



Royal College
of Physicians

JRCPTB
Joint Royal Colleges of Physicians Training Board

Survey of Medical CCT Holders Career Progression 2009-11

Andrew F Goddard, Nina Newbery
Medical Workforce Unit, Royal College of
Physicians
June 2011



Summary

- This is the third annual survey demonstrating the outcomes of CCT holders in the medical specialties in England, and results from a collaboration between the RCP Workforce Unit and the Joint Royal Colleges of Physicians Training Board (JRCPTB).
- The number of CCT holders gaining substantive consultant posts in 2011 fell to 54.9%, a 7.1% drop.
- For the first time there was evidence of unemployed CCT holders (0.7%).
- There has been an exponential increase in the number of non-consultant, 'post-CCT' jobs over the past 3 years from 0%-2.3%.
- There is considerable variation between the medical specialties in success at getting substantive consultant posts.
- There is no evidence of age bias in the appointment of substantive posts.

Background

Census data from consultant physicians over the past 20 years has shown a steady increase in consultant numbers in the order of 4-5% per annum, with an expansion rate of 10.5% in the past year¹. In 2004, large numbers of additional National Training Numbers (NTNs) were created in the medical specialties to meet the increasing needs of the NHS. This has created a 'bulge' of trainees moving through the system, most of whom are due to gain their Certificate of Completion of Training (CCT) over the next 1-3 years. There is considerable anxiety that there will not be enough consultant posts available for these trainees, especially given the bleak financial forecast for the NHS over the next 5 years^{2,3}. This survey is the third of an annual rolling survey to monitor trends in the progress of CCT holders towards consultant posts in the UK.


Methods

Contact details and CCT dates for trainees in all 28 medical specialties were obtained from the JRCPTB. During April 2009, January 2010 and January 2011 an electronic survey using QUASK software (2009 & 2010) or Vovici software (2011) was sent to all doctors in the medical specialties obtaining their CCT in the previous 12 months. Data on specialty, age, current job, applications for substantive consultant posts and interview success were collected. Respondents were also able to provide free text comments on any particular issues with their career progression.

Results

343 replies were obtained in 2009, 391 in 2010 and 419 in 2011 giving response rates of 40.6%, 45.3% and 47.6% respectively.

Replies were obtained from respondents in 27 medical specialties, as shown in Table 1. Table 2 shows the breakdown of current work situation for respondents. 14 respondents in 2009, 2 respondents in 2010 and 14 respondents in 2011 did not specify their specialty. In 2009, 4 respondents had 'other jobs', in 2010 this was 3 and in 2011 this was 8. 11 CCT holders were in 'post CCT' or 'specialty doctor' posts in 2011, there having been 6 in 2010 and none in 2009. 3 CCT holders were unemployed in 2011, with none for the previous two years.



The success rates from application for consultant posts for the specialties are shown in Table 3. CCT holders had to apply for more posts in almost all the specialties than in previous years but there was no evidence that there was a drop in success rate of gaining interviews, nor success in being offered a post.

The proportion of CCT holders who were unsuccessful in obtaining substantive posts is shown in Table 4. Again, no obvious pattern was demonstrable year-on-year.

The age breakdown of success rate for applications to substantive consultant posts is shown in Table 5. There was no evidence of age discrimination.

Discussion

This is an ongoing annual survey of this type of doctor and remains the only survey of its type. The response rate has improved year on year which may demonstrate increased awareness of potential workforce problems amongst this group of doctors. However, half of trainees did not respond which does limit how much weight can be attributed to the results. It was not possible to check the validity of contact details from the JRCPTB database, a common problem with electronic surveys. The RCP and JRCPTB will continue to work with trainees in the key specialist societies to improve data collection over the next 12 months.

Given the large expansion seen in consultant physician numbers in 2009 it is not surprising there are no catastrophic workforce pattern changes seen in 2011 compared with the previous two years. However, there are several observations from the 2011 data which give some cause for concern. For the first year there were 3 unemployed CCT holders identified, and together with the decreasing number of consultants in substantive posts and increased number in locum posts this does suggest the job market for CCT holders is becoming increasingly hostile. This is almost certainly the result of the increasing number of CCT holders coming out of the system into a financially restricted NHS. Another sign of the financial effects on the consultant marketplace is the increasing numbers of 'post-CCT posts' which increased year on year. The fact that CCT holders are willing to take such posts may mean that they provide an excellent opportunity for newly completed trainees. However, another explanation is that CCT holders deem geographical stability the highest priority in selecting a post. It seems almost inevitable that such posts will continue to emerge across the UK.

There doesn't seem to be a particular pattern of particular specialties that are becoming increasingly difficult to get posts in except perhaps acute medicine and haematology. However, several do have a persistently high rate of unsuccessful application to substantive posts – cardiology, dermatology, endocrinology, gastroenterology, palliative medicine and renal medicine. Given that all of these are large specialties this difficulty may produce a large number of CCT holders without posts. Respiratory medicine seems to have bucked this trend.

There is no evidence of age bias for applications in 2011 which has reversed the bias seen in the previous two years.

References

1. Census of consultant physicians in the UK, 2009. Federation of the Royal Colleges of Physicians of the UK. 2010
2. Goddard AF. Consultant physicians for the future: report from a working party of the Royal College of Physicians and the medical specialties. *Clin Med* 2010;10:548-54.
3. Goddard AF. Planning a consultant delivered NHS. *BMJ* 2010;341:c6034. doi: 10.1136/bmj.c6034.

Table 1. Respondents according to specialty.

Main specialty	2009	2010	2011
Acute Medicine	10	18	21
Allergy	0	0	1
Audio-vestibular Medicine	3	2	3
Cardiology	27	27	42
Clinical Genetics	6	4	6
Clinical Neurophysiology	2	3	2
Clinical Pharmacology & Therapeutics	2	2	2
Dermatology	10	23	18
Endocrinology & Diabetes Mellitus	19	32	29
Gastroenterology	32	36	36
General Medicine	5	1	0
Genito-Urinary Medicine	14	15	17
Geriatric Medicine	34	30	28
Haematology	10	15	38
Infection and Tropical Medicine	6	10	6
Intensive care Medicine	0	1	3
Medical Oncology	6	15	14
Neurology	24	10	14
Nuclear Medicine	2	0	1
Paediatric Cardiology	2	3	4
Palliative Medicine	27	24	23
Pharmaceutical Medicine	1	2	0
Rehabilitation Medicine	5	4	4
Renal Medicine	15	27	31
Respiratory Medicine	45	55	36
Rheumatology	20	25	24
Stroke Medicine	2	1	2
Not specified	14	2	14

Table 2. Responses to the question ‘What is your current work situation?’

	2009		2010		2011	
	Count	%	Count	%	Count	%
Substantive consultant post	197	59.3%	230	59.1%	230	54.9%
Locum consultant post	79	23.8%	91	23.4%	83	19.8%
Specialist registrar in period of grace	10	3.0%	21	5.4%	28	6.7%
Specialist registrar beyond period of grace	3	0.9%	2	0.5%	8	1.9%
Locum registrar	2	0.6%	3	0.8%	1	0.2%
Maternity leave	4	1.2%	2	0.5%	5	1.2%
Research	18	5.4%	17	2.8%	24	5.7%
Overseas	15	4.5%	14	3.6%	15	3.6%
Post CCT fellow / Specialty Dr	0		6	1.5%	11	2.6%
Unemployed	0		0		3	0.7%
Other	4	1.2%	3	0.8%	5	1.2%
Total	332		389		413	

Table 3. Success rates in being shortlisted for interview and being offered substantive consultant posts.

Main specialty	Average number posts applied for			Success rate in being shortlisted (per application)			Success rate in being offered post (per application)*		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Acute Medicine	1.2	1.6	2.3	100%	73%	89%	100%	53%	67%
Allergy	-	-	2.0	-	-	100%	-	-	100%
Audiovestibular Medicine	-	-	1.0	-	-	100%	-	-	100%
Cardiology	2.0	1.0	2.2	90%	83%	85%	40%	50%	77%
Clinical Genetics	1.5	1.5	1.3	87%	67%	100%	33%	67%	100%
Clinical Neurophysiology	1.0	1.3	-	100%	100%	-	50%	100%	-
Clinical Pharmacology & Therapeutics	2.0	1.0	3.0	100%	100%	100%	50%	100%	67%
Dermatology	1.2	0.9	1.6	83%	74%	94%	58%	74%	89%
Endocrinology & Diabetes Mellitus	2.0	2.6	3.1	60%	57%	63%	45%	16%	57%
Gastroenterology	4.0	1.6	2.5	83%	66%	88%	18%	35%	63%
General Medicine	2.0	6.0	-	100%	83%	-	50%	17%	-
Genito-Urinary Medicine	1.3	1.0	1.0	100%	87%	100%	54%	33%	89%
Geriatric Medicine	2.5	1.1	1.7	92%	78%	97%	40%	47%	72%
Haematology	1.3	0.8	1.5	92%	83%	76%	62%	75%	68%
Infection and Tropical Medicine	3.0	1.4	2.0	87%	57%	100%	27%	36%	100%
Intensive Care Medicine	-	-	1.0	-	-	100%	-	-	100%
Medical Oncology	6.0	0.9	2.4	62%	77%	84%	12%	54%	79%
Neurology	2.2	0.5	2.4	95%	80%	100%	50%	80%	71%
Nuclear Medicine	2.5	-	3.0	100%	-	0%	40%	-	0%
Paediatric Cardiology	1.0	1.3	1.5	100%	100%	67%	100%	25%	67%
Palliative Medicine	1.2	0.6	2.1	92%	93%	95%	67%	67%	76%
Rehabilitation Medicine	3.0	1.0	2.0	77%	75%	83%	33%	0%	83%
Renal Medicine	4.8	2.4	2.4	54%	74%	68%	17%	21%	59%
Respiratory Medicine	3.8	1.7	1.7	71%	65%	73%	16%	31%	57%
Rheumatology	2.4	1.4	1.4	92%	64%	87%	33%	28%	87%
Stroke Medicine	-	-	2.0	-	-	100%	-	-	50%

*Not all offers of posts will have been accepted.

Table 4. CCT holders who were unsuccessful in applying for substantive posts in 2009-11

Main specialty	2009		2010		2011	
	Count	% of all CCT holders in specialty	Count	% of all CCT holders in specialty	Count	% of all CCT holders in specialty
Acute Medicine	0	0%	1	10%	3	38%
Allergy	-	-	-	-	0	0%
Audiovestibular medicine	-	-	-	-	0	0%
Cardiology	5	25%	5	29%	7	21%
Clinical Genetics	3	75%	2	50%	0	0%
Clinical Neurophysiology	2	100%	0	0%	0	0%
Clinical Pharmacology & Therapeutics	0	0%	0	0%	0	0%
Dermatology	3	50%	4	29%	3	27%
Endocrinology & Diabetes Mellitus	5	45%	15	63%	5	33%
Gastroenterology	9	36%	11	39%	4	17%
Genito-Urinary Medicine	3	33%	1	14%	1	11%
Geriatric Medicine	1	5%	5	25%	1	6%
Haematology	1	17%	1	13%	6	35%
Infection and Tropical Medicine	1	20%	2	29%	0	0%
Intensive care medicine					0	0%
Medical Oncology	1	33%	5	56%	1	13%
Neurology	1	11%	2	40%	1	14%
Nuclear Medicine					1	100%
Paediatric Cardiology	0	0%	0	0%	1	50%
Palliative Medicine	9	53%	4	29%	5	50%
Rehabilitation Medicine	0	0%	2	100%	1	33%
Renal Medicine	2	40%	3	23%	5	31%
Respiratory Medicine	17	53%	12	36%	4	18%
Rheumatology	4	31%	8	50%	0	0%
Stroke Medicine					0	0%



Table 5. Success rate of CCT holders applying for substantive posts by age group

Age	2009	2010	2011
31-35	71%	77%	81%
36-40	70%	77%	79%
41-45	68%	56%	60%
46-50	40%	38%	88%
>50	50%	75%	100%



Medical Workforce Unit

Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE

Tel: +44 (0)20 7935 1174 Ext 242

Fax: +44 (0)20 7935 8943

Email: andrew.goddard@rcplondon.ac.uk

www.rcplondon.ac.uk



**Royal College
of Physicians**