



Royal College
of Physicians



ROYAL COLLEGE
of PHYSICIANS
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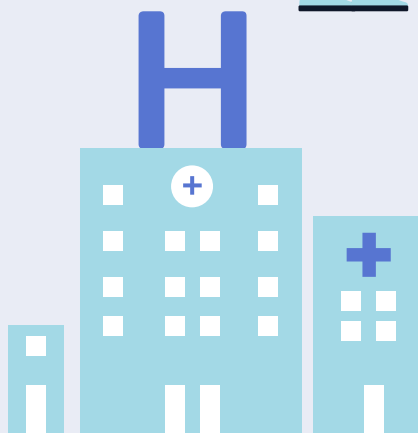
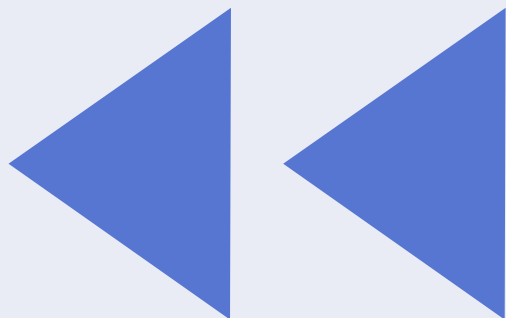


ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Medical CCT class of 2022

Summary of 2022 survey results

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



Introduction

This is a summary of our 15th 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 2022 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 2022 cohort

49%

Information on CCT holders was obtained from JRCPTB. 49% were women and 51% were men. Covering all the specialties, the top three were respiratory medicine, cardiology and gastroenterology.

Demographics of respondents to the survey

34%

The survey was sent to all 1,068 physicians who gained a CCT in 2022 and 362 completed surveys were returned (a response rate of 34%). The survey was open for completion from February to April 2023.

100%

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

90%

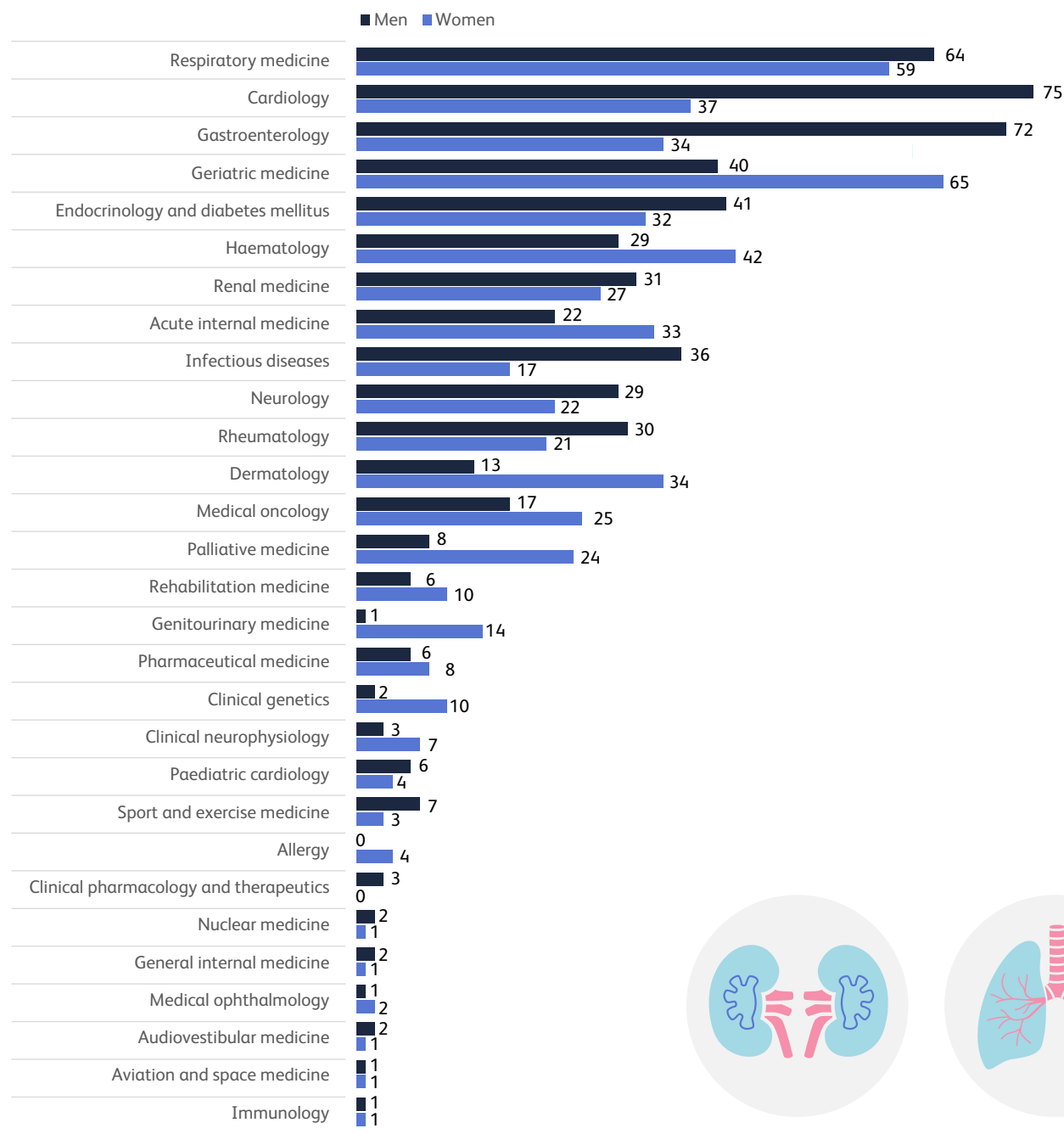
of respondents were UK citizens and 78% graduated in the UK. Of the 22% who graduated outside of the UK, the majority (44%) had graduated from countries in Asia.

56%

of responses described their ethnicity as White (English, Scottish, Welsh, British, other White), 28% as Asian (Indian, Pakistani, Chinese, and other Asian ethnic backgrounds), 4% as Black, 4% as mixed, 5% as other and 3% did not specify.

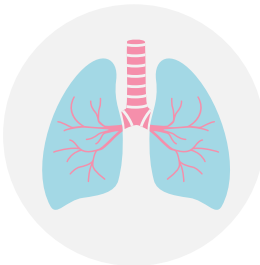
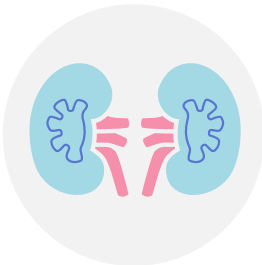


Number of CCTs awarded by specialty and sex in 2022



It is notable that the largest number of CCTs were awarded in cardiology and that 75 % of these were awarded to men, a similar difference when compared with the second largest number of CCTs (in gastroenterology), where men were awarded 72 % of CCTs.

Note: 54 % of CCTs were dual accredited with general internal medicine.



Current work situation

- > 60 % of respondents had taken up a substantive consultant post and 21 % reported being in locum posts; 6 % were working as post-CCT fellows and the remainder (13 %) in other roles. The proportion of CCT holders in substantive consultant posts was similar to previous years when the survey was administered at the same time, post CCT.
- > 63 % of respondents in consultant posts took up their post within 1 month of obtaining their CCT.
- > 90 % did not use their grace period.
- > 74 % were based in the same post as the region/ trust/health board in which they trained.
- > 46 % stated that they look after GIM patients as inpatients in their consultant post.
- > 38 % 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.
- > 8 % worked 10 PAs – delivered flexibly across the week in- and out-of-hours (eg 3 long days).
- > 91 % 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.

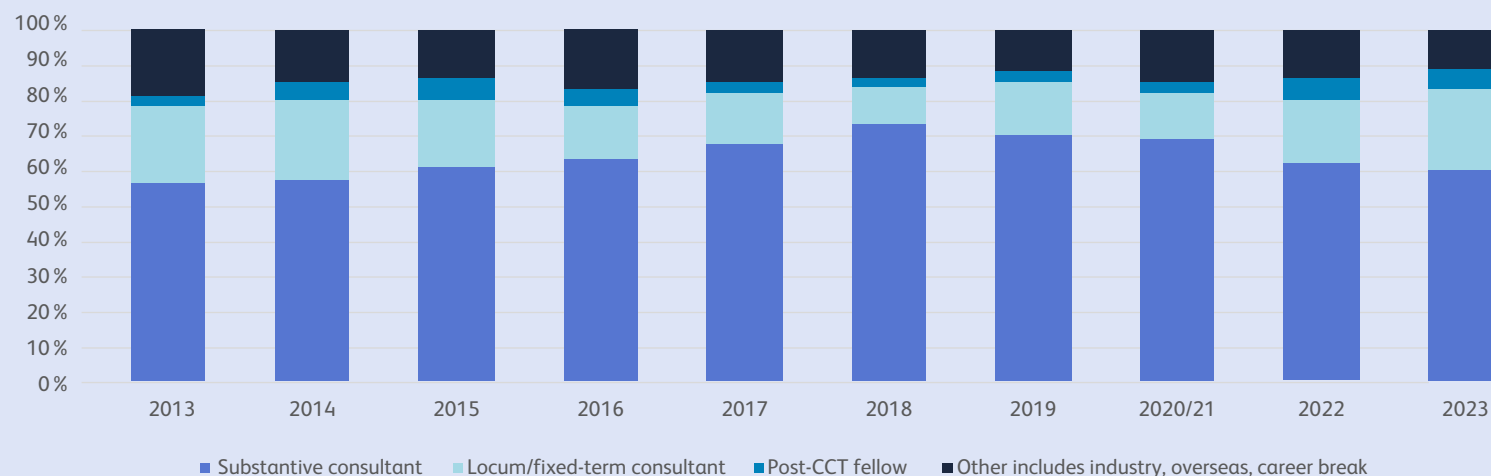
Training

- > 52 % of respondents dual accredited in their specialty and general internal medicine (GIM).
- > Compared with 91 % in the previous survey, 84 % felt that they were trained very well or fairly well in GIM. 1 % said they were trained poorly. Most respondents (93 %) felt that they were trained very well or fairly well in their specialty.
- > 25 % acted up as a consultant for a period in their hospital, while 40 % acted up to undertake the post-

take ward round (with the consultant watching to give feedback). 35 % stated they did neither.

- > At some point during their training, 31 % of respondents had trained less than full-time (LTFT), similar to the previous survey. 92 % recommended training LTFT, with the main reason being a better work-life balance.
- > 62 % of those who had trained LTFT were aware that, when starting a consultant post, their pay threshold would need to be adjusted. This was an increase compared with the previous survey, when 55 % said they were aware.
- > 43 % stated that their training was affected by COVID-19 and 31 % said that they received a COVID-related outcome.
- > 62 % said that COVID-19 affected training in their specialty and 17 % said that it affected training in GIM. 31 % said that it affected their decision to take their CCT in 2022, with the outcome being that they completed training later than planned.

Current work situation – surveys 2013 onwards



Applying for a consultant post – 269 responses (74%)

70 % of those who chose to respond to the questions on job applications had applied for a consultant post, with 31 % applying for a post outside of their deanery. 75 % 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.

- > 36 % were considering consultant posts that include GIM. Of the respondents who said they were not considering a post in GIM, 85 % 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 those who were working LTFT, preference for this pattern of working had not been a barrier in obtaining a consultant post.

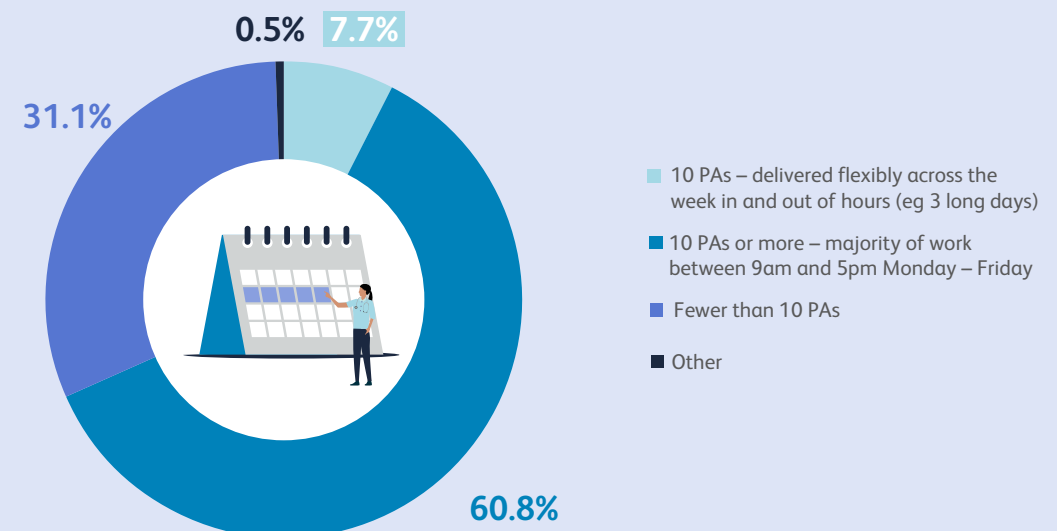
- > When considering a substantive consultant post, respondents stated that the most important factors in order of preference were:
 - geography
 - high proportion of specialty in job plan
 - good reputation, among trainees, of the department
 - academic opportunities links
 - ability to work part-time/flexibly
 - job includes specialty 7-day working/on call.
- > 11 % of respondents stated that they were still paying off their student debts, 60 % 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 188 who reported that they had applied for a consultant post (52 % of the responders to the survey), there had been 210 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 1–11 posts applied for.
- > The numbers are too small and skewed to be able to do more meaningful statistical analysis on this for 2022. We have previously described a difference in success at consultant application by ethnicity: '*Ethnic differences in success at application for consultant posts among United Kingdom physicians from 2011–2019: a retrospective cross-sectional observational study*' which was published in the [Journal of the Royal Society of Medicine](#).

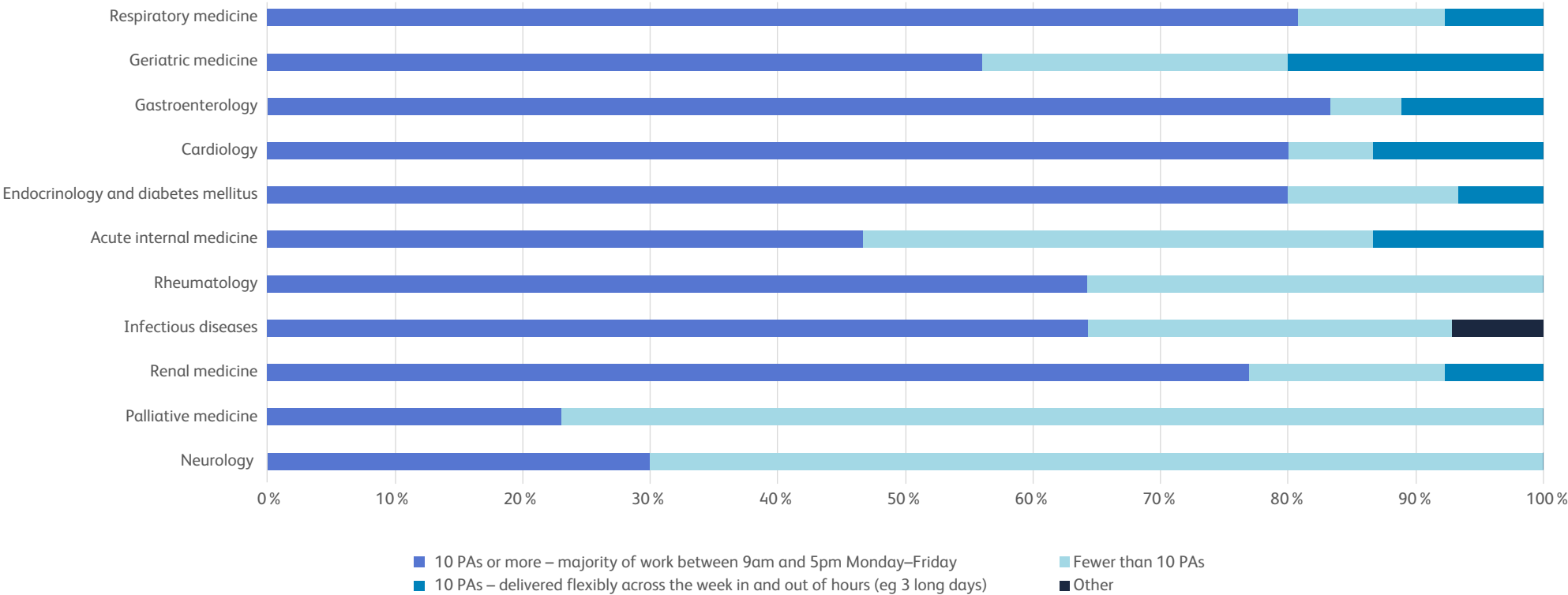
Number of posts



Working patterns in posts



Working pattern of consultants by specialty*



* where there were more than 10 responses



Transition from trainee to consultant

- > 49 % of respondents said that they found the transition from trainee to consultant very or quite easy. 32 % found it neither easy nor difficult, 18 % found it quite difficult. The main areas of difficulty were administration related to patient care, service development, dealing with complaints and meetings with management teams. Employers should be paying more attention to these employees.
- > 78 % (compared with 83 % last year) of respondents felt very or quite prepared when taking up their consultant post. 11 % were a little unprepared and 11 % said they felt neither prepared nor unprepared.

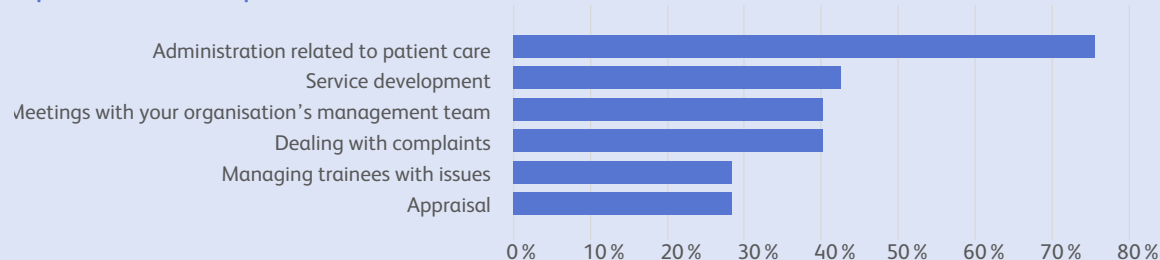
Working patterns in consultant posts

Women made up 49 % of CCT holders in 2022 and it is notable that 46 % of female respondents were currently working fewer than 10 programmed activities (PAs) per week, as well as 15 % of men. 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 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.

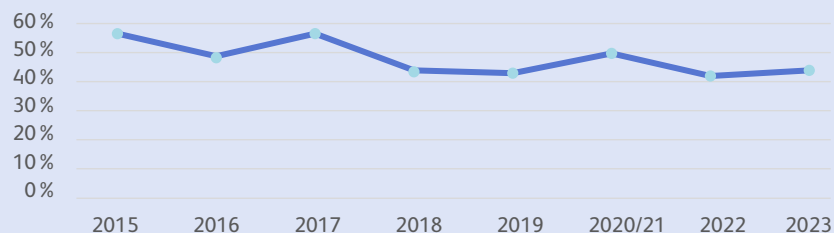
Research during training

- > 51 % of respondents undertook clinical research during their training.
- > 60 % of respondents stated that it was part of a dedicated research programme.
- > 68 % said that it was part of their out of programme research with, 38 % as a clinical lecturer and 3 % as academic clinical fellow.
- > 49 % took part in clinical research within their training programme, with 92 % stating that it enhanced their training.

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



Doctors offered mentor/equivalent support as a new consultant



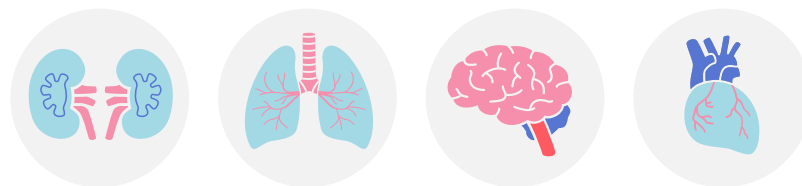
Current research

- > 221 respondents (31 %) said that they conducted any clinical research, main roles being principal or supporting investigator roles.
- > 40 % of these people have research time allocated in their job plan (average of 3.2 programmed activities).
- > 33 % of these people had a formal induction into their research department and 61 % had links with their local clinical research network (CRN) specialty leads for support.
- > 47 % 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.

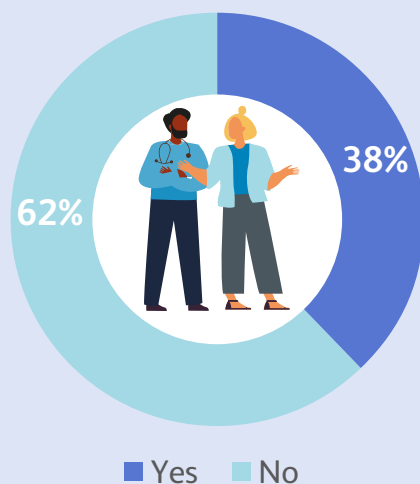
Support in a new consultant post

- > Only 42 % (no change from last year) of newly appointed consultants were offered a mentor or equivalent support, with 83 % taking up the offer and 92 % finding 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 20 % of respondents knew that their trust/board had a new consultant development programme and 47 % didn't know. 31 % said that their trust/board did not have a programme and the majority of them (83 %) felt that it would have been beneficial.

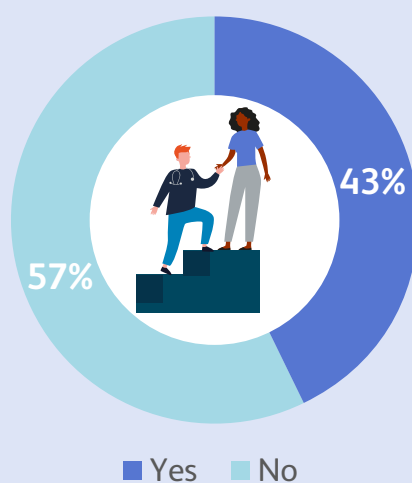
- > The top five areas of support respondents would expect from their employer at the beginning of their post:
 - appraisal guidance
 - job planning support and review
 - mentorship programme
 - guidance for managing complaints
 - specific formal induction for new consultants.
- > 65 % (66 % last year) had a job planning meeting prior to or at the start of their consultant post.
- > 6 % received pension advice at the start of their consultant post.



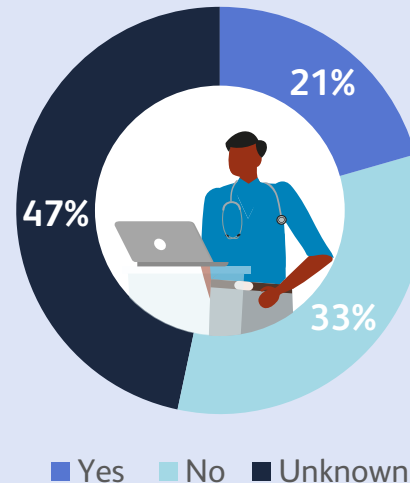
Doctors offered mentor /equivalent support as a new consultant



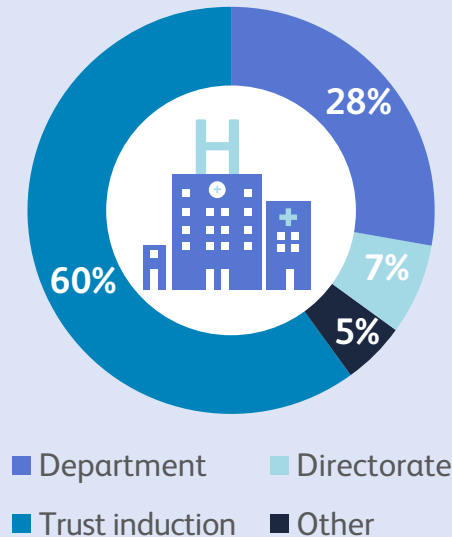
Doctors who were offered a new consultant induction



Trusts that have a new consultant development programme



Who delivers the new consultant development programme?



- > The top five methods of support from the colleges that new consultants think would be most important:
 - appraisal/revalidation support
 - leadership and management skills development
 - college-facilitated network for new consultants
 - mentoring
 - CPD courses/e-learning (53 % were registered with the Federation CPD scheme).
- > The top five areas in which newly appointed consultants would want colleges to provide support:
 - appraisal
 - managing complaints
 - consultant contracts
 - business case preparation
 - new consultant course
 - management.

Take-home messages

- > There were 1,068 new CCT holders in 2022 and 34 % responded to this survey.
- > Within a year of completion of training, 60 % of UK trained physicians are taking up substantive consultant posts. This has been consistent over the past 10 years (56 % in 2013 – 62 % in 2022).
- > Around a fifth of post-CCT trainees go into locum posts, which is unchanged.
- > There does not appear to be a significant change in choice of work post-CCT over the last 10 years, with between 13–19 % choosing not to continue to work in the NHS at this stage in their career.
- > It is clear that flexible working as a trainee and as a consultant is here to stay, with 38 % working fewer than 10 PAs or delivered flexibly. 20 % of those respondents currently working in full-time posts wish to reduce their PAs.
- > Geography remains the most important factor for doctors in applying for consultant posts. General internal medicine contribution within a post is not seen as a pull factor by applicants.
- > We know from the census that 58 % of consultant physicians reported having vacant consultant posts, with an average of 2.2 vacant posts per department. 81 % reported that a consultant vacancy went out to advert but was not filled. Given the reported vacancy rate, it is notable that the success rate for applicants post CCT has remained at around 85 % for some years (ratio of post offered to post applied for).
- > Almost half of respondents undertook some research as part of their training and almost all felt it had enhanced it, with 31 % undertaking research in their current roles – an increase on previous surveys. While this is to be celebrated, 47 % of respondents would like to do more research but are unable to due to time and other demands.
- > There is a clear mismatch between vacant posts and how much, where and what post-CCT doctors would like to do. The RCP will work with employers to support them to design posts that are more flexible, include research and reflect the wishes of this highly trained cohort that we need to retain within the NHS. Fundamentally, we need providers to understand this changing workforce and offer flexible, innovative job plans with adequate time for continuing professional development, as well as supportive programmes to aid transition to this new stage in a doctor's career.



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Acknowledgements

The greater emphasis being expressed about achieving a suitable work–life balance could mean that even more people could seek the CESR route to access the specialist register if they are unable to gain a place in training in their preferred location. It is critical, therefore, that training places are implemented in such a fashion that makes them attractive to trainees and that this is especially important in localities where training was thought to be less attractive in the past. How this is to be achieved must be actively discussed between the statutory education bodies and the physician colleges if we are to sustain an adequate number of trainees coming through to take up the consultant posts of the future.

– Dr Mike Jones, JRCPTB

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

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