CCT Class of 2017: Where are they now?

Findings of a survey carried out between January and April 2019

Contents

Actions and recommendations

The Royal College of Paediatrics and Child Health will…

1. Investigate why newly qualified paediatricians who gained their Primary Medical Qualification in a non-UK country report having to apply for more jobs before successfully obtaining a consultant post than those who graduated in the UK.
2. Continue to expand the offer of leadership and management training for newly trained paediatricians, such as the Stepping Up programme[1]. Continue to expand the offer of webinars, podcasts and other learning methods that can be easily accessed for trainees.
3. Support career aspirations of newly qualified paediatricians to get involved in medical education, develop a special interest, get involved in quality improvement and undertake more research/academic work[2].

Introduction

This report surveys new Certificate of Completion of Training (CCT) and Certificate Eligibility to the Specialist Register (CESR) holders in paediatrics, one year on from gaining their certificate in 2017. The aim is to discover the career destinations and experiences of training of new CCT and CESR-holders, to use in workforce planning.

The information is used to inform workforce planning and to ensure the right support is available for new consultants. The RCPCH has run this survey every year, beginning from the 2011 cohort.

Acknowledgements

The survey was conducted, and the report was written, by RCPCH staff: Davide Carzedda, Anita Pau, Marie Rogers and Martin McColgan. We are grateful for valuable input from colleagues in the Education and Training division and the Policy team.

Dr Nicola Jay, RCPCH Officer for Workforce and Service Planning

[1] https://www.rcpch.ac.uk/resources/stepping-transition-trainee-new-consultant-paediatrician
[2] https://www.rcpch.ac.uk/work-we-do/research-activities

Key Findings

1. Cohort demographics

- The 2017 cohort of CCT and CESR award holders is comprised of 62% female doctors and 38% male. Of the 155 respondents, 36% were male and 64% female.
- The highest proportion of the total cohort, 60%, gained their primary medical qualification (PMQ) in the UK, 5% gained their PMQ from an EEA member country and 34% from other areas outside of the UK and the EEA.
- 60% of the total cohort is registered with the GMC for general paediatrics, 9% for community child health, 6% for neonatal medicine, 4% for paediatric intensive care.

2. Current post and location

- Of those responding, 6% have moved overseas since certification. In the previous CCT and CESR follow up survey (class of 2016) the proportion of those moving overseas was 5% [1]
- Of those working in the UK, 97% are consultants. Of those working overseas 78% were in a consultant post, in line with the previous survey. 92% of respondents were employed by the NHS.
- 9 of the respondents had moved overseas since obtaining their qualification; 2 to New Zealand, and 1 doctor respectively to: Australia, Canada, Greece, India, Oman, Singapore, and Yemen.
- The most common reason cited for moving abroad was a *better quality of life*. All respondents selected at least this option. In the previous survey 60% of respondents had indicated this as one of the reasons for moving abroad.
- 34% of respondents were working in a different region than the one they trained in and 66% were working in the same region they attended the training. Of those working in the same region as training, 64% were female and 36% were male.

3. Contract type and working patterns

- Reassuringly 86% of respondents were in substantive posts with only 10% locum and 3% fixed term posts. This may reflect shortages and indicates that paediatrics continues to be a 'buyers' market' for new certificate holders. 79% of respondents were working full time (FT) and 21% were working less than full time (LTFT). All male respondents were working full time, and 67% of female respondents. This is in contrast with the previous years' trend. Between 2014 and 2016, male doctors were increasingly working less than full time. This trend did not continue.

- 16% of respondents working full time would rather work less than full time. These are 13% female and 3% male.
- The mean of total PAs in job contracts was 9.6 and the mean total of SPAs was 1.7. In the 2016 cohort of respondents this was 9.5 PAs and 1.6 SPAs, in the 2015 cohort survey this was 9.7 and 1.7 for SPAs. In 2014, mean total PAs was 9.7 and mean total SPAs was 1.9.
- The highest value of time spent for SPAs by activity was an average of 1.7 hours per week in management, followed by 1.4 average hours per week in CPD.

4. Resident shift working

- 33% work consultant resident shifts, 67% do not. Those who worked resident shifts, did so for 40% if their total PAs.

5. Educational supervision

- 69% of consultant respondents undertake educational supervision of trainees and/or foundation year doctors. In 2016, the percentage of consultant respondents who undertook educational training was 76%.
- The majority, 61%, trained via RCPCH courses, higher than the previous survey (48%), and 41% undertook via training courses run by their employer.

6. Transition to consultant role

- 19% of respondents made use of their Grace Period. In line with last year's results. The most common reason was "*waiting for an appropriate job*".
- When asked how they found the transition from senior trainee, SAS doctor, or another non-consultant post to consultant, 37% of respondents found it very easy or quite easy, 18% found it either quite difficult or very difficult, and the majority found it neither easy nor difficult (44%).
- The average of consultant job applications sent prior appointment of the current post is 2.1 for female respondents and 2.0 for male respondents.
- The average of job applications varies depending on whether the Primary Medical Qualification was obtained in the UK or not. Those who had obtained their PMQ in the UK applied on average to 1.6 consultant jobs before being appointed, versus an average of 2.5 consultant job applications sent by those who had received their PMQ somewhere other than the UK.

7. Experiences of paediatric training

- The majority felt the length of paediatric specialty training was about right, 81%. Interestingly, those who felt training was too long and those who felt they were too short both recorded at 9.5%.
- Women spent, on average, 36 months in subspecialty training (i.e. ST6 to ST8) compared to men who spent 31 months on average. The overall total average of months spent training by respondents is 34.
- Doctors either agreed or strongly agreed for the most part (73%) that the curriculum covered all necessary skills. 14% either disagreed or strongly disagreed, and the remaining 13% neither agreed nor disagree.
  Respondents were asked if they thought anything should be added to the curriculum. The most common suggestions were management skills, job planning, communication and other non-clinical skills, in line with the 2016 cohort survey.

8. College support and career development

- 79% of respondents registered for continuing professional development courses (CPD).
- We asked respondents to estimate how much of their own money they spent in £ on CPD courses. The average estimation is £3,611. The average varied between male and female. Male doctors estimated an average expenditure of £4,483 versus £3,104 estimated by female doctors.
- When asked what other learning formats and resources they would like to be able to access to support their CPD, respondents indicated webinars, podcasts, videos, online courses. Respondents wanted training that could be easily accessed during commutes, waiting times and other free time.
- We asked doctors what their career aspirations are for the next five years. 114 responded, indicating the top aspirations to be *consolidating current position* **(19%),** *involvement in medical education* **(17%),** *develop special interest* **(17%),** *Quality improvement* **(14%),** *Management/leadership skills* **(13%),** *Undertake more research/academic work* **(10%).**

Results

1. Cohort demographics

The 2017 cohort of CCT and CESR award holders in paediatrics was comprised of 62.4% female doctors (186/298) and 37.6% male (112/298). Of the respondents, 63.9% were female (99/155) and 36.1% were male (56/155). Therefore, the gender of the respondents is representative of the cohort.

Table 1 Response rate of the total cohort by gender

Response status	Male	Female	Total Cohort
Respondents	56	99	155
%	36.1%	63.9%	-
Non-respondents	56	87	143
%	39.2%	60.8%	-
Tot cohort	**112**	**186**	**298**
%	**37.6%**	**62.4%**	**-**

The highest proportion of the total cohort, 60.4%, gained their primary medical qualification (PMQ) in the UK (180/298), 5.4% gained their PMQ from an EEA member country (16/298) and 33.6% from other areas outside of the UK and the EEA (100/298).

Table 2 Place of primary medical qualification (PMQ) of total cohort

Place of PMQ	Count	%
UK	180	60.4%
Other overseas areas	100	33.6%
EEA	16	5.4%
Missing	2	0.7%
Total	298	100.0%

Of the total cohort, 60.4% (180/298) are registered with the GMC for paediatrics, 9.4% (28/298) for community child health, 6.4% (19/298) for neonatal medicine and 4.9% (19/298) for paediatric intensive care.

2. Current post and location

Of those who responded to the survey, 94.5% were consultants (146/153). One of the respondents was not currently employed as a doctor and one other was working as a paediatrician in Yemen with a medical NGO (see Figure 1). Two doctors did not respond.

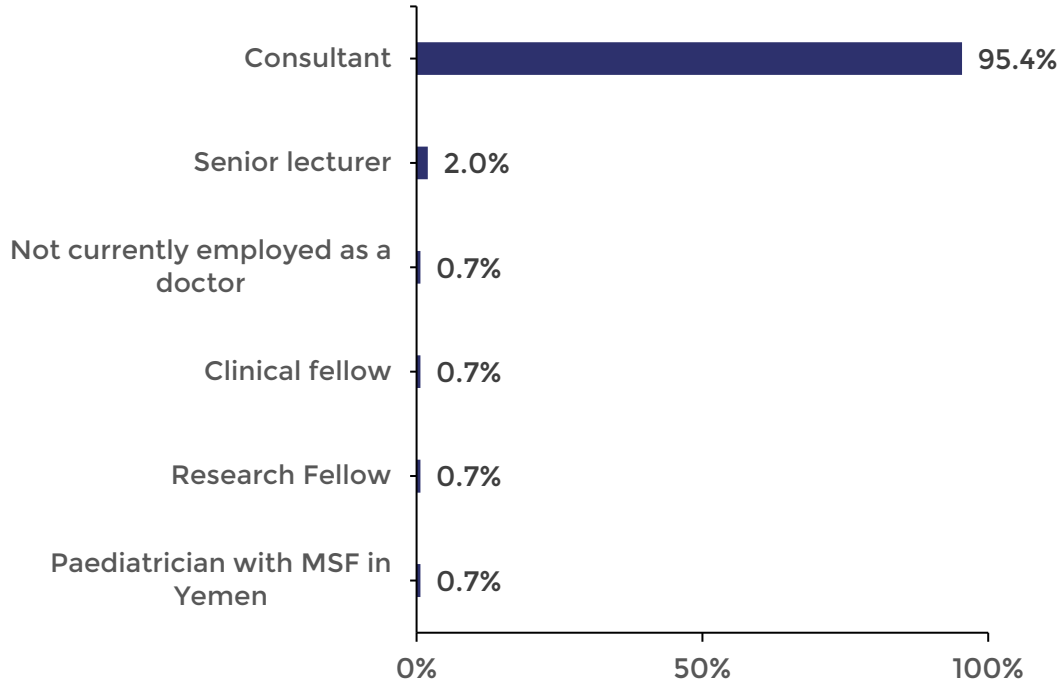


Figure 1 Current grade

Table 3 Current grade of respondents and location of job shows respondents' current grade broken down by the location of their current post (in the UK or overseas).

Table 3 Current grade of respondents and location of job

Location of job	Overseas		UK		Grand Total	
Current grade of respondents	**Count**	**%**	**Count**	**%**	**Count**	**%**
Consultant	**7**	77.8%	139	96.5%	146	95.4%
Senior lecturer	-	-	3	2.1%	3	2.0%
Paediatrician with MSF	1	11.1%	-	-	1	0.7%
Research Fellow		-	1	0.7%	1	0.7%
Clinical fellow	1	11.1%	-	-	1	0.7%
Not currently employed as a doctor	-	-	1	0.7%	1	0.7%
Total	**9**	**100.0%**	**144**	**100.0%**	**153**	**100.0%**

Of the respondents, 9 had moved abroad and all 9 indicated *better quality of life* as one of the determining factors for doing so, followed closely by *due to negative "push" factors*, (7/9).

Table 4 Destination countries of those who moved overseas

Destination country	Number of respondents
Australia	1
Canada	1
Greece	1
India	1
New Zealand	2
Oman	1
Singapore	1
Yemen	1
Total	**9**

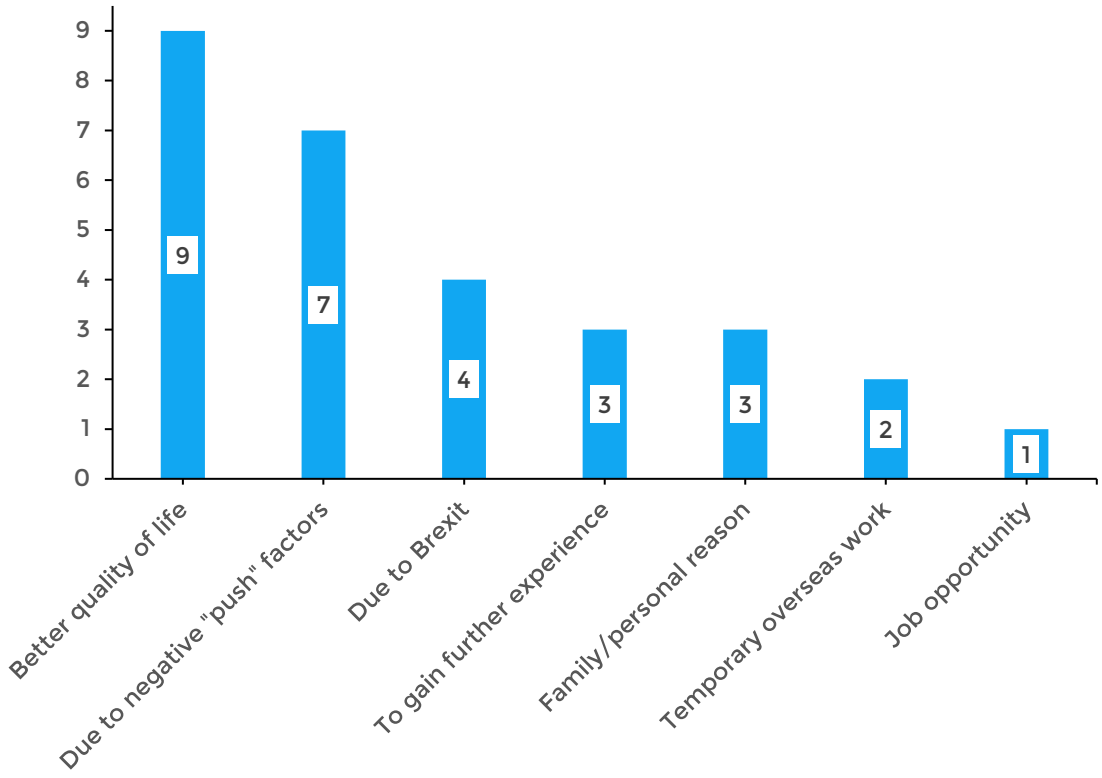


Figure 2 Reasons for leaving the UK

The NHS employed 92.2% of all respondents (141/153).

Table 5 Type of organisation currently working in. 2 did not answer the question.

Organisation	Count	%
NHS	141	92.2%
Public healthcare system overseas	5	3.3%
Private healthcare overseas	2	1.3%
University	2	1.3%
Medical NGO	1	0.7%
HSCNI	1	0.7%
Other - University (Research fellowship)	1	0.7%
Total	**153**	**100.0%**

33.5% of respondents were working in a different region than the one they trained in (48/143) and 66.5% were working in the same region they trained in. Of those working in the same region as training, 64.2% were female (61/95) and 35.8% were male (34/95).

Table 6 Movement of region following training by gender (of those working and trained in the UK)

Gender	Working in the same region		Working in a different region		Grand Total	
	%	Count	%	Count	%	Count
Female	64.2%	61	62.5%	30	63.6%	91
Male	35.8%	34	37.5%	18	36.4%	52
Total	**100.0%**	**95**	**100.0%**	**48**	**100.0%**	**143**

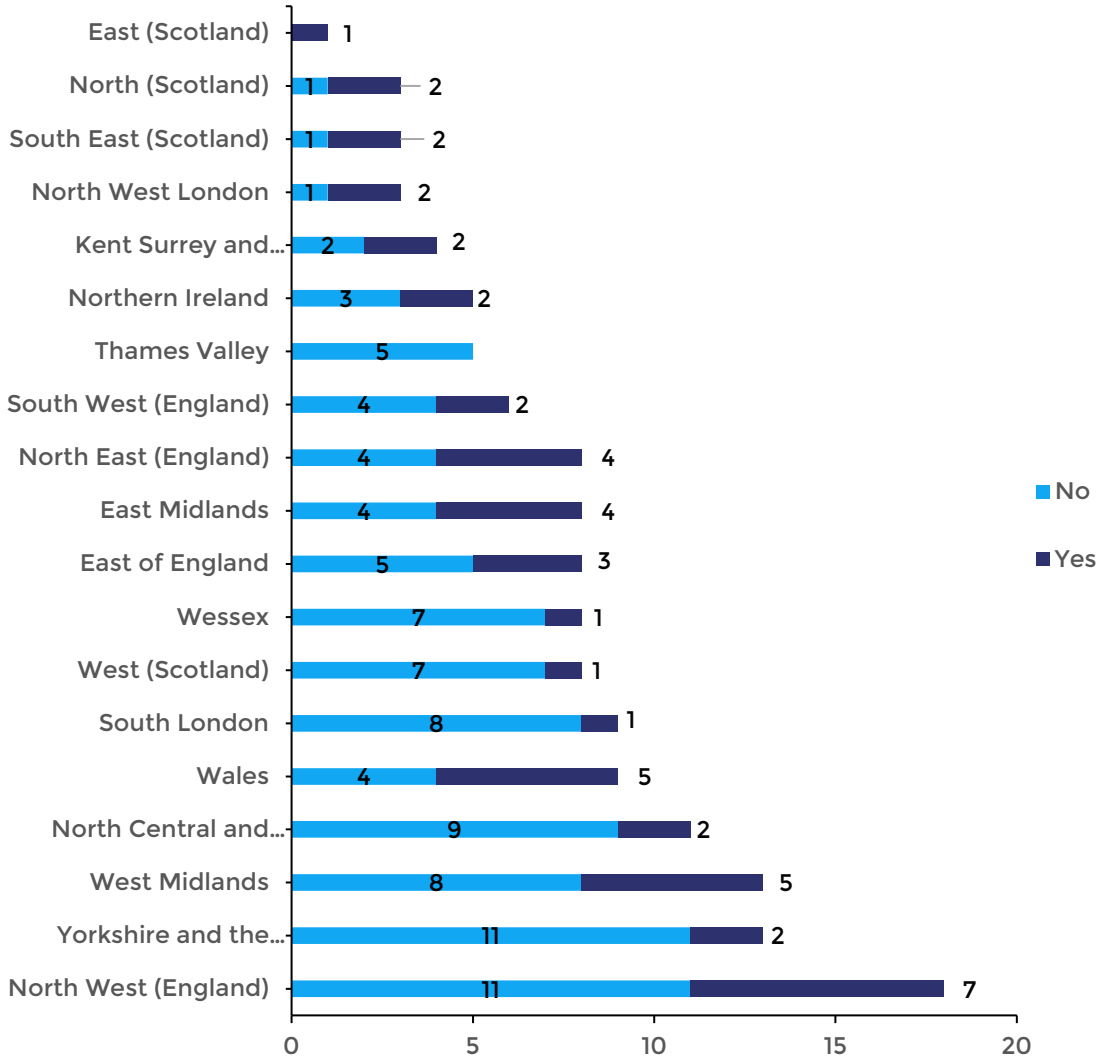


Figure 3 Are you working in a different region than where you trained?

Figure 3 shows whether respondents trained in the same region as they are now working, or a different region, broken down by region of post. All respondents trained in the Thames Valley remained to work there (5/5). In last year's follow-up, all doctors who trained in Northern Ireland then remained in the same region to work (5/5). This year 33% went on working on a different region (2/5).

The main reasons for moving to a different area were, because of an attractive job offer (27.4%), family reasons (17.9%), lack of suitable posts in the region training was attended (13.7%) or wanting to move to a different region (13.7%). N=51

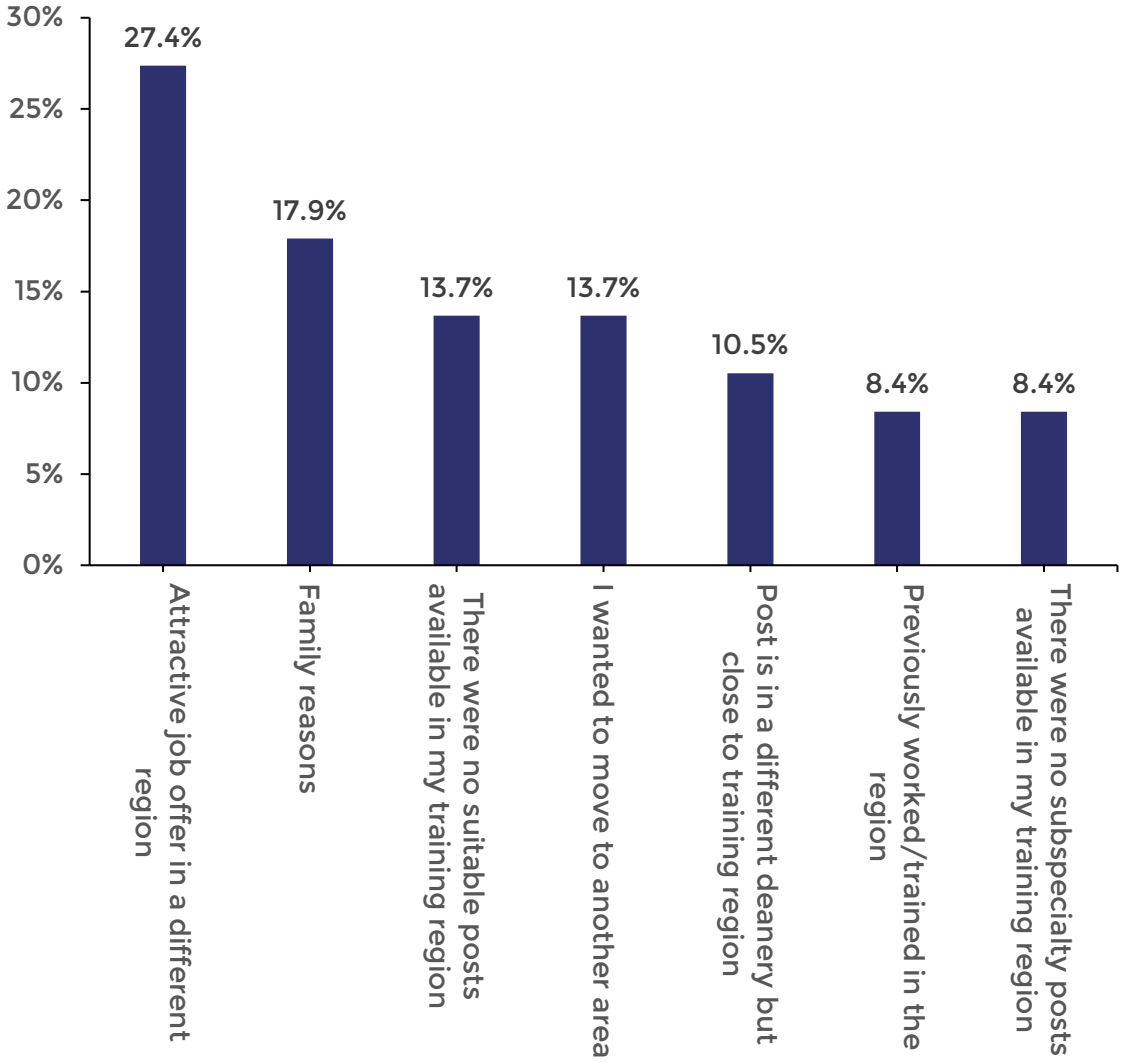


Figure 4 Why are you working in a different area than trained?

Table 7 compares the subspecialty area (divided into general paediatrics, community child health, and other subspecialties) of the respondents to the 2017 CCT and CESR survey, with all consultants according to the RCPCH 2017 workforce census (RCPCH 2019). Of the 2017 CCT respondents, 59.4% (92/155) have current posts in general paediatrics, 30.3% (47/155) in a paediatric subspecialty, and 10.3% (16/155) in community child health. In the consultant workforce census of 2017, the proportion was 41.7% in general paediatrics, 40.2% paediatric subspecialty, 18.1% community child health.

Table 7 Specialty group of current post (CCT 2017) compared to the entire consultant workforce, according to RCPCH medical workforce census.

Specialty group	Specialty of current post (CCT 2017)		Consultant workforce (Census 2017)	
	Count	%	Count	%
General paediatrics	92	59.4%	1797	41.7%
Paediatrics (specialist)	47	30.3%	1729.5	40.2%
Community child health	16	10.3%	779.5	18.1%
Total	**155**		**4306**	

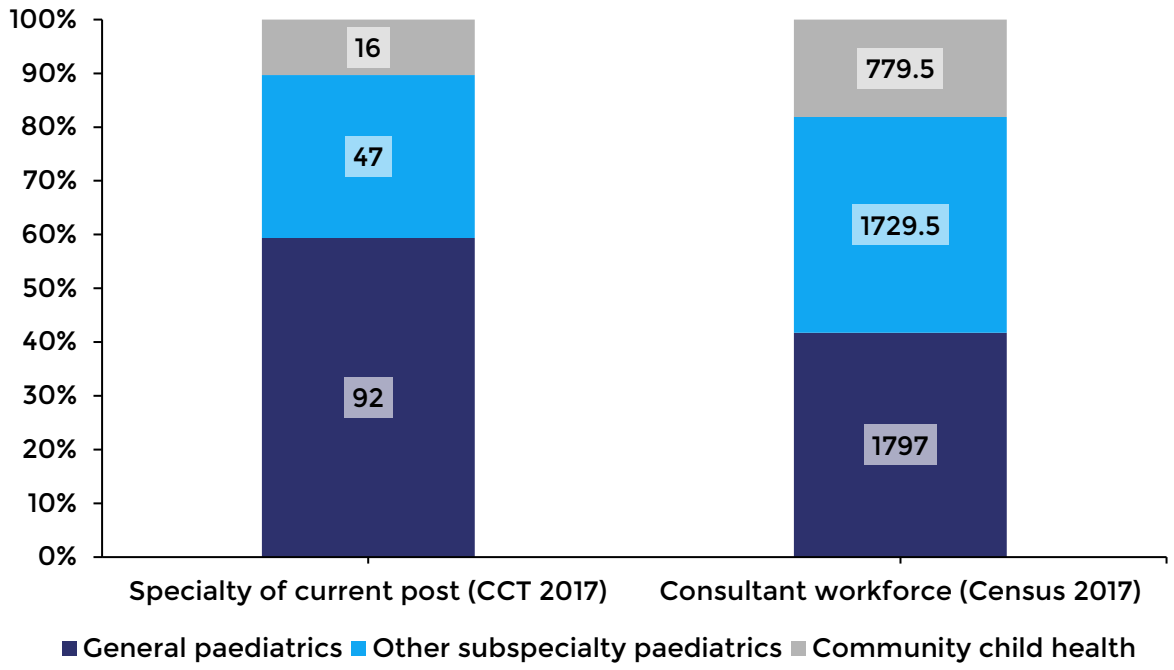


Figure 5 Specialty group of current post compared to the consultant workforce data from the 2017 census

3. Contract type and working patterns

86.3% of consultants are in a substantive post (126/152)[3], 10.3% are in a locum post and 3.4% are in a fixed term post. Overall, 84.9% of respondents are in a substantive post.

Of all respondents, 78.9% were working full time (FT) and 21.1% were working less than full time (LTFT) (N=152).[4]

All male doctors were working full time (FT), whereas female doctors were working full time for 66.7%, and less than full time (LTFT) for 33.3%.

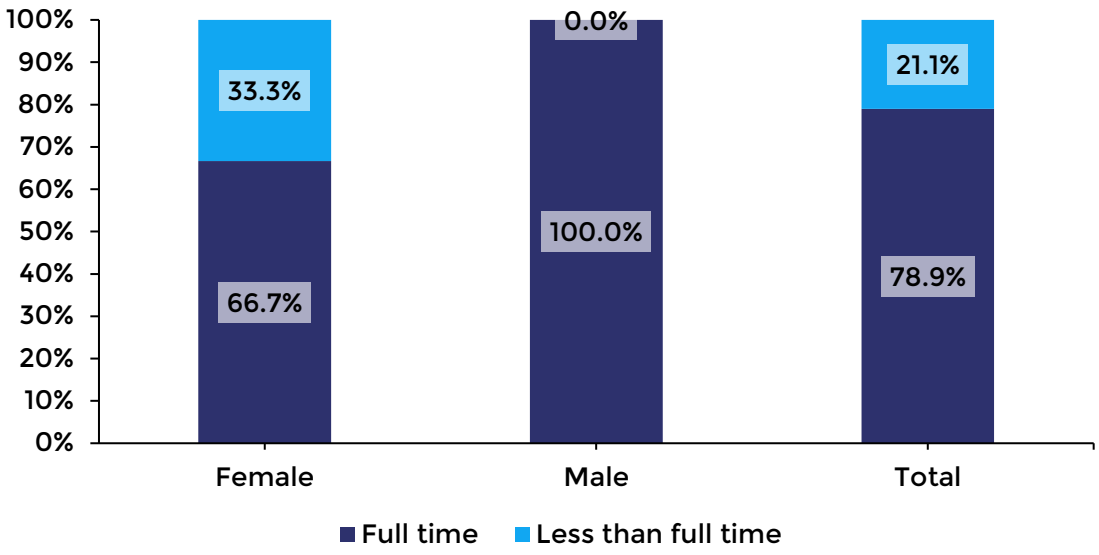


Figure 6 participation status by gender

Respondents in full time (FT) employment work an average of 10.2 PAs, of which 1.8 were SPAs. Respondents who worked less than full time (LTFT) did so for an average of 7.1 PAs, of which 1.3 were SPAs. The 2.5 SPAs standard is not met on average.

Table 8 Average programmed activities (PAs) and supporting professional activities (SPAs) by participation status

[3] *3 doctors did not respond

[4] 3 did not respond to this question, all female. Two were not currently employed as doctors and one was on maternity leave.

Participation status		Total PAs	Total SPAs
Full time	Mean	10.2	1.81
	N	111	109
	Std. deviation	1.13	0.74
Less than full time	Mean	7.14	1.32
	N	30	30
	Std. deviation	1.67	0.45
Grand Total	Mean	9.55	1.71
	N	141	139
	Std. deviation	**1.67**	**0.71**

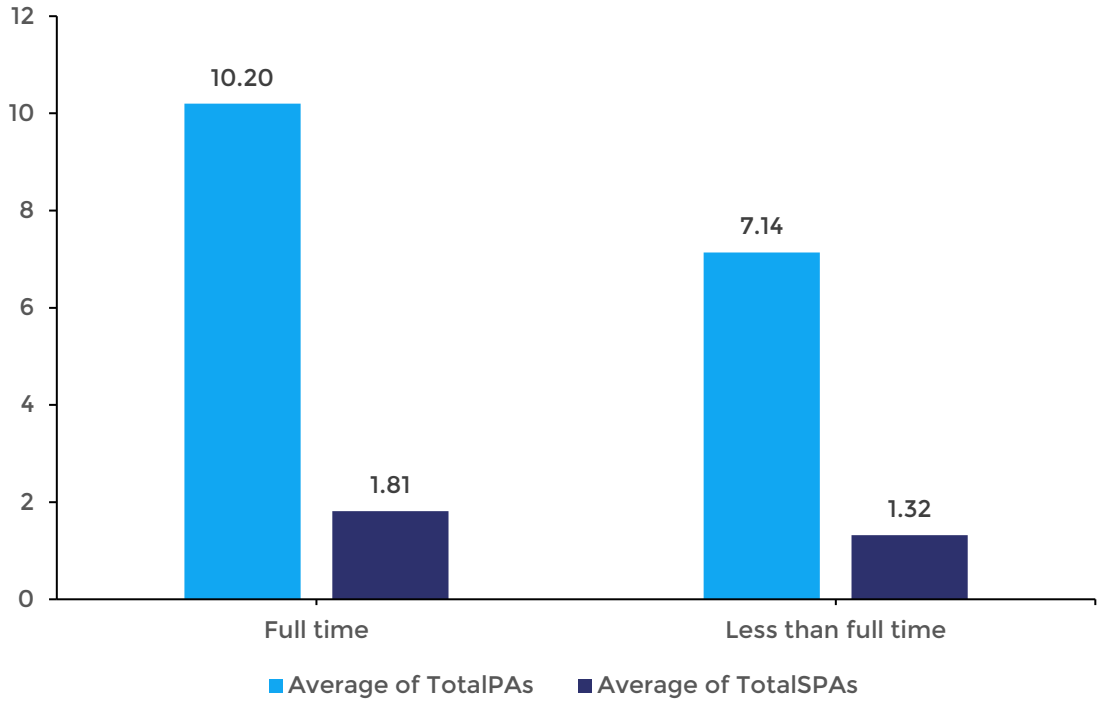


Figure 7 Average programmed activities (PAs) and supporting professional activities (SPAs) by participation status

For individuals working full time, 17.7% of their contract is comprised of SPAs and for those working less than full time 18.5% of their contract is SPAs. Therefore, there is very little difference in the proportion of SPAs in the contract.

Respondents were then asked to estimate how much time they spent on a series of Supporting Professional Activities (SPAs) per week.

Figure 8 Time spent on professional activities per week in PAs

We asked respondents if they would rather work full time, less than full time or if they did not mind. Of those actually working full time, 15.8% (19/120) would rather work less than full time. Conversely, in the group of respondents working less than full time only 6.3% (2/32) would rather work full time. See Figure 9.

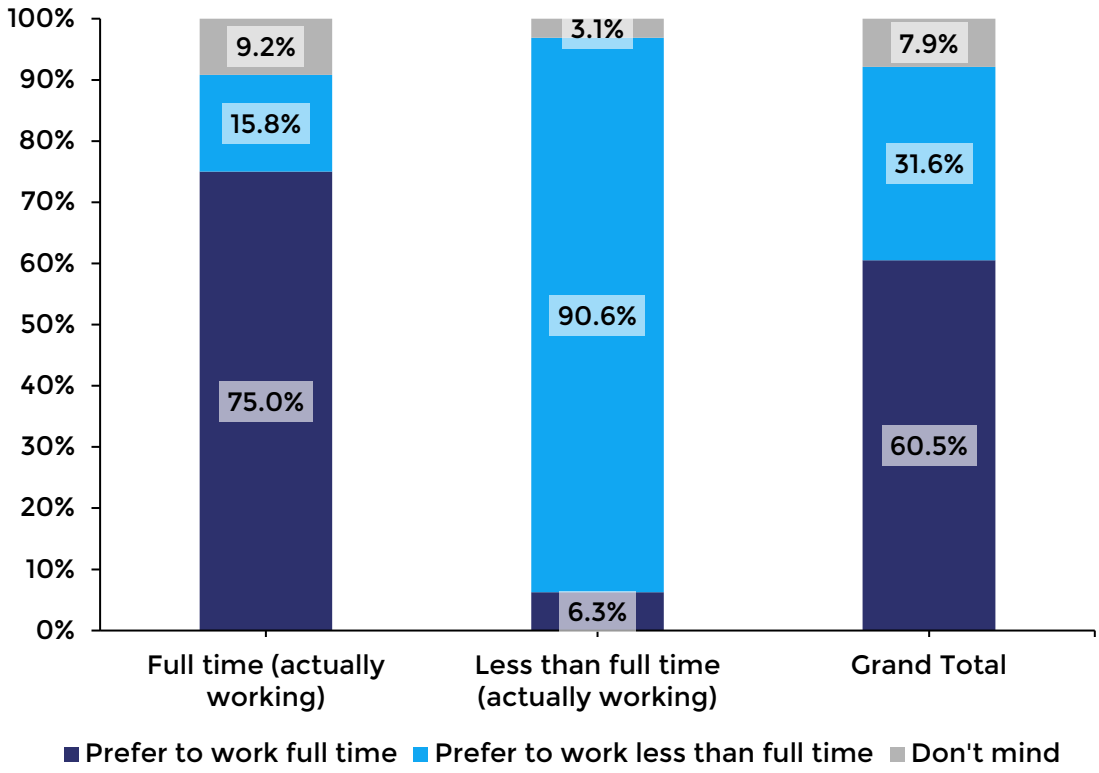


Figure 9. Preferred working pattern versus actual working pattern

4. Resident shift working

33.3% (48/144) of respondents took on consultant resident shift working. Respondents were asked what type of resident shift they work and on which tier (Table 9).

Table 9 Resident shift working (RSW) tier and shift type

Shift type	Tier 2		Tier 3		Grand Total	
	Count	%	Count	%	Count	%
Weekend shifts	11	7.6%	36	25.0%	47	32.6%
Twilight shifts e.g. 7-10pm	8	5.6%	32	22.2%	40	27.8%
Weekday-during day time	5	3.5%	34	23.6%	39	27.1%
Night shifts	8	5.6%	20	13.9%	28	19.4%
Total	**32**	**22.2%**	**122**	**84.7%**	**144**	**93.5%**

Those who worked resident shifts reported that this took up 39.6% of their total PAs.

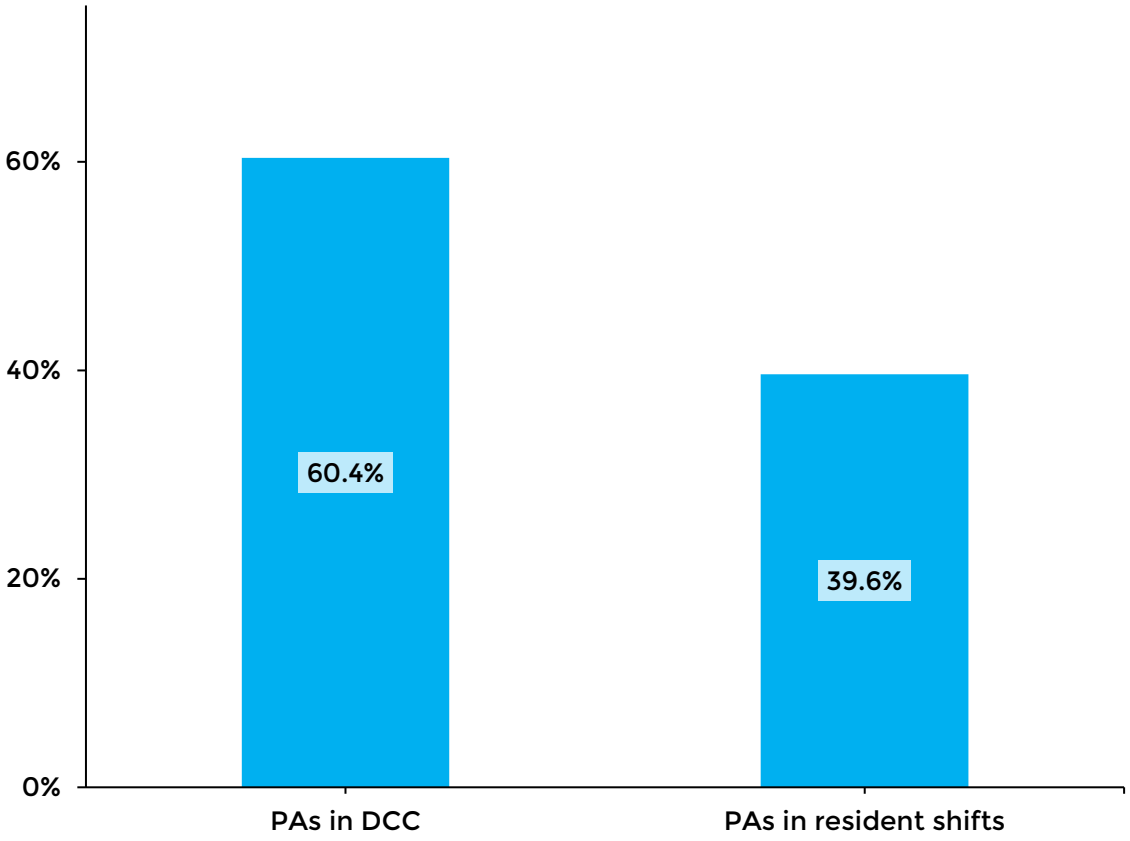


Figure 10 Proportion of PAs spent in resident shift working for those who work resident shifts.

5. Educational supervision

67.1% of respondents undertook educational supervision of trainees or foundation year doctors (Figure 11).

*6 people did not respond

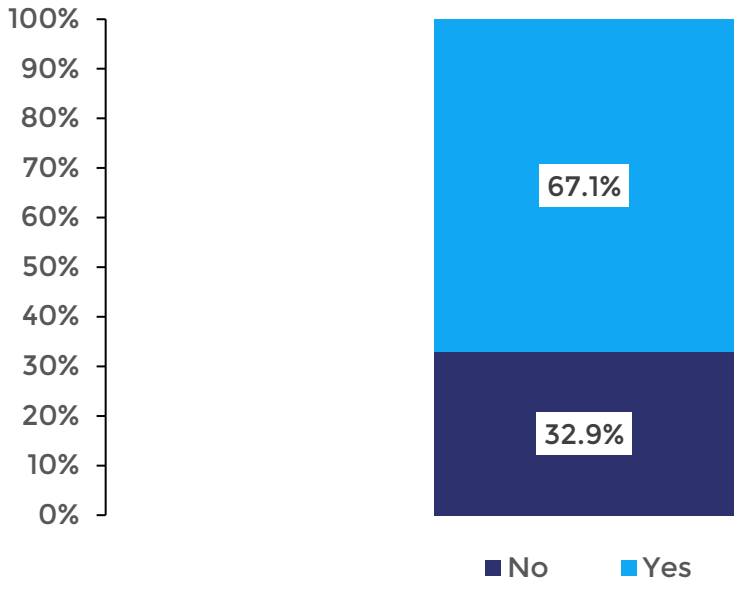


Figure 11 Do you undertake educational supervision of trainees and/or foundation year doctors?

Of those who received training in educational supervision, the majority trained via the RCPCH (60.6%), 41.3% via training courses run by their employer, 20.2% received informal training/advice from senior colleagues, and 6.7% deanery training (percentages were calculated on the number of respondents N=104.

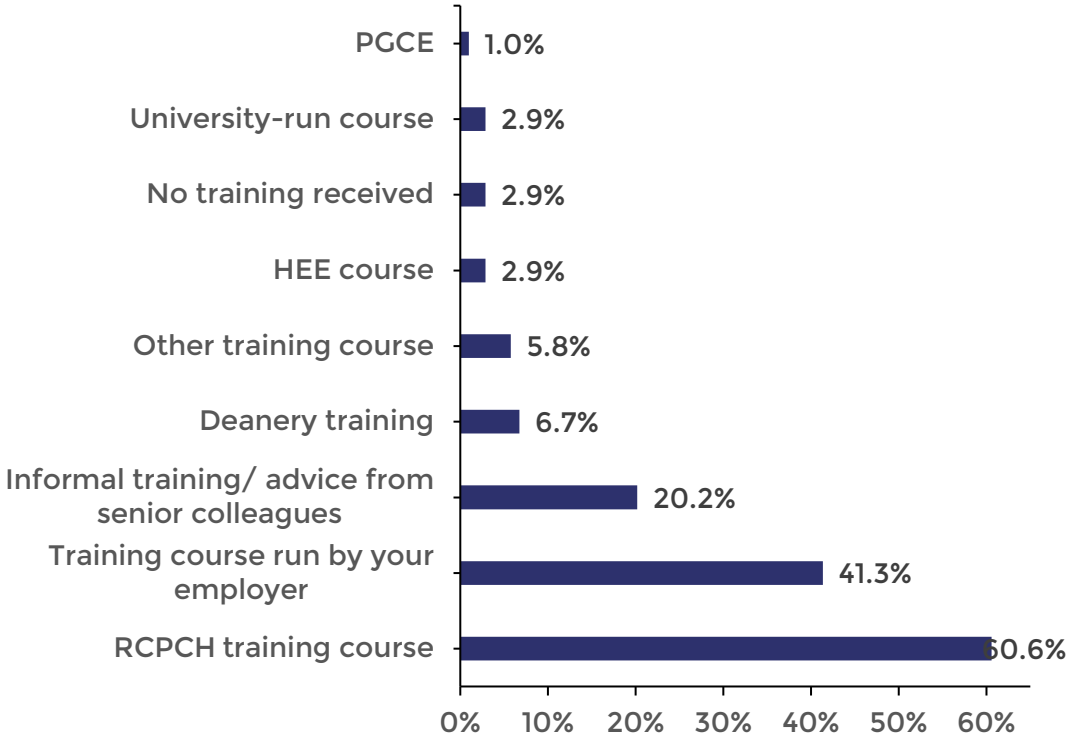


Figure 12 Educational supervision training received

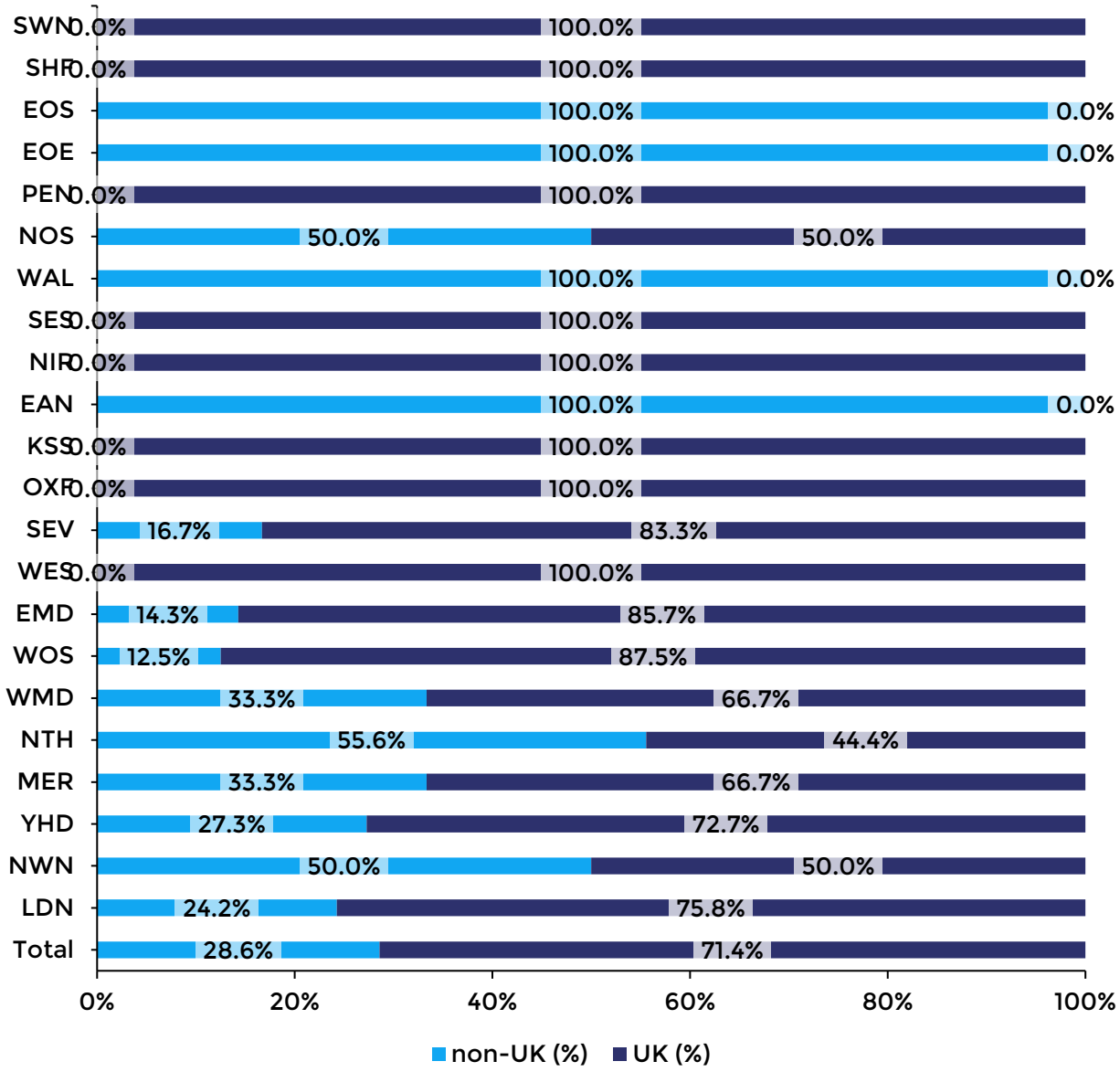


Figure 13 Place of PMQ by deanery

6. Transition to consultant role

When asked how they found the transition from non-consultant post to consultant, 36.5% (54/148) of respondents found it very easy or quite easy, 18.2% found it either quite difficult or very difficult (27/148), and the majority found it neither easy nor difficult (44.6%, 66/148). 7 did not respond.

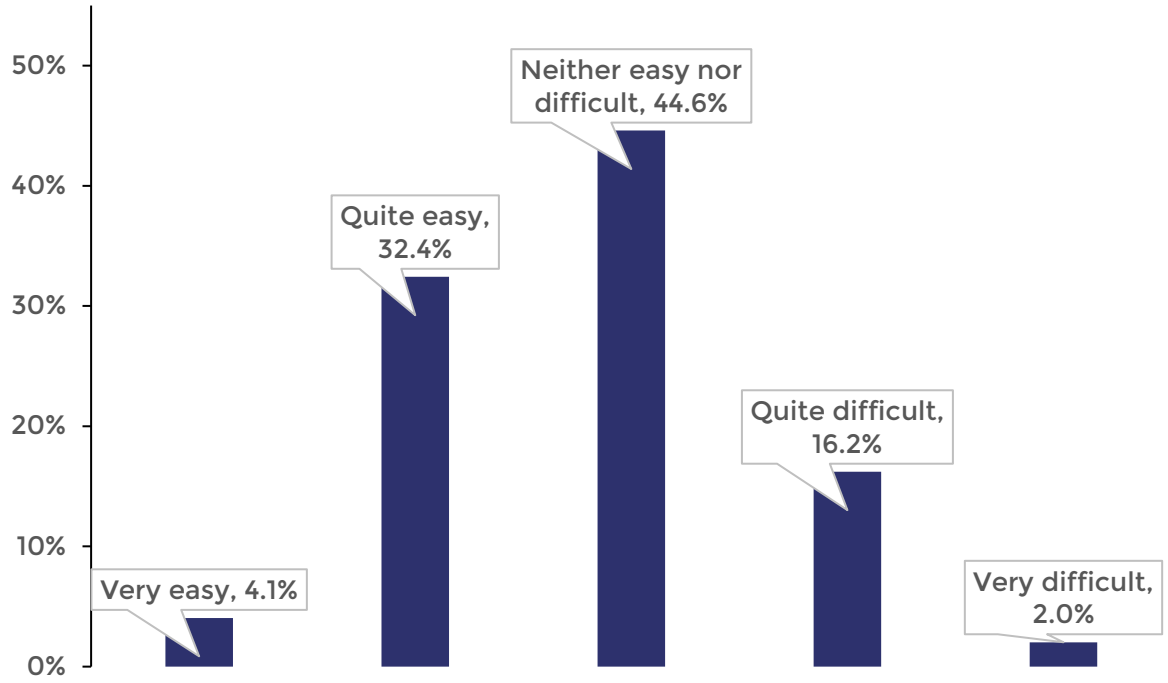


Figure 14 ease to transition to consultant role

19% of respondents made use of their Grace Period (29/150). Figure 15 shows a breakdown of the reasons why they did make use of their Grace Period.

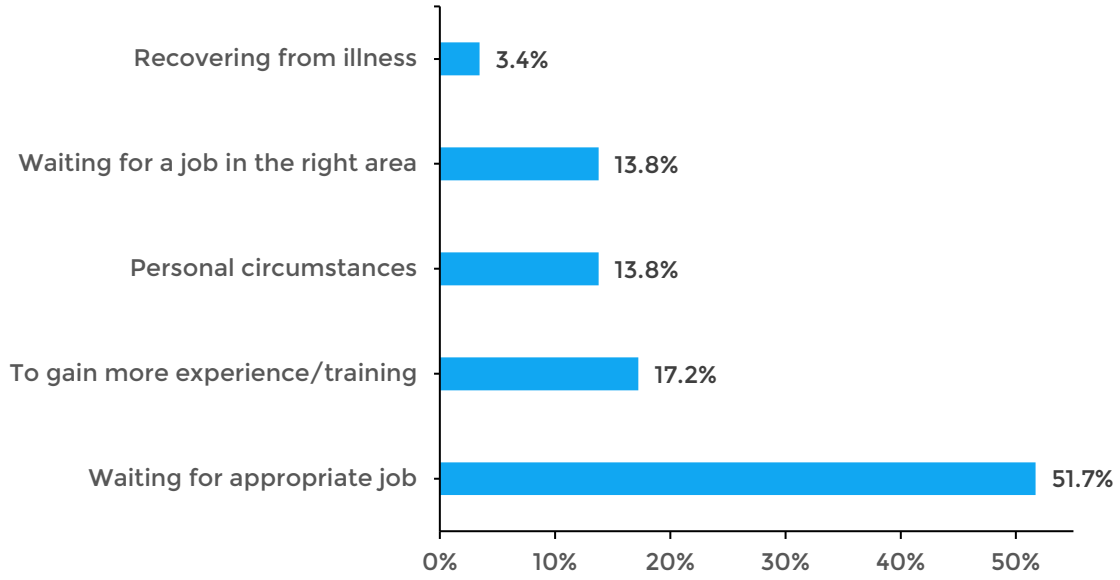


Figure 15 Reasons for making use of grace period. N=29

All were able to find employment fairly quickly, with there is no real distinction between female and male doctors, with an average of job applications around 2 for both gender groups.

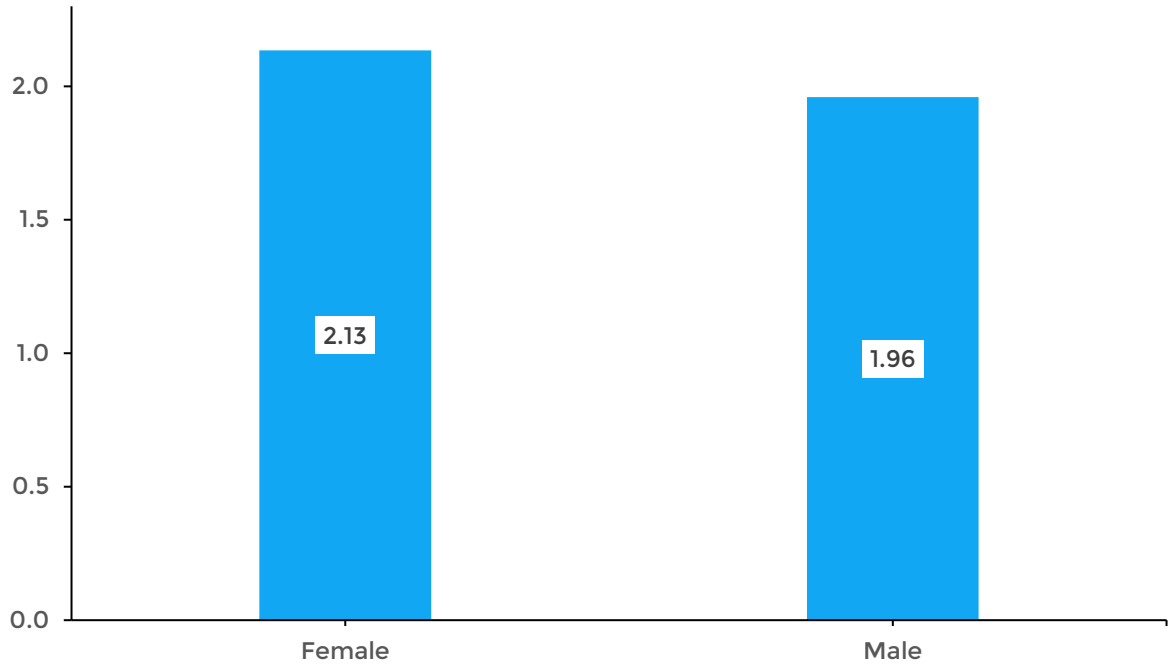


Figure 16 Average number of consultant job applications before obtaining current post, by gender.[5]

[5] Respondents who replied "*0*" were removed.

Respondents who obtained their primary medical qualification in a place other than the UK applied, on average, to 2.47 jobs against the 1.57 of doctors who qualified in the UK (Figure 17).

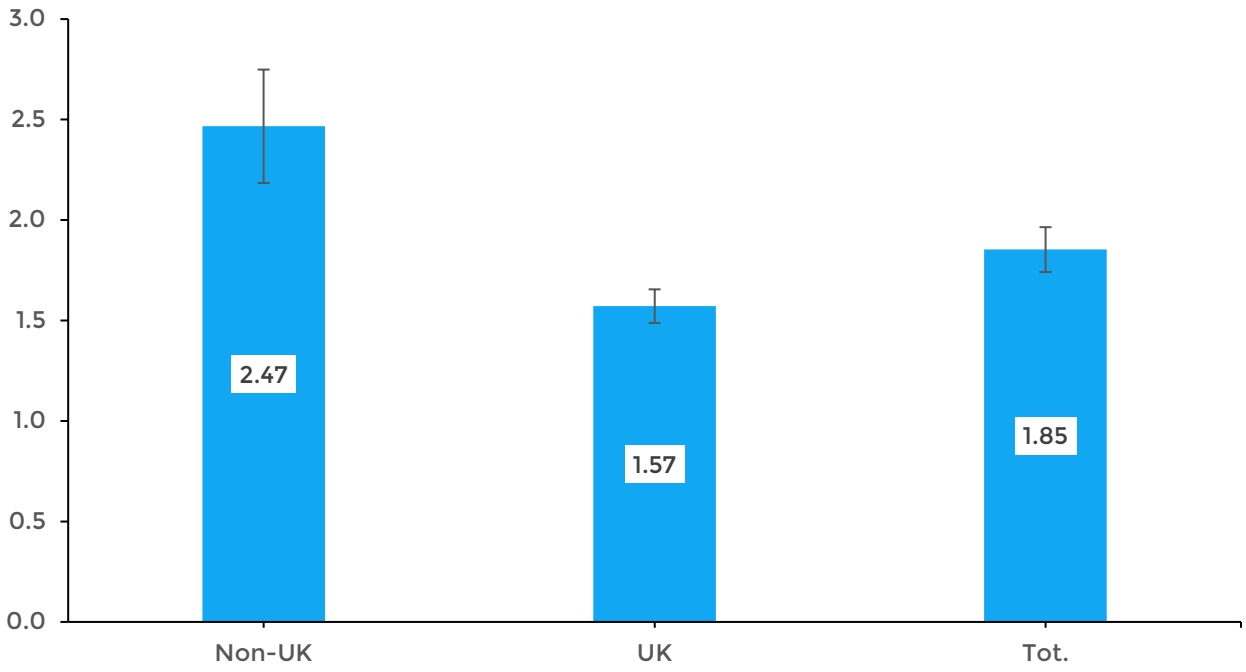


Figure 17 Average job applications sent by location of PMQ. Error bars show Standard Error of the Mean (SEM).

We ran an independent samples t-test to and found that respondents who gained their PMQ in a non-UK country had to make significantly more job applications before securing a consultant post that those who gained their PMQ in the UK ($t(1.14) = 3.5$, $p=0.000$).

7. Experience of training

Respondents felt for the most part that the length of training was about right (81.1%, 120/148). Doctors who felt the training was either too long or too short were evenly distributed both at 9.5% (14/148).

Table 10 Opinion of training duration, total and by gender

Training length opinions	Total respondents		Male		Female	
			Count	%	Count	%
About right	120	81.1%	36	70.6%	84	86.6%
Too long	14	9.5%	8	15.7%	6	6.2%
Too short	14	9.5%	7	13.7%	7	7.2%
Total	**148**	**100.0%**	**51**	**100.0%**	**97**	**100.0%**

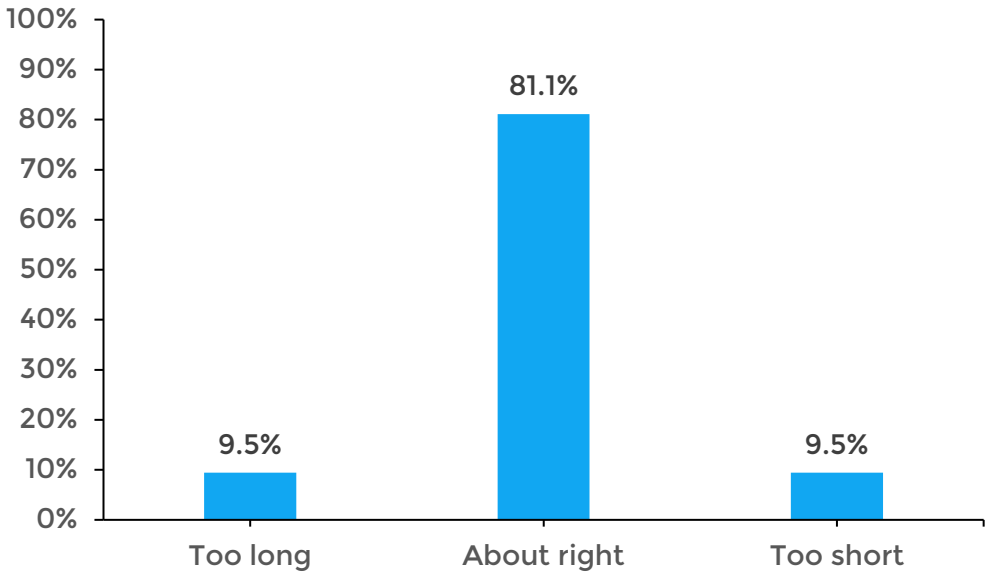


*Figure 18 Opinion of training duration. *1 respondent indicated N/A.*

A high proportion also felt that the placements had enough breadth and depth to prepare them for post-CCT practise, 73.2% (109/149). 10.1 % felt it did not (14/149).

Table 11 Response to "Did your placements give you sufficient breadth and depth of experience to help prepare you for post-CCT practise?"

Placements prepared you?		
Yes	109	73.2%
No	15	10.1%
Other	25	16.8%
Total	149	100.0%

Figure 19 shows the average of months of subspecialty training (i.e. ST6 to ST8) received divided by gender of the respondents. Women trained on average 5 months more than men.

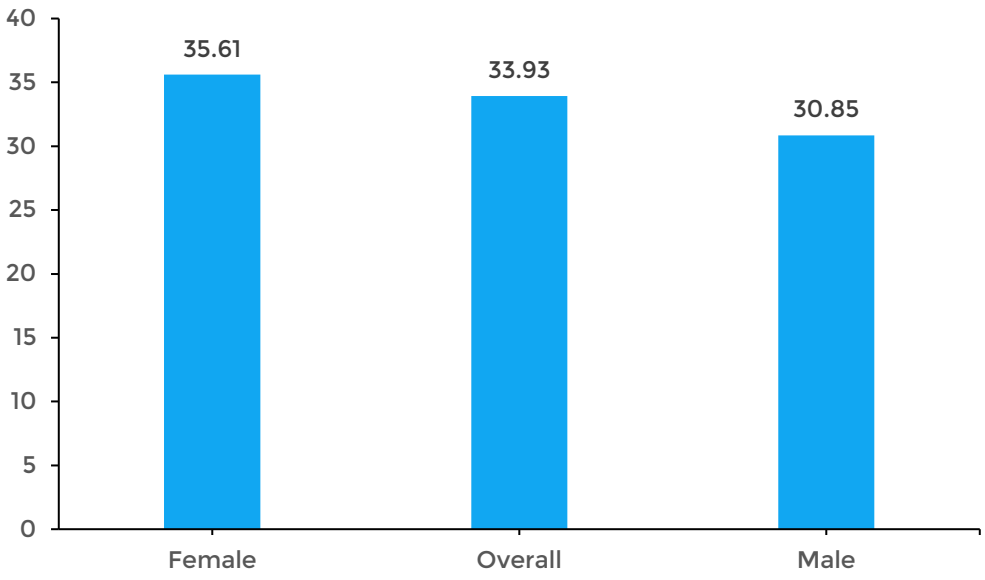


Figure 19 Average number of months of subspecialty training received by gender

Doctors agreed or strongly agreed for the most part (73.3%), that the curriculum covered all necessary skills. 14% either disagreed or strongly disagreed, and the remaining 12.7% neither agreed nor disagreed.

Table 12 Response to "The curriculum covered the breath of skills, knowledge and behaviour I need in my current or planned future role"

Skills covered by curriculum	Overall		Female		Male	
	Count	%	Count	%	Count	%
Agree	96	64.0%	63	64.9%	33	62.3%
Disagree	14	13.3%	11	12.4%	3	17.0%
Neither agree nor disagree	19	12.7%	12	11.3%	7	13.2%

Strongly agree	20	9.3%	11	11.3%	9	5.7%
Strongly disagree	1	0.7%			1	1.9%
Total	150	100.0%	97	100.0%	53	100.0%

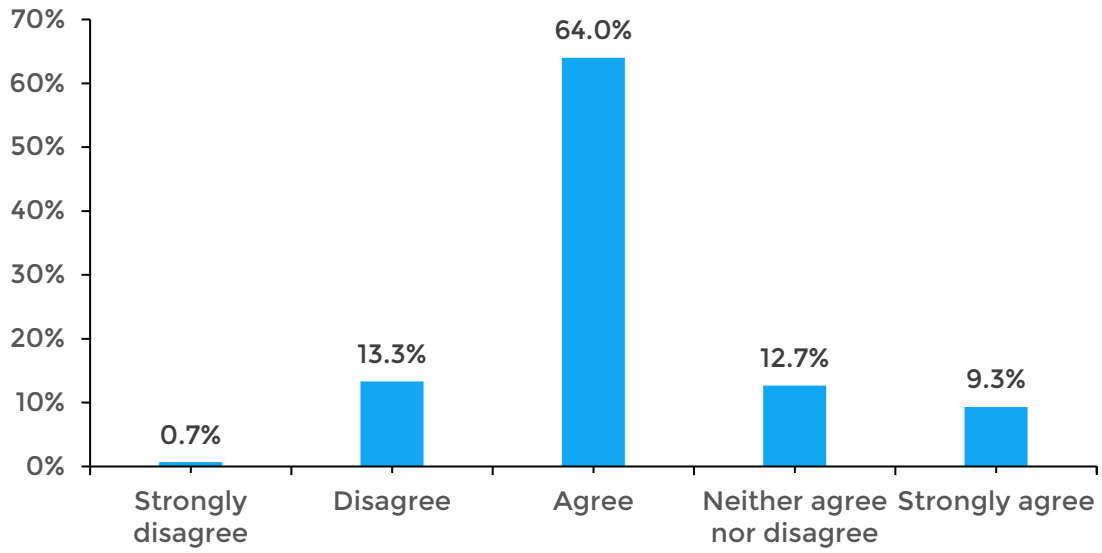


Figure 20 Response to "The curriculum covered the breath of skills, knowledge and behaviour I need in my current or planned future role"

Respondents were asked if they thought anything should be added to the curriculum as an open question. 65 responded, with management skills being the most prominent suggestion, followed by job planning, communication and other non-clinical skills (Figure 20).

> *"More preparation for being a consultant. It's a totally different job - I've gone from doing a job I totally loved and wanted to get out of bed in morning for to doing a job I really don't love and spending much of my time trying to think of an alternative."*

> *"Not enough on management insight. Also bears little resemblance to what service provision allows you to do as a trainee so is often done on*

home study."

Figure 21 What would you like to see added to the curriculum?

Finally, when asked what other learning formats they would like to see added to the curriculum, respondents mostly indicated webinars, podcasts, videos, online courses (Figure 21).

Respondents seemed to favour media that would allow them to access learning material during times such as commutes, travel, or during waiting times:

> *"Podcasts - can be listened to during extensive commutes to work. I would like to see more time devoted to CPD, and more allowance for courses. I feel that we spend very long providing service, and don't have the time allocated during working hours. "*

8. College and support career development

The College runs courses for continuing professional development (CPD scheme). 79.3% (119/150) of respondents had registered for CPD.

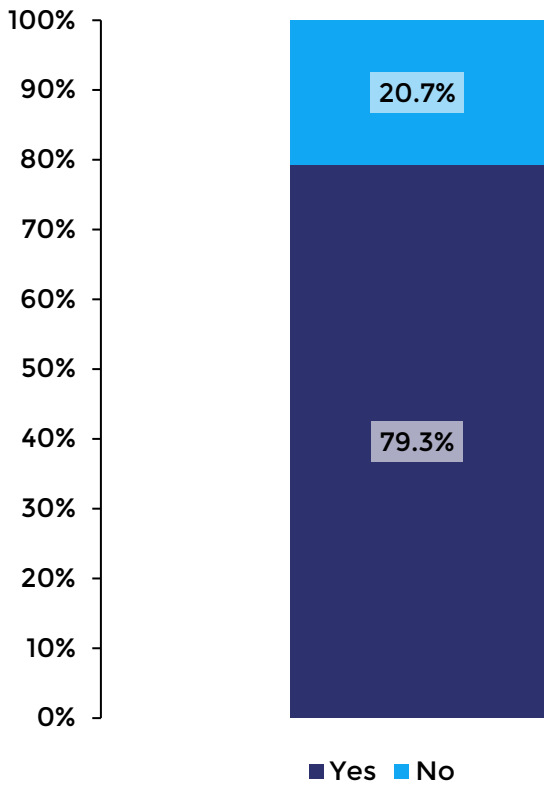


Figure 22 Have you registered for the CPD (Continued Professional Development) scheme?

Respondents were also asked to estimate how much of their own money they have spent on CPD courses, with an average of over £3,500 overall. Male respondents spent £1,000 more on average compared to female respondents. See Figure 23.

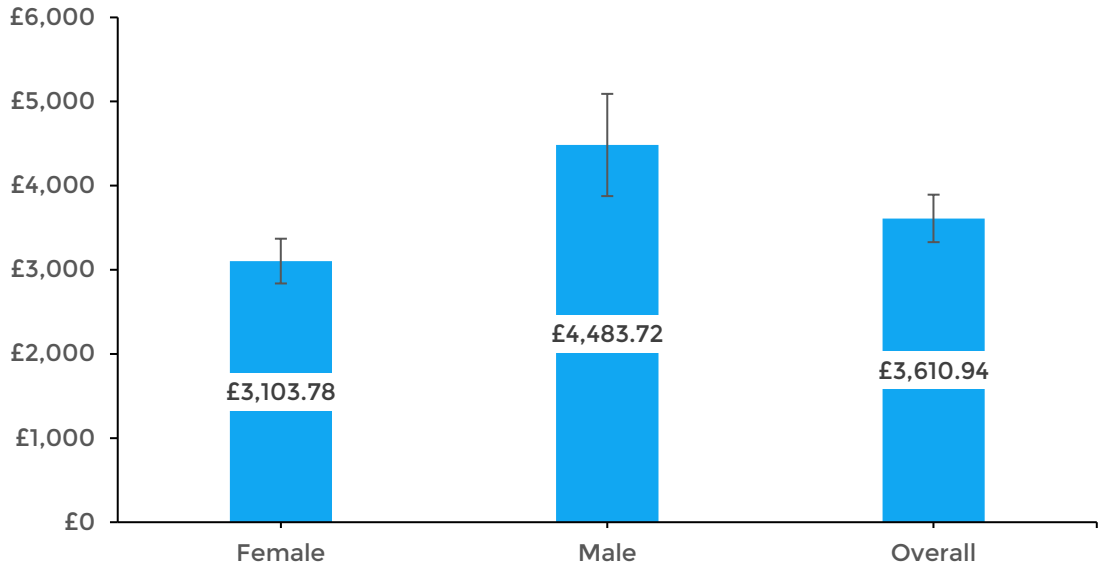


Figure 23. Average amount in response to "Please estimate how much of your own money have you spend on CPD?". Error bars show SEM.

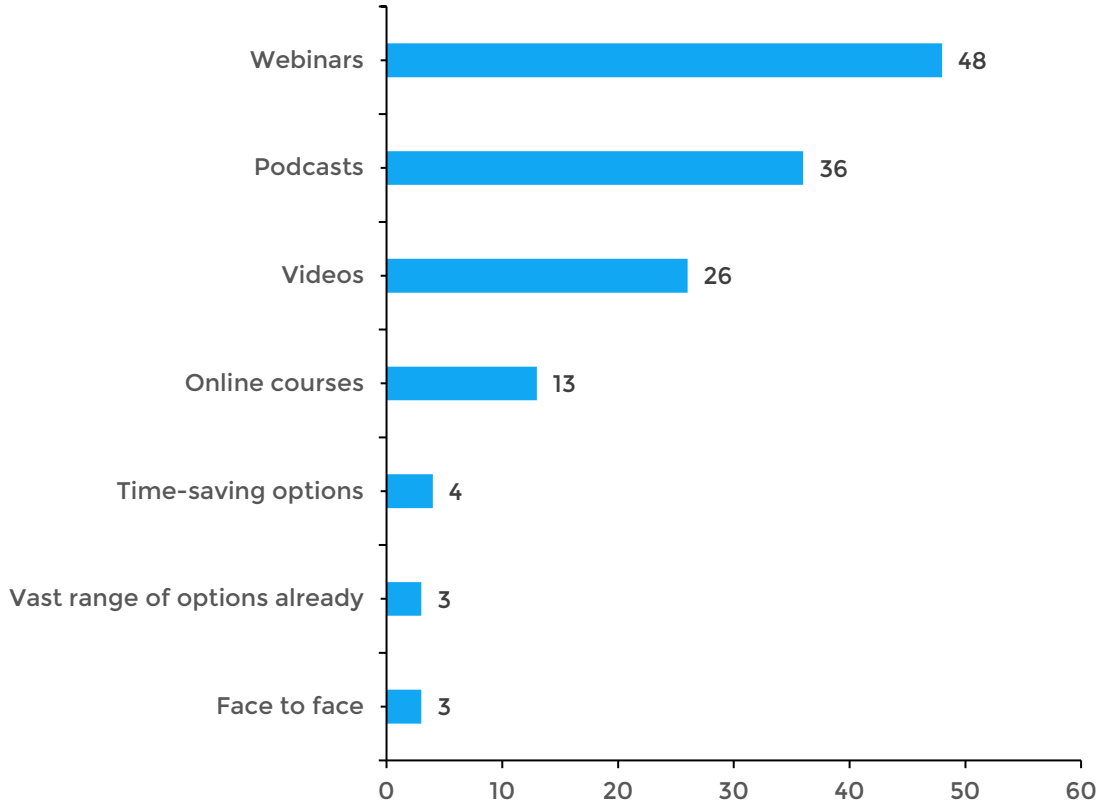


Figure 24 What other learning formats would you have liked to be able to access to?

We asked doctors what their career aspirations were for the next five years. 114 responded, indicating the top aspirations to be *consolidating current position* **(19.3%),** *involvement in medical education* **(16.7%),** *develop special interest* **(16.7%),** *Quality*

improvement **(14.0%),** *Management/leadership skills* **(13.2%),** *Undertake more research/academic work* **(10.5%).**

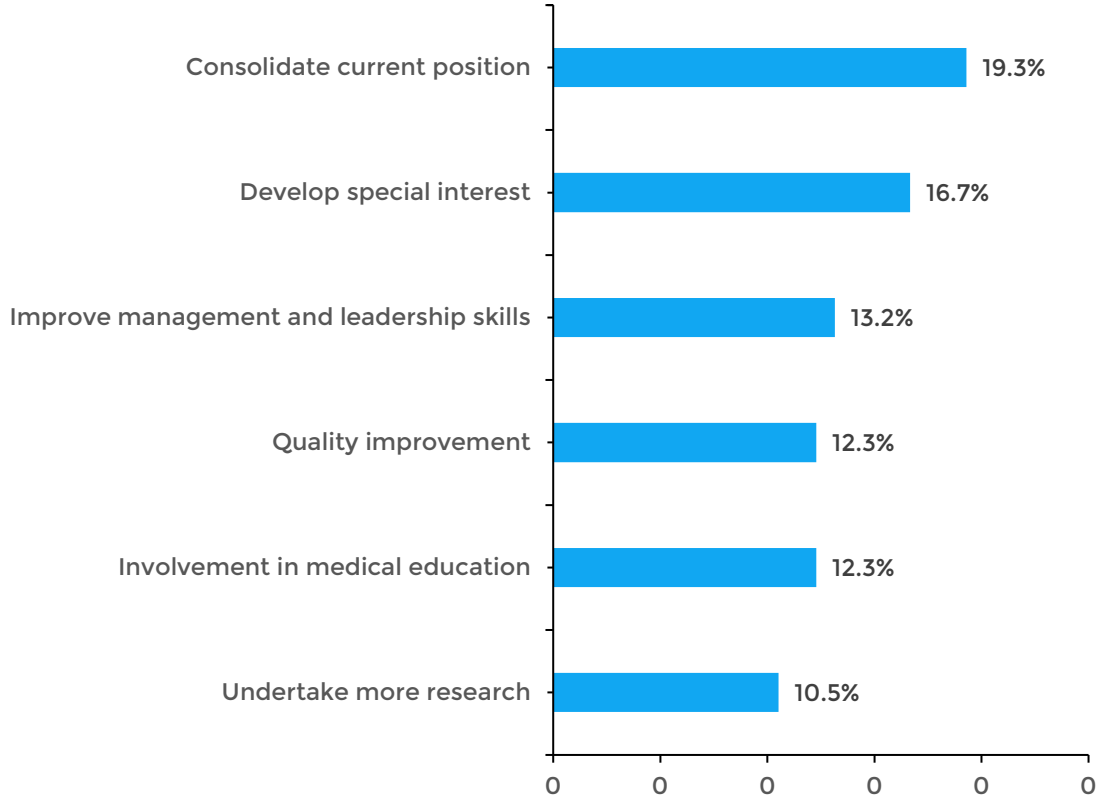


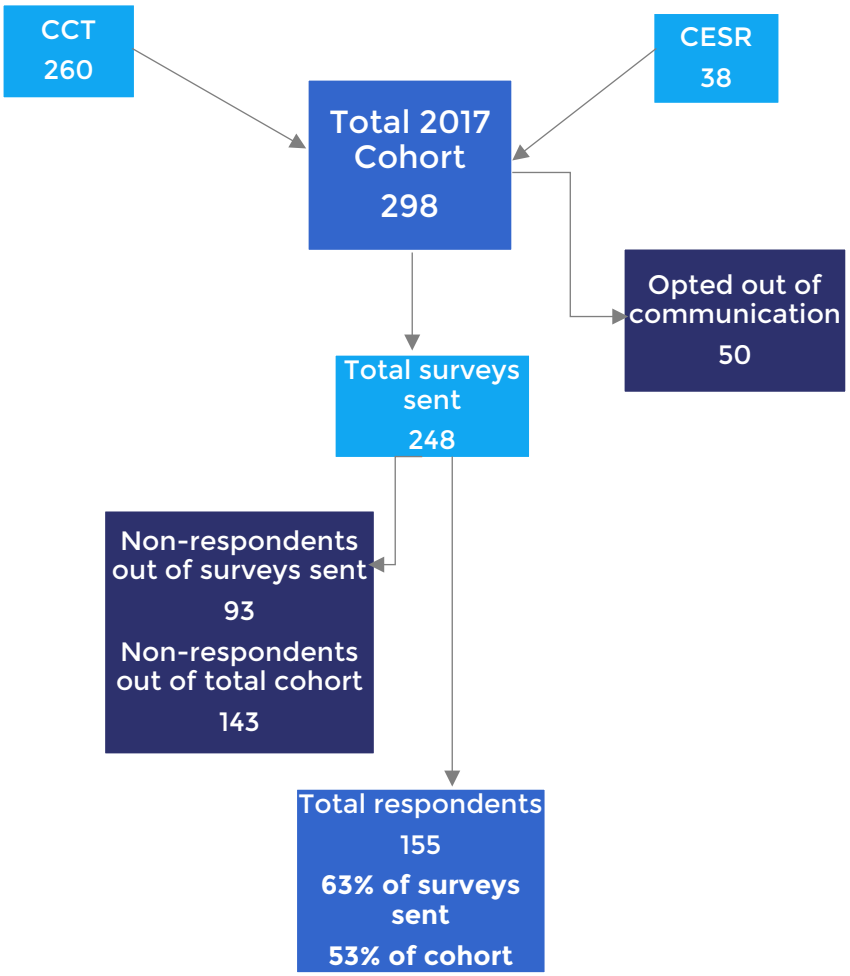
Figure 25 Career aspirations. N=114

Methodology

According to RCPCH training records, 298 individuals obtained a paediatric CCT or were recommended to the specialist register via CESR in paediatrics in 2017. Of those, 50 had opted out of all communication from the RCPCH. Therefore, surveys were sent to a total of 248 individuals. A link to a survey hosted on SurveyMonkey was sent via email, and paper version of the survey was also sent via post to maximise response rate.

The total of responses was 155: 63% of surveys sent and 53% of the total cohort. Out of the surveys sent, 93 were not returned (143 out of the total cohort including those who requested not to be contacted). See Figure 26.

Figure 26 Response rate to CCT and CESR 2017 survey. Flow chart highlights total cohort, excluded, respondents, non-respondents and response rate.



References

1. RCPCH, *CCT and CESR Class of 2016: Where are they now?* 2018, Royal College of Paediatrics and Child Health.

2. BMA, The state of pre and post-graduate medical recruitment in England, September 2017. 2017, British Medical Association.

3. RCoA, *Medical Workforce Census Report 2015*. 2016, The Royal College of Anaesthetists.

4. RCoA, *Workforce Data Pack 2018*. 2018, Royal College of Anaesthetists.

5. RCPSYCH, Census 2017, Workforce figures for consultant and specialty doctor psychiatrists. 2017, Royal College of Psychiatrists.

6. RCP, *Medical CCT class of 2016, Survey 2017: how have they fared?* 2017, Joint Royal Colleges of Physicians Training Board.

7. JRCPTB, Survey of medical certificate of completion of training (CCT) holders' career progression 2016. 2017, Joint Royal Colleges of Physicians Training Board.