



Survey of Medical CCT Holders Career Progression 2008-10

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Background

Census data from consultant physicians over the past 19 years has shown a steady increase in consultant numbers in the order of 4-5% per annum. 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.

This survey is the second 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 Joint Royal Colleges of Physicians Training Board (JRCPTB).

During April 2009 and January 2010 an electronic survey using QUASK software was sent to all doctors in the medical specialties who had obtained 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 and 391 in 2010 giving response rates of 40.6% and 45.3% respectively.

Replies were obtained from respondents in 26 medical specialties, as shown in Table 1.

Table 2 shows the breakdown of current work situation for respondents. 14 respondents in 2008 and 2 respondents in 2009 did not specify their specialty. In 2008, 4 respondents had 'other jobs', and in 2009 this was 3. 6 CCT holders were in 'post CCT' or 'specialty doctor' posts in 2009, there having been none in 2008.

The success rates from applications for consultant posts for the specialties are shown in Table 3. There was a widespread fall in the success rate for gaining interviews across most specialties between 2008 and 2009, but success rates for obtaining jobs only fell in 7/25 specialties in 2009 compared with 2008. The most significant falls were in diabetes and endocrinology and rehabilitation medicine.

The proportion of CCT holders who were unsuccessful in obtaining substantive posts is shown in Table 4. 50% or more of CCT holders had not been successful in obtaining consultant posts in five specialties – rehabilitation medicine (100%), diabetes & endocrinology (63%), medical oncology (56%), clinical genetics, and rheumatology (both 50%).

77% of CCT holders aged 31-35 years were in substantive posts (irrespective of number of applications) compared with 50% of those over 45 years (Table 5). This is not dissimilar to 2008.

Discussion

This is an ongoing annual survey of doctors entering the specialist register from approved training posts, and has produced some interesting additional data to compare with the 2008 baseline which has previously been published on the RCP website.

The response rate has improved between the two years which may demonstrate increased awareness of potential workforce problems amongst this group of doctors. However, half of trainees did not respond, which could significantly affect 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 will work with trainees in the key specialist societies to improve data collection over the next 12 months.

It is reassuring that again there is currently no unemployment amongst recent CCT holders. However, the high number of doctors in locum consultant posts is worrying, as is the creation of 6 'post-CCT posts' which have not been seen until this year. The RCP is now monitoring the advertising of such posts in the BMJ to further assess this trend.

This data quite clearly shows that trainees in diabetes & endocrinology and rehabilitation medicine are already experiencing difficulties in acquiring consultant posts, and this is likely to worsen as recruitment drops across trusts due to the current financial climate. Most other specialties do not yet appear to be 'in difficulty' but this situation is likely to change rapidly with the large number of trainees gaining CCTs over the next 2 years and with the likelihood of a fall in new consultant post creation.

Table 1. Respondents according to specialty.

Main specialty	2008	2009
Acute Medicine	10	18
Audio-vestibular Medicine	3	2
Cardiology	27	27
Clinical Genetics	6	4
Clinical Neurophysiology	2	3
Clinical Pharmacology & Therapeutics	2	2
Dermatology	10	23
Endocrinology & Diabetes Mellitus	19	32
Gastroenterology	32	36
General Medicine	5	1
Genito-Urinary Medicine	14	15
Geriatric Medicine	34	30
Haematology	10	15
Infection and Tropical Medicine	6	10
Intensive care Medicine	0	1
Medical Oncology	6	15
Neurology	24	10
Nuclear Medicine	2	0
Paediatric Cardiology	2	3
Palliative Medicine	27	24
Pharmaceutical Medicine	1	2
Rehabilitation Medicine	5	4
Renal Medicine	15	27
Respiratory Medicine	45	55
Rheumatology	20	25
Stroke Medicine	2	1
Not specified	14	2

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

	2008		2009	
	Count	%	Count	%
Substantive consultant post	197	59.3%	230	59.1%
Locum consultant post	79	23.8%	91	23.4%
Specialist registrar in period of grace	10	3.0%	21	5.4%
Specialist registrar beyond period of grace	3	0.9%	2	0.5%
Locum registrar	2	0.6%	3	0.8%
Maternity leave	4	1.2%	2	0.5%
Research	18	5.4%	17	2.8%
Overseas	15	4.5%	14	3.6%
Post CCT fellow / Specialty Dr	0	0%	6	1.5%
Other	4	1.2%	3	0.8%
	332		389	

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)*	
	2008	2009	2008	2009	2008	2009
Acute Medicine	1.2	1.6	100%	73%	100%	53%
Cardiology	2.0	1.0	90%	83%	40%	50%
Clinical Genetics	1.5	1.5	87%	67%	33%	67%
Clinical Neurophysiology	1.0	1.3	100%	100%	50%	100%
Clinical Pharmacology & Therapeutics	2.0	1.0	100%	100%	50%	100%
Dermatology	1.2	0.9	83%	74%	58%	74%
Endocrinology & Diabetes Mellitus	2.0	2.6	60%	57%	45%	16%
Gastroenterology	4.0	1.6	83%	66%	18%	35%
General Medicine	2.0	6.0	100%	83%	50%	17%
Genito-Urinary Medicine	1.3	1.0	100%	87%	54%	33%
Geriatric Medicine	2.5	1.1	92%	78%	40%	47%
Haematology	1.3	0.8	92%	83%	62%	75%
Infection and Tropical Medicine	3.0	1.4	87%	57%	27%	36%
Medical Oncology	6.0	0.9	62%	77%	12%	54%
Neurology	2.2	0.5	95%	80%	50%	80%
Nuclear Medicine	2.5	-	100%	-	40%	-
Paediatric Cardiology	1.0	1.3	100%	100%	100%	25%
Palliative Medicine	1.2	0.6	92%	93%	67%	67%
Rehabilitation Medicine	3.0	1.0	77%	75%	33%	0%
Renal Medicine	4.8	2.4	54%	74%	17%	21%
Respiratory Medicine	3.8	1.7	71%	65%	16%	31%
Rheumatology	2.4	1.4	92%	64%	33%	28%

*Not all offers of posts will have been accepted.

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

Main specialty	2008		2009	
	Count	% of all CCT holders in specialty		% of all CCT holders in specialty
Acute Medicine	0	0%	1	10%
Cardiology	5	25%	5	29%
Clinical Genetics	3	75%	2	50%
Clinical Neurophysiology	2	100%	0	0%
Clinical Pharmacology & Therapeutics	0	0%	0	0%
Dermatology	3	50%	4	29%
Endocrinology & Diabetes Mellitus	5	45%	15	63%
Gastroenterology	9	36%	11	39%
Genito-Urinary Medicine	3	33%	1	14%
Geriatric Medicine	1	5%	5	25%
Haematology	1	17%	1	13%
Infection and Tropical Medicine	1	20%	2	29%
Medical Oncology	1	33%	5	56%
Neurology	1	11%	2	40%
Paediatric Cardiology	0	0%	0	0%
Palliative Medicine	9	53%	4	29%
Rehabilitation Medicine	0	0%	2	100%
Renal Medicine	2	40%	3	23%
Respiratory Medicine	17	53%	12	36%
Rheumatology	4	31%	8	50%

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

Age	Successful	Unsuccessful	2009 %	2008 %
31-35	67	20	77%	71%
36-40	124	37	77%	70%
41-45	22	17	56%	68%
46-50	3	5	38%	40%
>50	3	1	75%	50%