

CCT Class of 2017: Where are they now?

Findings of a survey carried out between
January and April 2019



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 the career aspirations of newly qualified paediatricians to get involved in medical education, develop a special interest, engage in quality improvement and undertake more **research/academic work**².

Introduction

This report surveys newly qualified paediatricians, one year on from gaining their certificate³ in 2017. The aim is to discover the career destinations and training experiences of new certificate holders, to use in workforce planning and inform the RCPCH's provision and support.

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.

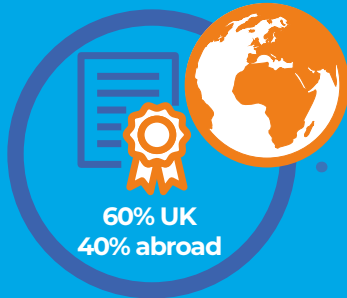
1 <https://www.rcpch.ac.uk/resources/stepping-transition-trainee-new-consultant-paediatrician>

2 <https://www.rcpch.ac.uk/work-we-do/research-activities>

3 This includes Certificate of Completion of Training (CCT), Certificate Eligibility to the Specialist Register (CESR), and Certificate Eligibility to the Specialist Register (Combined Programme) (CESR(CP)).



85% of respondents were in a substantive post.



60% gained their PMQ (primary medical qualification) in the UK, 40% obtained their PMQ abroad.



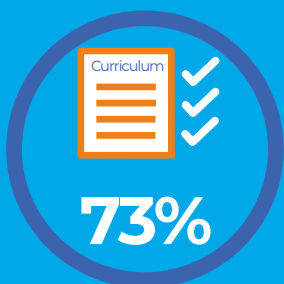
21% were working less than full time (LTFT). 16% of respondents working full time would rather work less than full time.



21% made use of their grace period. Reported use of grace period has declined from 43% in the 2011 cohort to 21% in the 2017 cohort.



33% of respondents work consultant resident shifts.



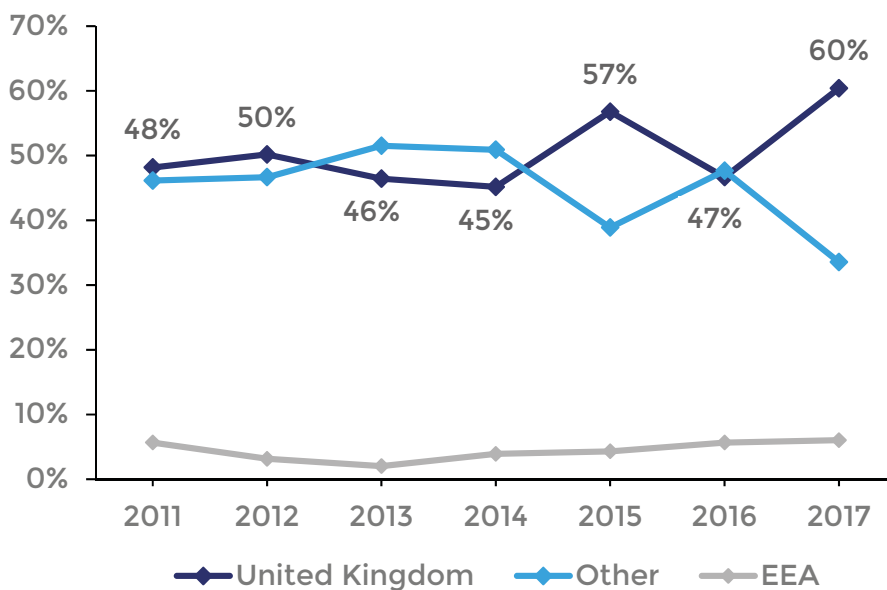
73% either agreed or strongly agreed that the paediatric curriculum covered the depth and breadth of skills, knowledge and behaviour needed in their current role.

Demographics

In total, 298 people gained their paediatric CCT, CESR or CESR(CP) in 2017. We received a response from 155 (53%). Sixty-four percent of respondents were female, representative of the total cohort (62% female). 60% of the total cohort gained their primary medical qualification (PMQ) in the UK, 5% gained their PMQ from an EEA member country and 34% from countries outside of the UK and the EEA.

This highlights the continued reliance in paediatrics on overseas trained doctors.

Figure 1: Place of primary medical qualification by CCT/CESR cohort year.



Of the total cohort, 60% were registered with the GMC for Paediatrics, 9% for Community Child Health, 6% for Neonatal medicine, and 5% for Paediatric Intensive Care.

Current post

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.

Almost all (95%) respondents worked as consultants, and 4% were working in academia (as a lecturer or research fellow). One-third (33%) of respondents were consultant resident shift working.

Only 6% reported that they had moved overseas since certification. The most common reason cited for moving abroad was a better quality of life. All respondents selected at least this option.

Less than full time working

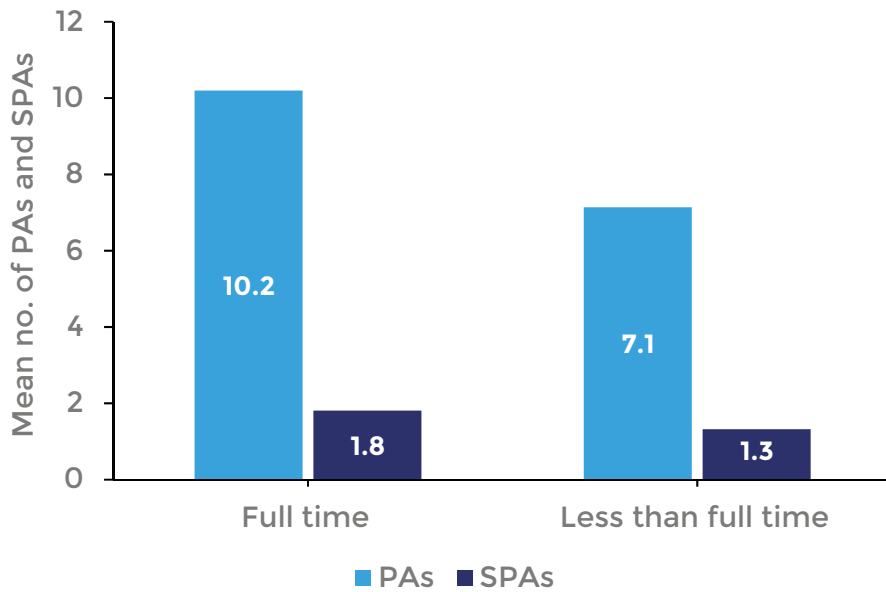
All male respondents were working full time, compared to 67% of female respondents. This is in contrast with the previous years' trend.

Between the 2014 and 2016, male doctors were increasingly working less than full time. Of all respondents, 79% were working full time (FT) and 21% were working less than full time (LTFT).

The average number of Programmed Activities (PAs) in a full time contract was 10.2 and the average number of Supporting Professional Activities (SPAs) was 1.8. This does not meet the standard of 2.5 SPAs set by the British Medical Association⁴.

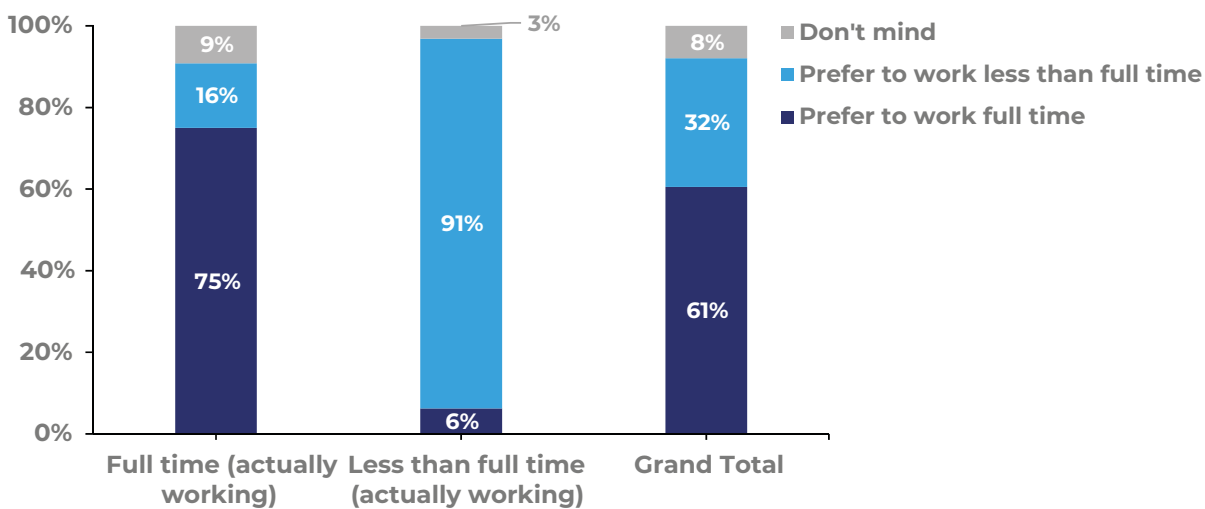
Full time contracts had a similar proportion of SPAs to total PAs (18%) compared to less than full time contracts (19%).

Figure 2: Average programmed activities (PAs) and supporting professional activities (SPAs) by participation status.



16% working full time would rather work less than full time. Conversely, in the group of respondents working less than full time only 6% would rather work full time.

Figure 3: Preferred working pattern versus actual working pattern.

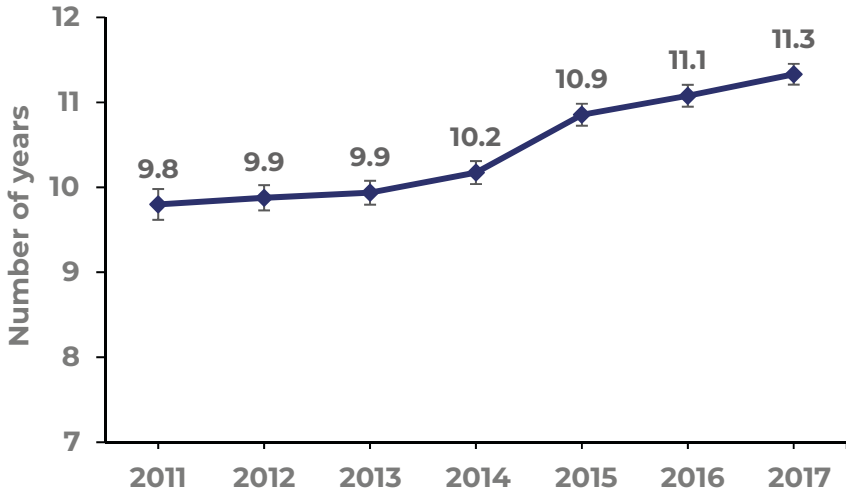


Time to training

⁴ British Medical Association, Terms and conditions of service for consultants in England. 2003. [Terms and conditions of service for consultants in England 2003 \(NHS Employers\)](#).

Chronological time taken between registration on the GMC register and CCT (i.e. including time out of training for maternity or other breaks) is increasing. From 9.8 years for those who gained their certificate in 2011 to 11.3 for those who gained their certificate in 2017.

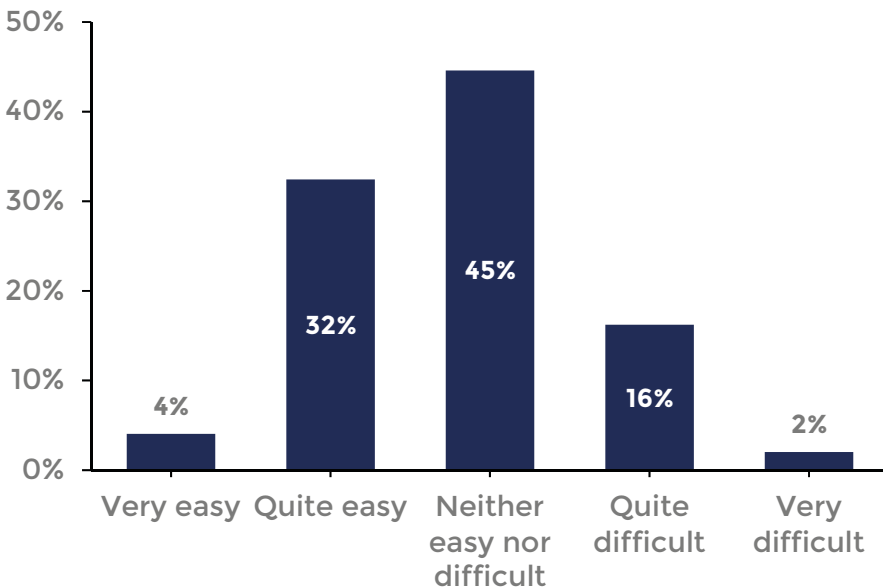
Figure 4: Time taken between registration on the GMC register and CCT date, by cohort year.



Transition from trainee to consultant

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 (45%).

Figure 5: Opinion on ease of transition to consultant role.

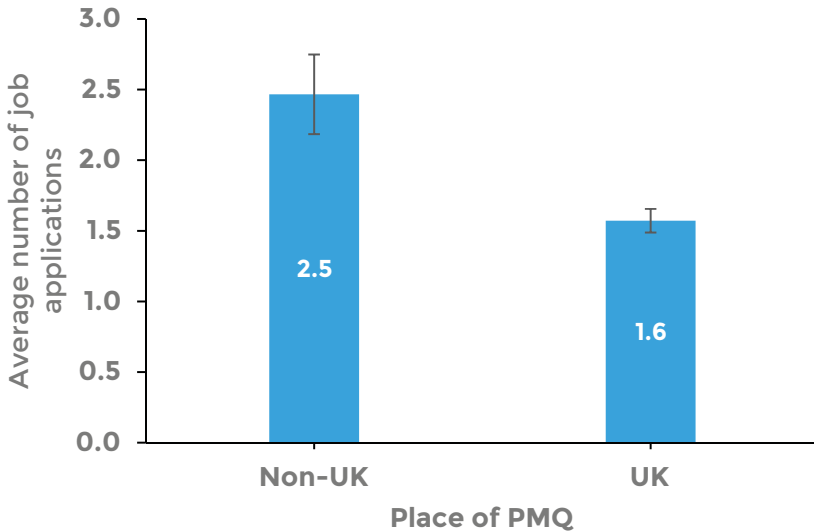


Number of job applications made

There was no meaningful difference between men and women in the number of job applications sent prior to being appointed to their current post.

However, there was a difference between people who gained their Primary Medical Qualification in the UK (average 1.6) compared to those who graduated in a non-UK country (average 2.5). Further tests showed this difference to be statistically significant⁵.

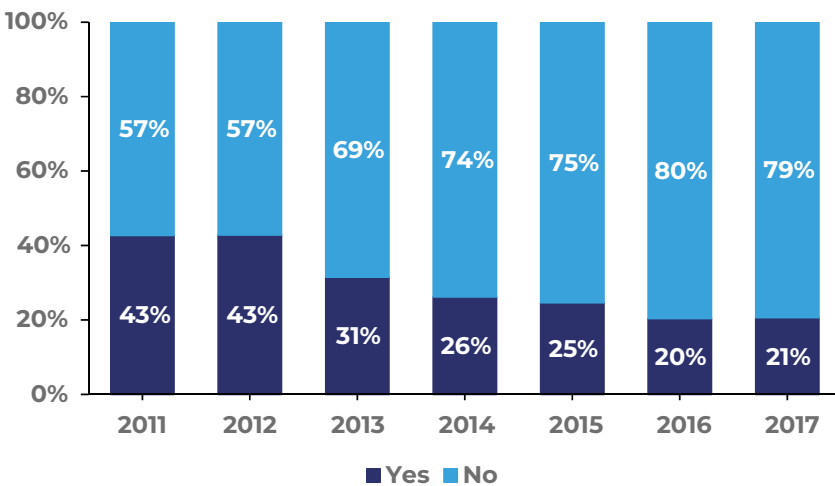
Figure 6: Average number job applications before securing a post by location of PMQ. Error bars show Standard Error of the Mean (SEM).



Use of grace period

The grace period allows doctors who have completed training to continue in their trainee post for six months whilst they find consultant-level employment. Reported use of grace period has declined dramatically, from 43% in the class of 2011 to 21% in the class of 2017. It is unclear why this is the case, but may again reflect the high demand for paediatric consultants.

Figure 7: Use of grace period over time.

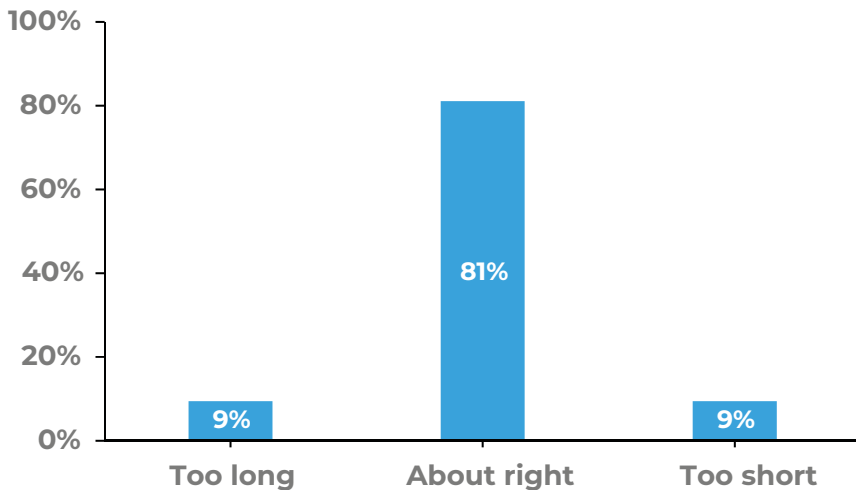


5 This difference could not be explained by route to the specialist register (i.e. comparing CCT, CESR and CESR(CP)-holders)

Length of specialty training

The majority of respondents felt the length of training was about right, 81%. Those who felt training was too long and those who felt they were too short, were the same amount: 9.5%.

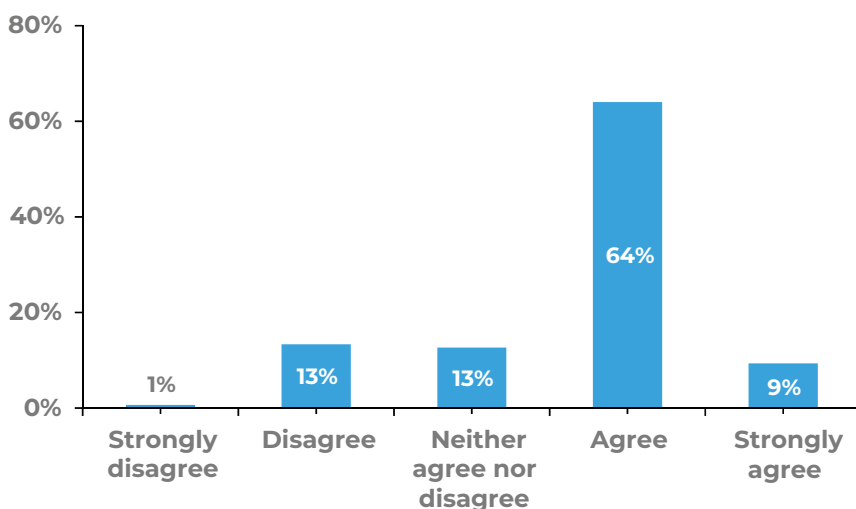
Figure 8: Opinion of paediatric specialty training duration.



Views on the training curriculum

Doctors either agreed or strongly agreed for the most part (73%) that the curriculum covered all necessary skills. Thirteen percent either disagreed or strongly disagreed, and the remaining 13% neither agreed nor disagree.

Figure 9: Response to “The curriculum covered the depth and breadth of skills, knowledge and behaviour I need in my current or planned future role”



Career aspirations

We asked doctors what their career aspirations were for the next five years. Nineteen percent wanted to consolidate their current position, 17% wanted to get involved in medical education, 17% wanted to develop a special interest, 14% wanted to get involved in quality improvement and 11% wanted to undertake more research or academic work.

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