from 42 % in 2023.

With 31 % of respondents stating they worked fewer than 10 PAs and the shifting demographics of medical students and resident doctors, it is important that consultant jobs and job plans continue to evolve and remain flexible to meet the needs of CCT holders.

The lack of support around mentorship, induction and consultant development programmes is also a concern. Employers need to do more to promote these opportunities or ensure that they are looked at in future.

And finally, there is a clear need for support from CCT holders on topics such as job planning, mentoring, leadership skills and medico-legal aspects of being a consultant. Highlighting these concerns really helps to inform the content of our NCC forums, conferences and the RCP Launchpad online resource. We encourage CCT holders or soon-to-be holders to engage with the content provided by the RCP and help to shape our offering going forward.

Dr Aidan O'Neill

New Consultants Committee deputy chair
and representative for Northern Ireland

Acknowledgements

The survey and report were conducted and produced by the RCP's Medical Workforce and Data Insights team.

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, Royal College of Physicians and Surgeons of Glasgow, Joint Royal Colleges of Physicians Training Board and the RCP New Consultants Committee.

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

