Royal College of Physicians

JRCPTB
Joint Royal Colleges of Physicians Training Board

Medical CCT class of 2016

Survey 2017: how have they fared?

Actions and recommendations

- The RCP will
  - investigate why CCT holders who describe themselves as being of white British ethnicity appear to apply for fewer posts, but are more likely to be shortlisted and be offered a post
  - continue to ensure all RCP representatives on advisory appointment committees receive equality and diversity training.
- Mentoring should be offered to all newly appointed consultants; RCP representatives on advisory appointment committees should take the opportunity to encourage this practice.
- Senior trainees should have the opportunity to undertake post-take ward rounds with the supervising consultant present to provide feedback.
- All healthcare providers should take steps to improve GIM training experiences.

Introduction

This is the ninth survey reporting the experiences of, and outcomes for, CCT holders within a year of gaining their CCT. It covers physicians who gained their CCT in 2016 in all 30 medical specialties in the UK.

This unique survey is a collaboration between the RCP's Medical Workforce Unit and the Joint Royal Colleges of Physicians Training Board (JRCPTB) and has monitored changing outcomes for CCT holders since 2009.

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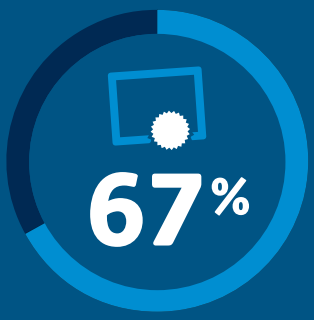


of the class of 2016 certificate of completion of training (CCT) holders had gained a substantive post by August the following year, which is a significant improvement on recent years and is likely to reflect consultant shortages in many specialties.

of trainees reported difficulty in transitioning from trainee to consultant. This was associated with younger consultants, a white ethnic background, certain specialties (geriatrics, haematology, palliative medicine), the quality of training, and regrets about choosing to train in their specialty.

of CCT holders who were in a substantive post were offered mentoring. An encouraging 75% of those took it up and an impressive 92% found it helpful. Mentoring should clearly be made available to all newly appointed consultants.

of CCT holders who trained in general internal medicine (GIM) reported 'acting up' during their training to undertake a post-take ward round (with their consultant simply watching to give feedback). 99.7% recommended it to other trainees. This opportunity should be made available to all trainees in general internal medicine.

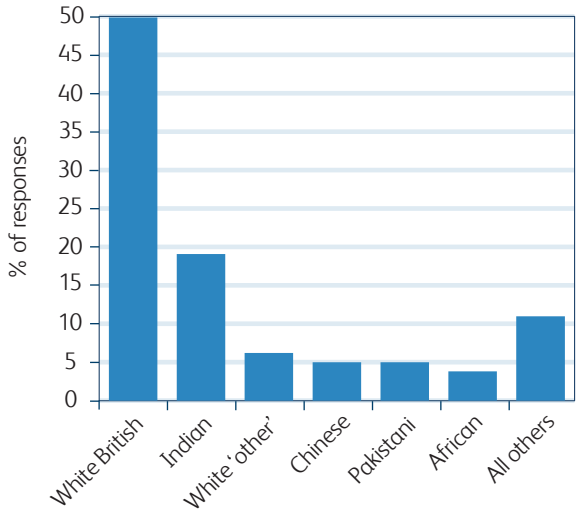
of CCT holders reported that they would train in their specialty if they had the chance to undertake their training period again. Worryingly, only 53% reported that they would train in GIM.

Demographics

In total, 935 CCT holders were contacted in August 2017 and we received 487 completed responses (52%). Fifty per cent of respondents were male and 19% of respondents trained less-than-full-time.

Fifty per cent of respondents described their ethnicity as white British, 19% as Indian, 8% as white other than British, 5% as Pakistani and 5% as Chinese; all other ethnic groups each made up less than 5% of respondents.

Responses | By ethnicity



49%

of respondents were dual-accredited in their specialty and general internal medicine (GIM). There was no evidence that CCT holders in different areas of the country or in different specialties were under-represented in the survey.

Current work situation of CCT holders

Encouragingly, there has been a further increase in the number of CCT holders in substantive posts this year to 67% (from 63% last year and 57% in 2014). This may well reflect consultant shortages in many specialties, particularly acute medicine and geriatrics.

Reflecting this, a lower number of CCT holders were in locum consultant posts (15%) than previous years. Respondents who reported that they were in locum posts gave reasons including waiting for a particular post to become available (52%), wanting to stay in the same region where they trained (17%), or family or personal reasons (13%).

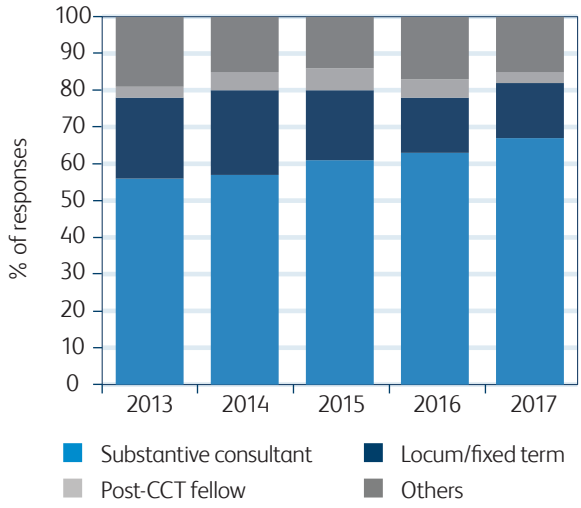
Two CCT holders were unemployed: one waiting for an anticipated post to become available and the other planning to move overseas due to dissatisfaction with government support and funding for the NHS.

All medical specialties had a majority of CCT holders in substantive consultant posts this year, even specialties such as genitourinary medicine that have had a majority of CCT holders in locum posts for the past three years.

Of CCT holders in substantive posts, 56% were offered mentoring and an encouraging 75% took up the offer. Of the CCT holders who took up mentoring, 92% found it helpful. Mentoring should clearly be made available to all newly appointed consultants.

Of survey respondents who were in substantive posts, 42% took part in the acute medical take and 44% were involved in the care of non-specialty general medical inpatients.

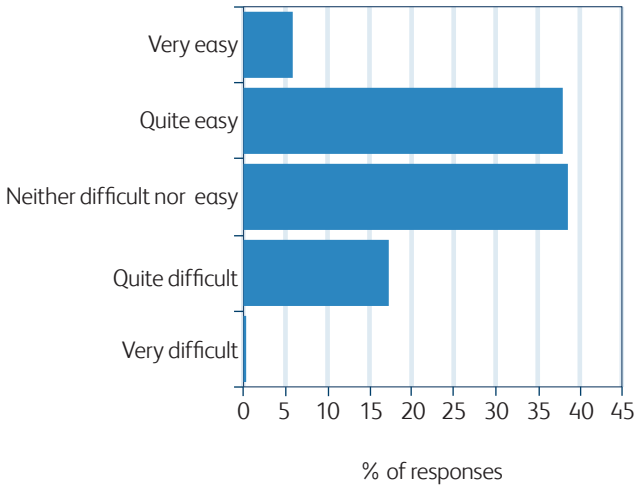
Current work situation | 2013–2017



Transition from trainee to consultant

Of the 329 CCT holders in a substantive consultant post who responded to the survey, 44% found the transition from trainee to consultant 'quite easy' or 'very easy', and 39% as 'neither easy nor difficult'. But 17% described it as 'quite difficult' and one respondent as 'very difficult'.

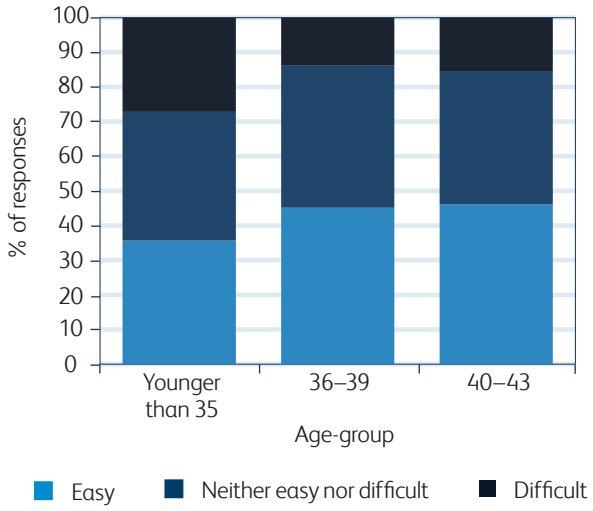
Ease of transition from trainee post to consultant post | Summary



There was no difference in ease of transition to a consultant post between men and women, or depending on less-than-full-time training status. However, finding the transition difficult was more common among those:

- becoming consultants at a younger age (transition was difficult in 27% of CCT holders younger than 35, 14% of those aged 36–39 and 15% of those aged 40–43)
- from a white ethnic background (transition was difficult in 24% of those of white British origin and 6% of those of Indian ethnic origin).

Ease of transition from trainee post to consultant post | By age-group

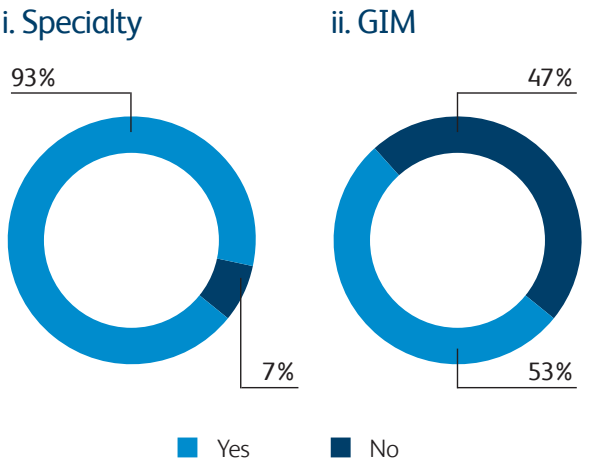


CCT holders were more likely to find transition easy than difficult in all medical specialties except geriatrics, haematology and palliative medicine. In these specialties the situation was the opposite: more CCT holders reported finding the transition difficult than reported that it was easy (eg 32% of CCT holders in geriatrics reported transition was easy and 38% that it was difficult).

However, undertaking the unselected medical take was not related to finding the transition difficult. Interestingly, those who found transition difficult had applied for fewer consultant posts (a mean of 1.27) than those who found transition easy (a mean of 1.42).

How difficult CCT holders found the transition fitted well with their perceptions of how well they felt trained in their specialty and in GIM. Of those who felt very well trained in their specialty, 13% found transition difficult, compared with 40% of those who felt only adequately trained. Of those who felt very well trained in GIM, 10% found transition difficult, compared with 25% of those who felt only adequately trained.

If you could turn back time, would you still choose to train in:



Regretting choice of specialty seemed to correlate with finding transition difficult. Of those who said they would not train in their specialty if they had their training period again, 44% reported finding transition difficult, whereas only 16% of those who said they would train again in their specialty reported that transition was difficult. Despite this, regretting training in GIM had no impact on finding transition difficult.

CCT holders who had 'acted up' to do a post-take ward round (with their consultant watching to give feedback) were less likely (14%) to find transition difficult than those who did not benefit from this experience (24%). Training experiences are therefore very important in the transition to a consultant post.

Disappointingly, being offered or taking up mentoring had no impact on whether or not CCT holders found transition difficult or easy.

When asked what support they would want from the RCP during the transition to being a consultant, the most common requests were:

- appraisal and revalidation support (66%)
- leadership and management skills development (62%)
- mentoring (51%)
- RCP-facilitated network for new consultants (48%)
- CPD courses/e-learning (45%)
- education supervision skills development (44%).

When asked what courses they would want the RCP to hold during the transition to being a consultant, the most common answers were:

- new consultant course (62%)
- managing complaints (57%)
- management (56%)
- service development and business case preparation (55%)
- consultant contracts and leadership (47%).

Shortlisting and appointment success rates

The mean number of consultant posts applied for was 1.49, and shortlisted for was 1.44. Once again only 34% of CCT holders had applied for consultant posts outside their deanery. 65% of CCT holders reported that geographical location was the most important factor behind their choice of training post; similar results have been reported in the Higher Specialty Trainee census since 2013–2014 (www.rcplondon.ac.uk/projects/census-consultant-physicians-and-higher-specialty-trainees-uk). This emphasises the need for trainee numbers and future consultant posts to be matched better, given the well-known geographical inequalities in the ability to appoint to consultant posts between London and other areas of the UK.

In a change from previous years' surveys, women appeared to apply for slightly more consultant posts than men (1.54 versus 1.43). As a consequence, women were shortlisted for slightly more posts (1.48 versus 1.38).There was a similar, but less marked, pattern for less-than-full-time compared with full time CCT holders. These findings are likely to be due to the differing gender balance in different medical specialties, and the prioritisation of geographical location over other considerations reported by female CCT holders.

65%

of CCT holders reported that geographical location was the most important factor behind their choice of training post

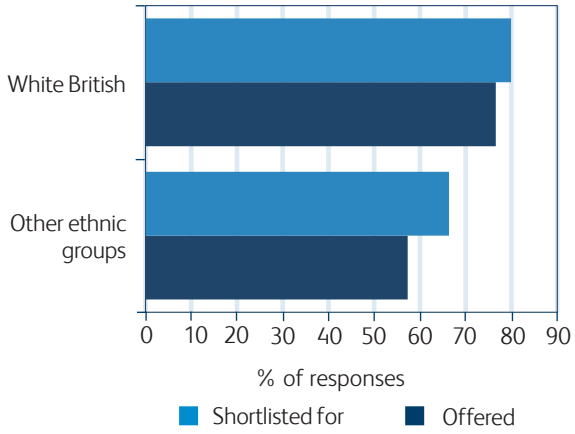
As in last year's survey, CCT holders who described themselves as being of white British ethnicity (50% of respondents) appeared to:

- apply for fewer posts (mean 1.29 versus 1.66 for all other ethnic groups)
- be more likely to be shortlisted (80% versus 66% for all other ethnic groups)
- be more successful at being offered a post (77% versus 57% for all other ethnic groups).

As the data have been consistent for several years in a row, they are a clear warning signal. The RCP will investigate the situation as a matter of urgency, including if there are any differences in outcomes depending on whether or not the Advisory Appointments Committee (AAC) includes an RCP representative.

We will continue to ensure all RCP representatives on AACs receive equality and diversity training. The training will need to help them understand unconscious bias, and how cultural differences impact on both performance at interview and how that performance is assessed.

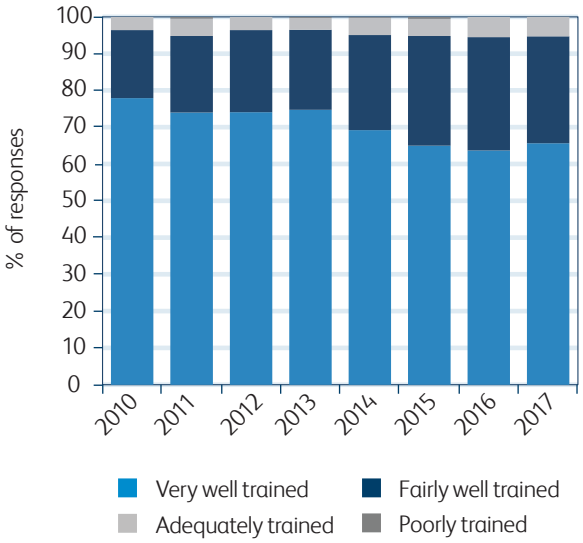
Consultant posts shortlisted for and offered | By ethnicity



Quality of training in GIM and specialty

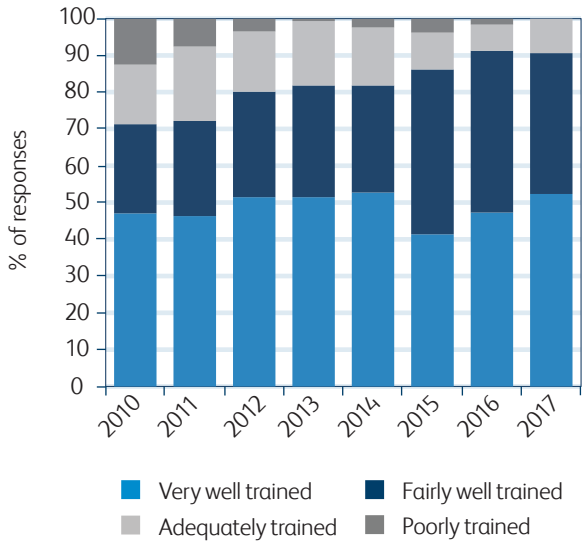
The perceived quality of GIM training has been consistently lower than specialty training throughout the years of the survey. There was no significant change from last year's survey, with 66% of CCT holders reporting feeling very well trained in their specialty compared with 52% feeling very well trained in GIM.

Reported quality of training | Specialty: 2010–2017



Encouragingly, 59% of CCT holders who trained in GIM reported 'acting up' during their training to undertake a post-take ward round (with their consultant simply watching to give feedback). A staggering 99.7% recommended it to other trainees. The same opportunity should clearly be made available to all trainees in GIM given this ringing endorsement.

Reported quality of training | GIM: 2010–2017



When CCT holders were asked whether they would train in their specialty if they could turn back the clock, a reassuring 93% said they would. Worryingly, only 53% of those who trained in GIM reported that they would train in GIM again.

For more info, visit
rcplondon.ac.uk/census

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