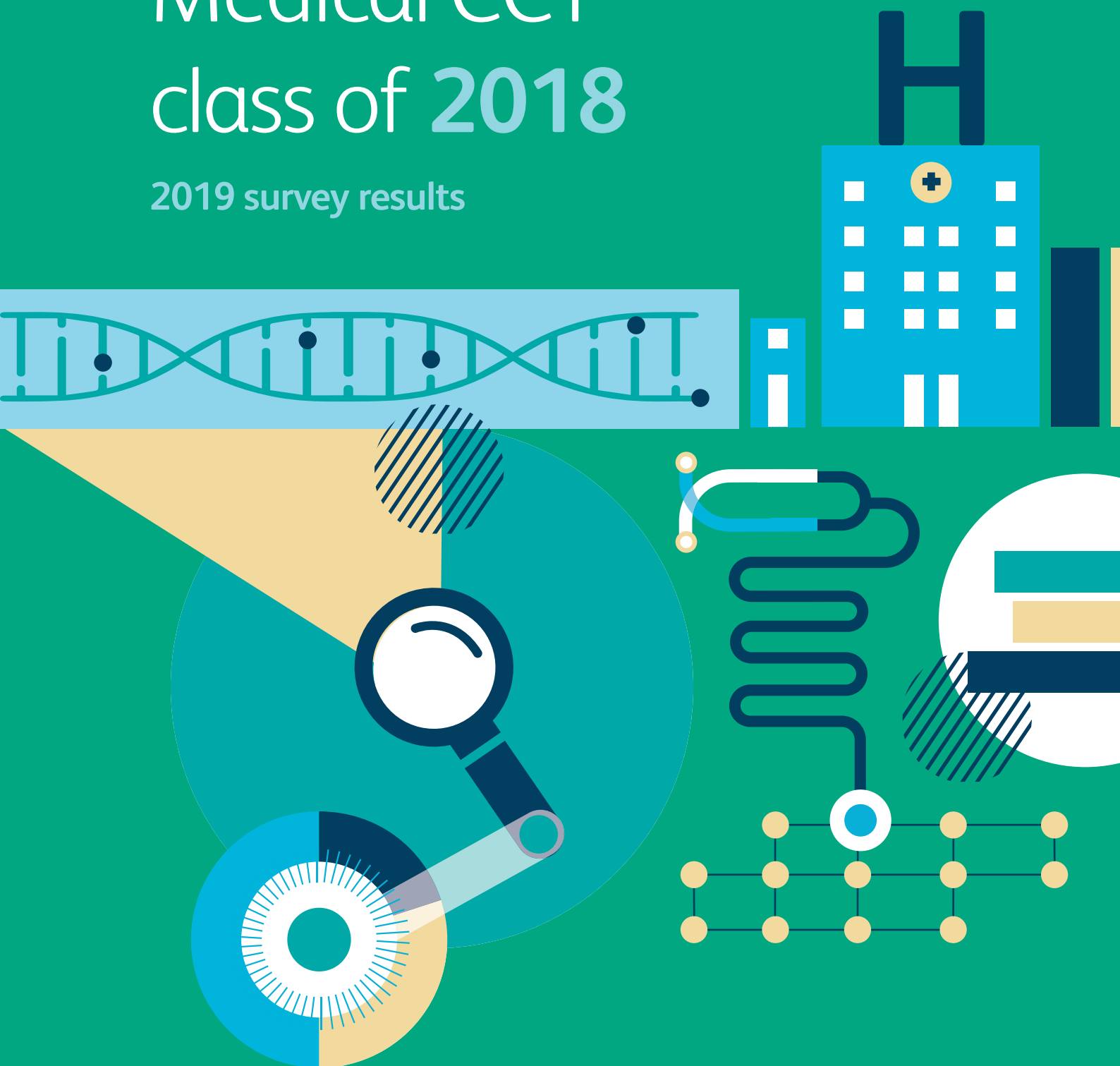


Medical CCT class of 2018

2019 survey results

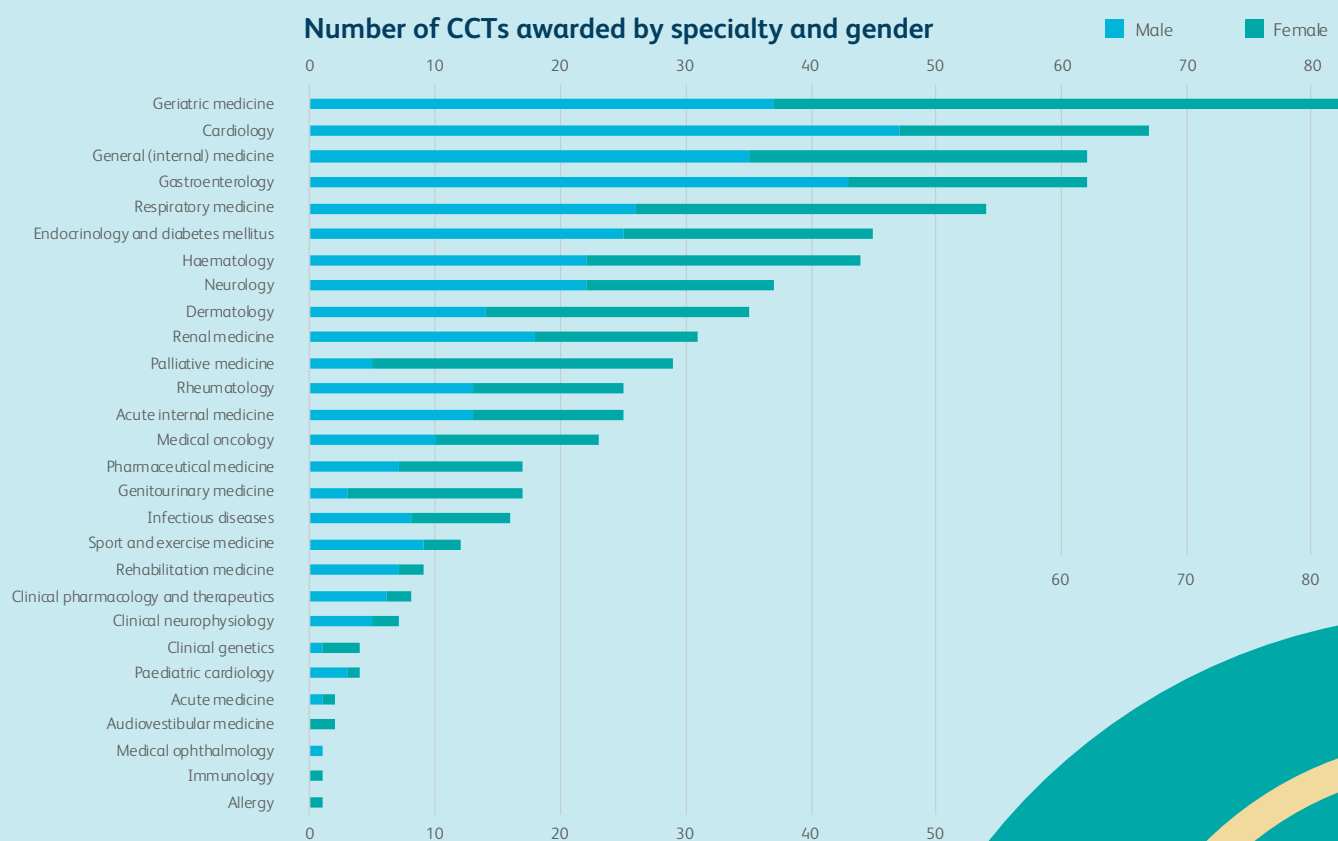


In partnership with:
Federation of the Royal Colleges of Physicians of the United Kingdom

Introduction

This is the 11th 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 during 2018 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 Royal Colleges of Physicians of the UK. It has monitored changing outcomes for CCT holders since 2009.



Demographics

45%

In total, 722 CCT holders were contacted in October 2019 and we received 399 responses (45%). There were no significant differences in terms of age group, gender or specialty between those who replied and the whole cohort.

51%

51% of respondents were female and 49% were male. The top three primary specialties of respondents were geriatric medicine (n=49), gastroenterology (n=37) and respiratory medicine (n=34), but all specialties were represented.

96%

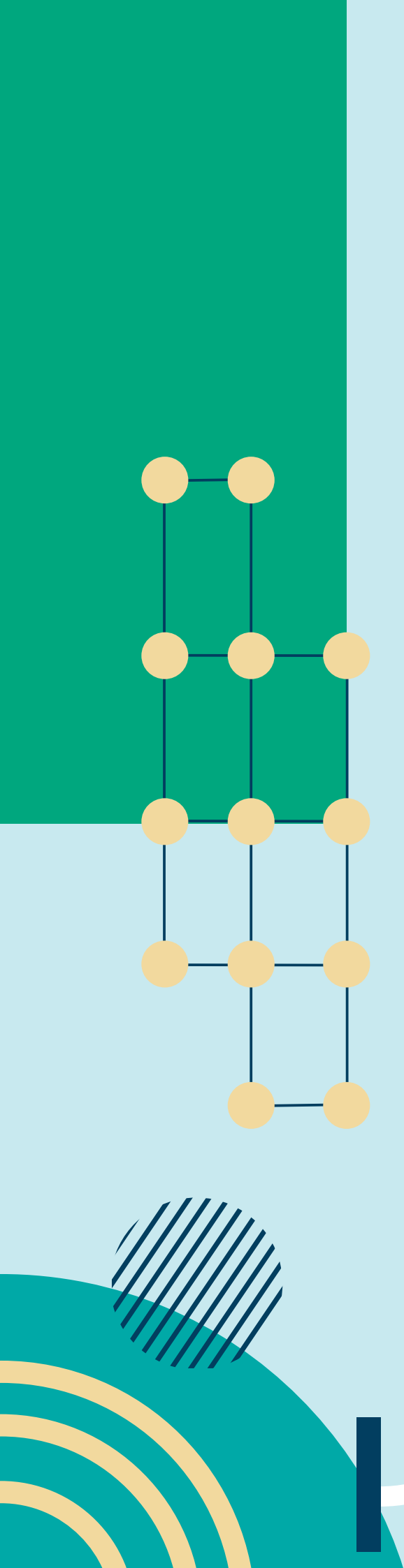
96% of respondents were UK citizens and 80% had graduated in the UK. Of the 20% who had graduated outside the UK, the majority (63%) had graduated from countries in Asia.

54%

54% of respondents described their ethnicity as white English / Welsh / Scottish / Northern Irish / British; 14% as Indian; 6% as any other white background; 3% as Pakistani; 4% as Chinese; 4% as any other Asian background; all other ethnic groups each made up less than 4% of respondents.

85%

85% worked a traditional week of 10 programmed activities (PAs) or more, with the majority working between 9am and 5pm, Monday to Friday.



Current work situation

The number of CCT holders in substantive consultant posts was 71 %, compared with 73 % in 2018. Of those in substantive consultant posts, 47 % were female and 53 % were male. The number of CCT holders in locum posts was 14 %, compared with 11 % last year. Common reasons given were waiting for a particular post to become available and family/personal reasons. 3 % of respondents were in academic roles, 3 % were overseas either on a temporary or permanent basis, 2 % were on maternity leave and 2 % were post-CCT fellows. Of the respondents who were in substantive posts, 50 % were involved in the care of non-specialty general medical inpatients, compared with 53 % in 2017. 32 % took part in the acute medical take, compared with 44 % in 2017.

85 % worked a traditional week of 10 programmed activities (PAs) or more, with the majority working between 9am and 5pm, Monday to Friday. This represented 96 % of male and 72 % of female respondents who indicated their working patterns. 15 % were working fewer than 10 PAs in total.

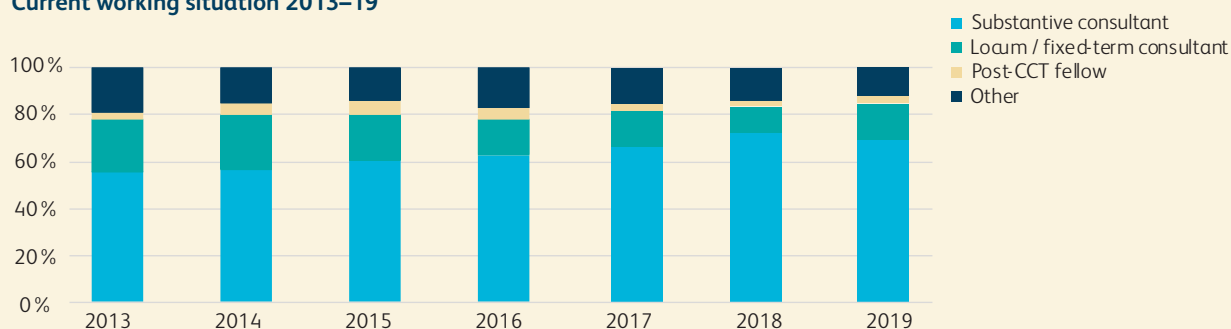
Working less than full time (LTFT)

15.3 % of respondents – 17 women and 3 men – were working fewer than 10 PAs in total. 23 % of respondents who were working full time would have preferred a LTFT contract. For the majority (59 %), the barrier was service need, rather than financial reasons, the culture of their department or other factors.

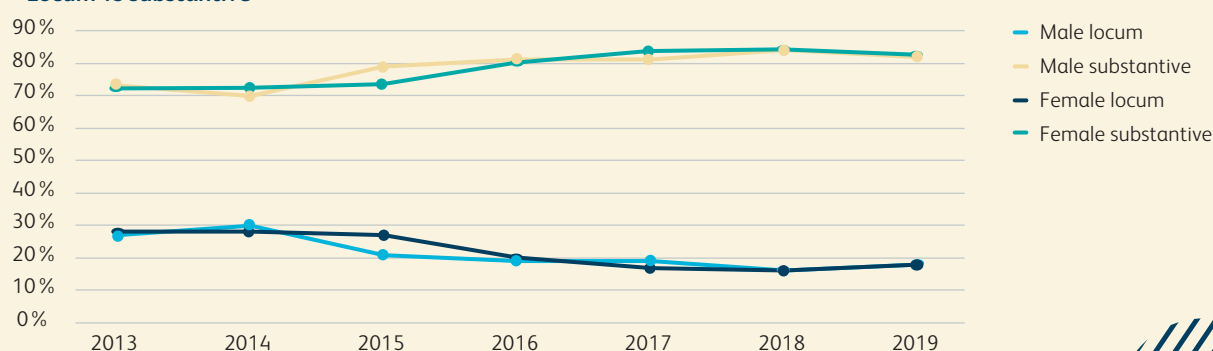
There is some debate around when best to discuss a desire to work LTFT when applying for a substantive post. Encouragingly, the majority (67 %) of those currently working flexibly or LTFT discussed it pre-interview.

Nonetheless, 50 % said that their job had been advertised as 10 PAs / full time. In only 24 % of cases, was the job advertised as LTFT. 27 % reported the advertisement for their post stated that ‘applications were welcome from those who want to work LTFT’.

Current working situation 2013–19



Locum vs substantive



Training

54 % of respondents dual accredited in general internal medicine (GIM), compared with 57 % in the previous survey. Out of those, 89 % felt they were trained very well or fairly well. Only 1 % felt that they had been trained poorly in GIM.

As in previous CCT surveys, most doctors (95.1 %) felt they were well or fairly well trained in their specialty.

Trainees were increasingly able to act up for post-take ward rounds or in a consultant role in their hospital: 68.1 % acted up compared with 67 % in 2018. 97 % of all respondents said that they would recommend acting up to trainees.

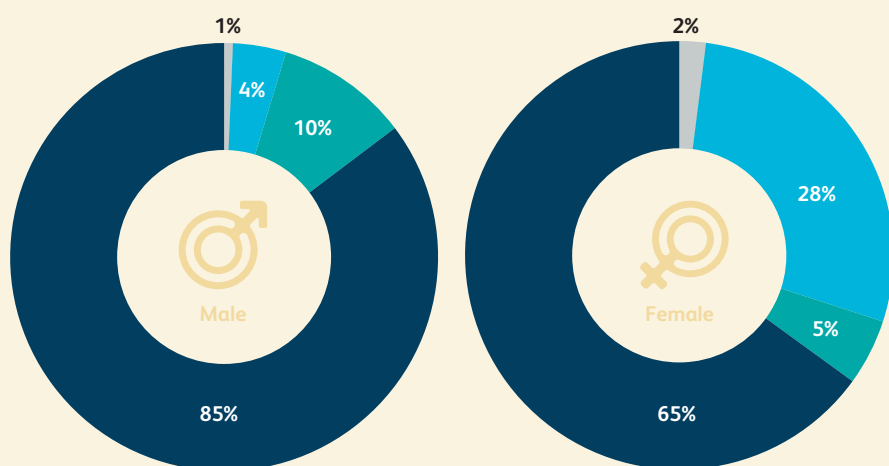
20 % of all respondents had trained LTFT at some point in their training: 91 % of those who had undertaken some of their training LTFT would recommend this to others.

Of those who had trained LTFT at some point, most (70 %) had been placed LTFT in a full-time post at some point. The frequency with which this pattern of filling training posts, rather than a slot share, was reported is of concern, as it has the potential to add to the burden of rota gaps.

Of the 36 individuals who trained LTFT at some point during their training, 75 % were in substantive consultant posts compared with 72 % of those who trained full time throughout. LTFT training therefore did not appear to be a barrier to attaining a substantive consultant post.

20% of all respondents had trained LTFT at some point in their training.

Working patterns of men and women who have progressed to substantive consultant posts



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

Substantive consultant posts and LTFT training

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.

Shortlisting and appointment success rates

Two thirds (67 %) of CCT holders had applied for a consultant post, with only a fifth (21 %) applying outside their deanery. 23 % of those working full time as a consultant wanted to work LTFT. Reassuringly, 82 % of respondents felt that wanting to work LTFT was not a barrier to getting a consultant post.

In previous years, CCT holders who described themselves as being of white 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, we said they were a clear warning signal of potential bias in appointment processes and we would investigate further.

In this survey, CCT holders who described themselves as being of white ethnicity (61 % of respondents) again appeared to apply for fewer posts (mean 1.3 versus 2 for all other ethnic groups). Even so, they were more likely to be shortlisted for interview and offered a post.

White respondents had a 98 % chance of being shortlisted after their first application, compared with 91 % of black, Asian and minority ethnic (BAME) respondents. The big difference was in likelihood of being offered a post the first time round. 29 % of white respondents were offered a post after being shortlisted for the first time, compared with just 12 % of BAME respondents.

We have analysed the data from the past 8 years of surveys and have found consistent evidence of trainees from BAME backgrounds being less successful at consultant interview. This is despite adjustment for potential confounding factors.

The results will be published shortly in an academic peer-reviewed publication, but they suggest there is bias that needs to be acted on. We will work with NHS England and Improvement, NHS Employers and the General Medical Council (GMC) to make sure that employers are aware of these findings and that more needs to be done to ensure a level playing field.

Our initial highlighting of this finding in 2018 has already had an impact. One of the NHS England Workforce Race Equality Standard (WRES) indicators for the medical workforce published in September 2020 is 'consultant recruitment following completion of postgraduate training' and is attributed to our report.

The collection, analysis and publication of this data will help to highlight and address discrimination. We will also continue to pay close attention to the data in our future surveys of CCT holders.



Transition from trainee to consultant

Transitioning from a higher specialist trainee to a substantive consultant brings many challenges.

Only 18 % reported finding transition difficult. 40 % reported finding the transition easy and 41 % neither easy nor difficult.

The most difficult areas reported during transition included:

- > dealing with complaints (20 %)
- > administrative tasks (22 %)
- > service improvements (22 %).

This emphasises the importance of experience and training in non-clinical aspects of the consultant role during formal training.

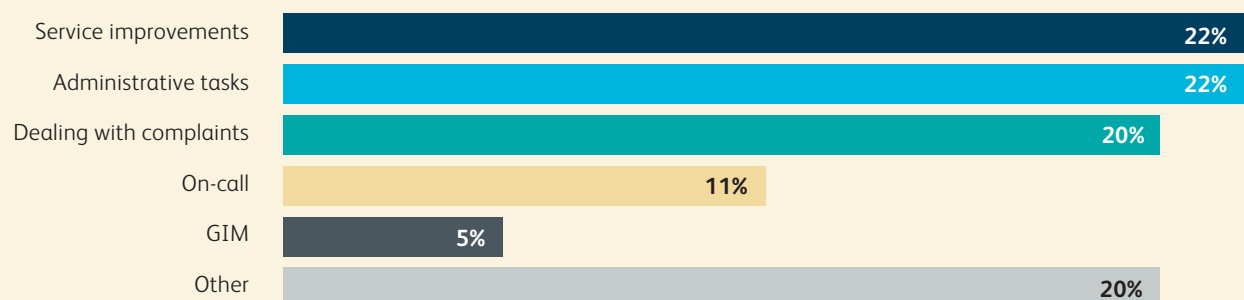
Mentoring

It is recognised that support through mentoring should be an integral part of medical workforce development. In this survey, a disappointing 41 % of respondents were offered mentoring, with 78 % taking up the opportunity. Of those who did take up mentoring, 88 % found it helpful.

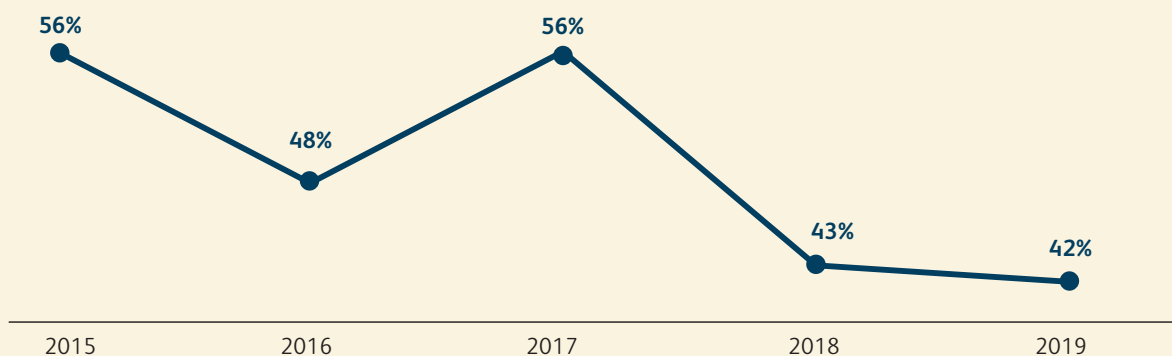
However, the offer of mentorship, uptake and utility were all higher in previous years of the survey. This may reflect the understanding and effectiveness of mentoring and access to high-quality mentors, but from the consultant census, adequate time for mentees and mentors to engage with this important process seems likely to be a major contributory factor.

88% of those who did take up mentoring found it helpful.

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



Doctors offered mentor / equivalent support as a new consultant



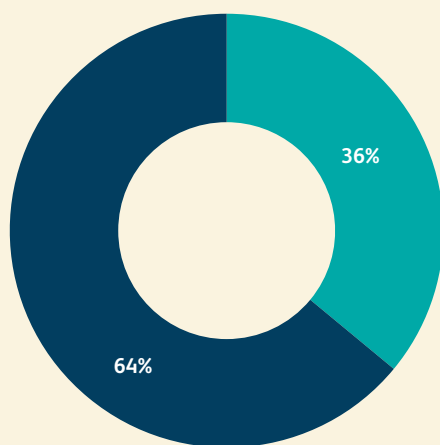
Induction and development programme

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 36 % of CCT holders received such an induction programme, of which the majority (75 %) were delivered at trust induction and 19 % via the specialty department.

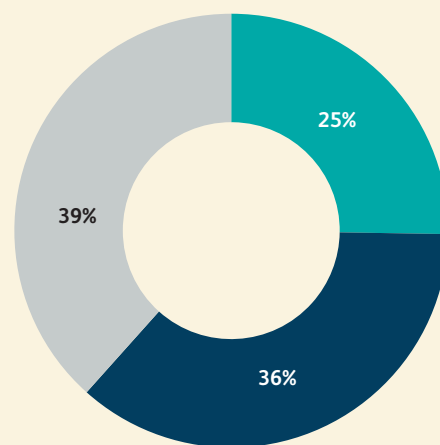
Effective transition

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. Only 25 % of respondents had access to a trust-delivered new consultant development programme. 72 % thought a new consultant programme would be beneficial but 39 % did not even know whether their trust delivered such a programme.

A collaborative approach to consultant job planning is key to enhancing outcomes for patients, maintaining service efficiency and professionalism. 64 % of respondents had had a job planning meeting prior to or at the start of their consultant post.



Doctors who were offered a new consultant induction



Trusts that have a new consultant development programme

■ Yes ■ No ■ Unknown

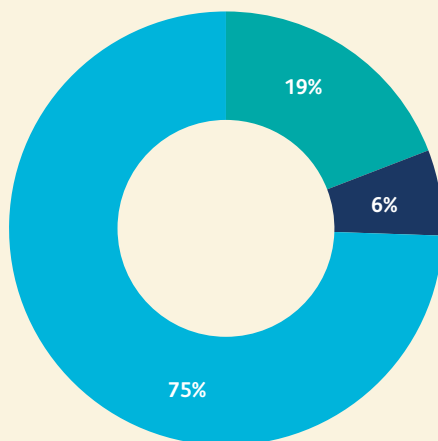
Respondents felt the following RCP courses or support would be of prime importance at this stage of their career:

- > leadership and management skills
- > mentoring
- > appraisal and revalidation
- > an RCP-facilitated network for newly appointed consultants.

Respondents suggested the RCP offer courses on:

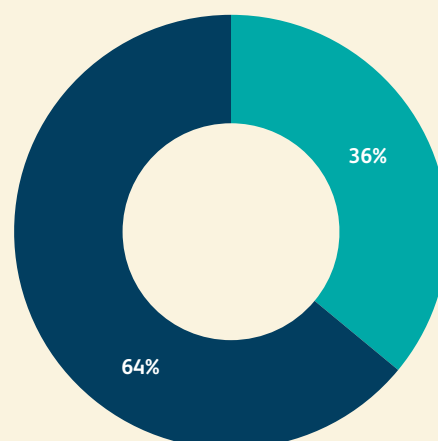
- > consultant contracts
- > preparing business cases
- > managing complaints.

Only 25% of respondents had access to a trust-delivered new consultant development programme.



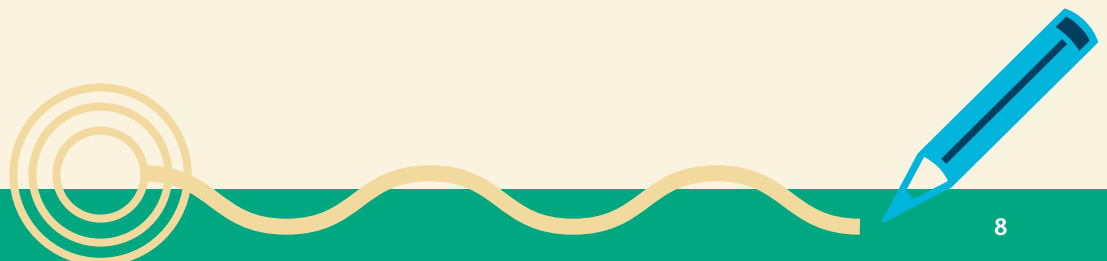
Who delivers the new consultant development programme?

■ Department ■ Directorate ■ Trust induction



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

■ Yes ■ No



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

Acknowledgement

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