

UK Foundation Programme
2019 F2 Career
Destinations Survey



Executive Summary

Each year the UK Foundation Programme Office (UKFPO) undertakes a survey of F2 trainees to determine their career aspirations and planned career destinations if known. This is the tenth publication of the UK national F2 Career Destinations Survey Report using data collated from across UK foundation schools. The 2019 survey received 6,864 valid responses, which gave an overall response rate¹ of 93.1% (the response rate in 2018 was 86.8%).

The percentage of foundation trainees remaining in the UK to work as a doctor either in service or training posts is slightly higher than 2018 (55.6%) with 57.4% of F2 doctors continuing to undertake clinical roles within the NHS upon completion of the Foundation Programme. There has been little overall change to this percentage over the last five years, indicating that many doctors completing foundation training are playing a key role in the delivery of service within the NHS.

Although, the number of F2 doctors choosing to progress directly to specialty training in the UK is continuing to decline and the possible explanations for this trend are incredibly complex and multi-factorial, [progression data from the General Medical Council \(GMC\)](#) shows that 90% of F2 trainees have obtained a specialty training post in the UK within three years of completing the Foundation Programme. Data also suggests that there has been a slight reduction in the number of F2 trainees opting to move abroad after completing foundation training.

The percentage of trainees who intended to progress directly to specialty training at the start of F1 (46.4%) highlights a change in attitude evident prior to entry into foundation training. The 2019 data also shows that 10.2% of doctors planned to take a career break after F2, compared to 9.6% of respondents in 2018. At the end of foundation training, 13.6% of respondents reported their intention to take a career break, compared with 14.4% in 2018. This shows that although the number of doctors planning a career break has increased, the number who actually take a career break at the end of F2 has decreased.

Research external to this survey indicates that trainees often consider the end of F2 as a natural break in the training pathway to regain control and autonomy. At the same time, trainees have also expressed concerns about the transition within the conventional training structure at such an early time in their career, suggesting that the decision to opt for a career break is not always a reflection of dissatisfaction with the more formalised training structure. In fact, 19.7% of respondents to this survey indicated that they changed their minds about taking a career break during their foundation training.

It would be too simplistic to assume that the reasons for change are equally applicable across all regions of the UK as the motivators for career choice vary based on geography and specialty competition ratios. Qualitative research has highlighted that doctors training in more popular regions choose to take time out to boost their Curriculum Vitae (CV) and enhance their prospects of acquiring a specialty post in the same location. Trainees consider this as an opportunity to develop their skills, recharge and prepare for the rest of their career. Research also shows that mature trainees (not graduate entry)² are more likely to continue directly into specialty training from F2³. There is additional evidence that many medical students from lower socio-economic backgrounds are thriving academically, with the majority graduating as doctors⁴. This would imply that an increase in mature entrants to medical school and widening participation courses may increase direct progression from foundation to specialty training. There is ongoing work where education organisations are exploring routes of entry to foundation to better support those with special circumstances and from widening participation backgrounds.

¹ The response rate was calculated by dividing the clean response total (6,864) by the total number of doctors completing F1 reported in the 2018 UKFPO Annual Report (7,373).

² Pyne, Y., Ben-Shlomo, Y., 'Older doctors and progression through specialty training in the UK: a cohort analysis of General Medical Council data', *BMJ Open*, 2015; 5: e005658. doi:10.1136/bmjopen-2014-005658

³ Cleland, J., Prescott, G., Walker, K., et al., 'Are there differences between those doctors who apply for a training post in Foundation Year 2 and those who take time out of the training pathway? A UK multicohort study'. *BMJ Open*, 2019; 9: e032021. doi:10.1136/bmjopen-2019-032021

⁴ Curtis, S., Smith, D. A comparison of undergraduate outcomes for students from gateway courses and standard entry medicine courses. *BMC Med Educ* 20, 4 (2020). <https://doi.org/10.1186/s12909-019-1918-y>

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Introduction

This is the tenth annual F2 Career Destinations Survey Report using data collated from a UK-wide (four nations) survey of outgoing F2 doctors. It describes the self-reported career destinations of F2 doctors who completed their foundation training in August 2019. These doctors typically graduated from medical schools (the university where they were awarded their Primary Medical Qualification (PMQ)) in 2017. Like the previous reports, this paper provides details about intended career destinations, the proportion of doctors progressing into psychiatry and general practice (GP) specialty training, Royal College exams taken, the numbers of specialty training and service posts taken outside the UK, reasons for leaving the UK, intention to return, and intentions to work less than full-time. Throughout the report, references to specialty training include general practice (GP) training.

Method

All foundation doctors who were due to complete their training in August 2019 were expected to participate in the survey. By agreement of Foundation School Directors (FSDs), only doctors who completed the survey were issued with their Foundation Programme Certificate of Completion (FPCC).

This report is based on data gathered from a homogenous purposive sample. Institutional approval for this survey came from the UKFPO. The survey includes a statement of informed consent to the participants detailing the length of time the survey would take to complete and how the data would be used. Respondents could choose whether to provide their unique General Medical Council (GMC) number on the understanding that their data would be shared with the GMC to inform the longitudinal study. Respondents' personal details may be shared with the foundation schools to confirm completion of the survey, but personalised responses are not shared.

All Foundation schools used Joint Information Systems Committee (Jisc) to gather the data between May and September 2019. Doctors who did not complete F2 training in August 2019 and military F2s were not required to participate. The survey response rate is calculated using the number of valid survey responses, 6,864 (cleaned of duplicates⁵ and invalid⁶ responses), with the reported number of trainees completing F1 in the UKFP 2018 Annual Report, 7,373 (this number is the total distribution for the Destination Survey).

Data contained within this report is based on foundation doctors' self-reported career intentions or declared appointments. We have not compared career intention with the final actual appointment / next career destination for individual doctors.

Responses

All 20 UK foundation schools collected F2 career destinations data, inviting a total of 7,373⁷ F2 Trainees to complete the survey. A total of 7,290 responses were collected and after cleaning the data, i.e. removing duplicates and invalid responses, 6,864 valid responses were achieved. This gives an overall response rate of 93.1% (6,864 / 7,373). This high response rate is expected in this case of purposive and mandatory sampling. The survey respondents received their FPCC after they completed this survey. This report includes 6,357 doctors completing the standard Foundation Programme (FP, 92.6%) and 507 completing the Academic Foundation Programme (AFP, 7.4%). This includes two-year programmes and one-year posts.

⁵ The survey allowed for respondents to access the survey multiple times to mitigate for interruptions while completing the survey, e.g. loss of internet connection, work interruptions. This meant that there were some responses completed by the same respondents on different occasions and therefore the most current response was saved, and earlier passes deleted.

⁶ A survey response was considered invalid if less than 25% of the questions were complete.

⁷ This is the number of reported doctors completing F1 and continuing with Foundation year Two in the 2018 UKFPO Annual report.

Stated Destinations of F2 Doctors

The survey asked doctors to state their intended career destination.

In 2019, 34.9% of F2 doctors declared that they were appointed to specialty training in the UK. Of these doctors, 2% deferred their appointment. This compares to 2018, when 37.7% of F2 doctors declared that they were appointed to specialty training in the UK (both run through and core training), and 1.7% deferred their appointment.

The table below details the stated career destinations (at the end of F2) for 6864 respondents.

Reported Destinations at end of F2	Foundation Programme (6,357)		Academic Foundation Programme (507)		All F2 destinations (6864)	
	Number	%	Number	%	Number	%
Specialty training in UK – run-through training programme, inc. GP (ST1)	1311	20.6%	102	20.1%	1413	20.6%
Specialty training in UK – core training /Internal Medicine Training (CT1)	631	9.9%	65	12.8%	696	10.1%
Specialty training in UK – academic programme	15	0.2%	48	9.5%	63	0.9%
Specialty training in UK – deferred for higher degree	13	0.2%	0	0.0%	13	0.2%
Specialty training in UK – deferred for statutory reasons	34	0.5%	0	0.0%	34	0.5%
Specialty training in UK – deferred for other reason	85	1.3%	1	0.2%	86	1.3%
No specialty type defined	56	0.9%	5	1.0%	61	0.9%
Locum appointment for training (LAT)	28	0.4%	2	0.4%	30	0.4%
Sub-total for specialty training in UK	2,173	34.2%	223	44.0%	2,396	34.9%
Service appointment in UK	1,448	22.8%	94	18.5%	1,542	22.5%
Clinical or related appointment totals (specialty in UK, LAT and service appointments in the UK)	3,621	57.0%	317	62.5%	3,938	57.4%
Service outside the UK	364	5.7%	21	4.1%	385	5.6%
Other appointment in UK (including military postings)	479	7.5%	41	8.1%	520	7.6%
Still seeking employment as a doctor in the UK	534	8.4%	18	3.6%	552	8.0%
Further study	138	2.2%	29	5.7%	167	2.4%
Other appointment outside UK (including specialty outside the UK)	70	1.1%	9	1.8%	79	1.2%
Still seeking employment as a doctor outside the UK	162	2.5%	9	1.8%	171	2.5%
Not practising medicine – career break	878	13.8%	53	10.5%	931	13.6%
Not practising medicine – left profession	29	0.5%	4	0.8%	33	0.5%
Turned down specialty training in the UK as location unsuitable	69	1.1%	4	0.8%	73	1.1%
Undecided/No Response	13	0.2%	2	0.4%	15	0.2%
Totals	6,357	100.0%	507	100.0%	6,864	100.0%

Table 1: Reported career destinations at the end of F2 2019

The tables above and below show that 57.4% of the 6,864 respondents reported securing a clinical or related appointment in the UK (specialty, locum or service post), and 8% were still seeking employment as a doctor in the UK. An additional 7.6% reported progressing to other UK appointments including teaching posts, which usually include clinical roles. Thus, a total of 73% intended to progress immediately to training, service posts or UK-based teaching. This year, 34.9% of respondents reported that they intended to progress directly into UK specialty training. This shows a steady decline from 2011.

The table below provides a comparison of destinations from 2011 to 2019. The percentages include doctors completing AFP and those respondents who did not describe their foundation programme type.

F2 Destinations	2019	2018	2017	2016	2015	2014	2013	2012	2011
UK specialty – run-through training	20.6%	18.1%	20.0%	32.8%	24.0%	29.5%	29.9%	33.5%	34.0%
UK specialty – Core / Internal Medicine	10.1%	16.8%	18.4%	15.4%	26.0%	26.8%	29.6%	30.5%	34.0%
UK specialty training – academic	0.9%	1.1%	1.2%	0.7%	1.3%	1.6%	1.5%	1.6%	1.5%
UK specialty – FTSTA (pre-2016) or no type	0.9%	0.0%	0.4%	0.0%	0.1%	0.2%	0.2%	0.8%	1.1%
UK specialty training – deferred for higher degree	0.2%	0.0%	0.0%	0.4%	0.0%	0.1%	0.2%	0.1%	0.1%
UK specialty – other deferral / statutory	1.8%	1.7%	2.6%	1.1%	0.5%	0.3%	0.5%	0.5%	0.5%
Locum for training (LAT) in UK	0.4%	0.3%	0.5%	0.5%	0.5%	0.5%	0.6%	0.7%	0.4%
Subtotal for UK specialty (incl. GP)	34.90%	38.00%	43.10%	50.90%	52.40%	59.00%	62.50%	67.70%	71.60%
Service appointment in UK	22.5%	17.6%	16.7%	8.3%	9.2%	5.6%	3.5%	3.3%	2.3%
Subtotal for doctors remaining in NHS	57.4%	55.6%	59.8%	59.2%	61.7%	64.6%	68.5%	71.0%	74.0%
Other UK (study teaching, military)	10%	9.0%	9.8%	7.0%	5.5%	6.1%	2.3%	1.9%	3.0%
Still seeking work as a doctor in the UK	8.0%	7.4%	7.4%	5.9%	8.6%	8.4%	7.6%	7.4%	6.3%
Subtotal of doctors in UK healthcare	75.4%	72.0%	77.0%	72.1%	75.8%	79.1%	78.4%	80.3%	83.3%
Specialty training outside the UK	0.4%	0.8%	0.1%	0.3%	0.4%	0.3%	0.6%	1.1%	0.8%
Appointment outside UK (inc. service)	6.4%	7.8%	2.0%	7.8%	6.1%	3.9%	4.8%	6.6%	7.4%
Still seeking work as a doctor outside UK	2.5%	2.7%	3.8%	4.6%	4.3%	5.1%	6.5%	5.5%	3.7%
Subtotal of doctors working outside UK	9.3%	11.3%	5.9%	12.7%	10.8%	9.3%	11.9%	13.2%	11.9%
Not practising – career break	13.6%	14.4%	13.8%	13.1%	13.1%	11.3%	9.4%	6.1%	4.6%
Not medicine – left profession	0.5%	0.4%	0.6%	0.6%	0.3%	0.3%	0.3%	0.2%	0.1%
Rejected UK specialty as location unsuitable	1.1%	1.1%	1.5%	0.6%					
Undecided / No Response	0.2%	0.8%	1.2%	0.9%					
Total destinations	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2: F2 Career destinations nine-year comparison

Applications for Specialty Training in the UK

The table below provides a summary of reported career destinations for respondents who had applied and been offered specialty training in the UK (2,427). This includes those who deferred accepting an offer or turned down a specialty training post.

Destination for those applying who were offered an ST post in the UK	Number	Percentage
Specialty Training in the UK	2,191	90.3%
Specialty Training Outside of the UK	4	0.2%
Other in UK	2	0.1%
Still seeking employment as a doctor in the UK	16	0.7%
Still seeing employment as a doctor Outside of the UK	3	0.1%
Turned down a specialty (including GP) training post in the UK as the location was not preferable	50	2.1%
Deferred	161	6.6%
Totals	2,427	100.0%

Table 3: Career destination for those applying and being offered ST in the UK

Of the 2,427 / 3,098 trainees (78.3% of those who applied) who stated they had received an offer for a specialty training post, 9.7% (236 / 2,410) reported that they did not continue into specialty training. Most of these doctors (50 / 236) reported that they had turned down a specialty offer in the UK as the location was not preferable.

Of the 3,098 trainees who applied for specialty, 602 did not provide a response when asked if they had received an offer at the time of completing this survey. Interestingly, 10 of these respondents later reported their F2 destination as specialty training in the UK. This would imply that a total of 2,437 (78.7%) of those who applied for specialty actually received an offer.

For further information about career destinations for the 602 trainees who did not provide information about the outcome of their specialty application, please refer to appendix 1.

Of those who applied for specialty, 69 doctors said they had not received an offer at the time of completing this survey, with the majority of this group (55) still seeking employment. Full details of the career destinations for these 69 doctors are provided in appendix 2.

Appointment to General Practice and Psychiatry

From the total responses, 2,367 / 6,864 (34.9%) indicated that they applied to specialty training. From this group, 758 / 2,396 (31.6%) were appointed to a GP training programme, of whom 753 (99.3%) stated that GP was their first-choice specialty. In comparison, 128 / 2,396 (5.3%) were appointed to a Core Psychiatry Training (CPT) programme, of whom 127 (99.2%) stated that CPT was their first choice.

The table below shows the percentage of those appointed to specialty in the UK who were appointed to GP or CPT across the last 8 years.

Appointed to GP or CPT	2019	2018	2017	2016	2015	2014	2013	2012
General Practice	31.6%	31.8%	35.8%	33.8%	33.9%	35.5%	36.6%	36.1%
Core Psychiatry Training	5.3%	5.6%	5.0%	5.3%	5.1%	5.7%	5.3%	4.7%

Table 4: Appointments to GP or CPT eight-year comparison

A smaller proportion of F2 doctors have been appointed straight into GP training in the last two years, whereas there has been no change in those appointed to CPT.

Drivers for Specialty Applications in the UK

New questions in the 2019 survey included a question that explored the issues that are important to respondents when considering entering specialty training in the UK.

Work-life Balance During Foundation Training

The survey asked respondents to consider the statement: “I have a good work-life balance” in regard to their experience of foundation training. Less than half of respondents (44.9%) said they agreed or strongly agreed with this statement. Around a third (30.9%) disagreed, and the remaining 24.2% did not respond or neither agreed nor disagreed. A total number of 3,080 trainees agreed with the statement.

“I have a good work-life balance” (WLB)	Frequency	Percentage
Strongly agree	287	4.2%
Agree	2,793	40.7%
Neither agree nor disagree	1,646	24%
Disagree	1,688	24.6%
Strongly disagree	432	4.3%
Other	13	0.2%
Blank	5	0.1%
Total	6,864	100%

Table 5: Response to question “I have a good work-life balance”

Feedback on Specialty Choice During Foundation Training

The table below provides detail regarding decisions of those declaring a specialty choice including those who changed their minds during the course of their foundation training and the reasons given.

Question: “Did your specialty choice change during foundation training”		
Answer	Frequency	Percentage
No Response	602	18.9%
No: still first choice specialty	1,170	36.7%
Yes: other reason	491	15.4%
Yes: didn't enjoy rotation in original choice specialty	229	7.2%
Yes: preferred a different specialty	543	17.0%
Other	151	4.7%
Total	3,186	100%

Table 6: Changes to intended ST Programme choices during FP 2017-19

This data shows that for 36.7% of applicants, their chosen specialty had not changed since the start of foundation training. Of those respondents who changed their minds during their Foundation Programme, only 7.2% indicated that this was because they did not enjoy their experience during foundation. The data shows that 37.2% of respondents changed their mind for other reasons, which suggests foundation training offered useful learning experiences that contribute to the making of informed decisions around specialty choices.

A small number of respondents (106) provided qualitative feedback as white space answers, the majority of whom (79.2%) were undecided about which specialty to consider longer-term. Only 8 (7.5%) of respondents indicated that their foundation training experience may have influenced their intended specialty in a negative way or prompted a career break.

Examples of qualitative feedback from F2 trainees who completed the survey are provided below: -

“Limited options to apply directly into infectious diseases, also likely with the new introduction of IMT has made lesser CMT ACF programmes.”

*“I was put off my first-choice specialty by my placement in that area, however **I was offered a post and have accepted it as I did not want to take a year out.**”*

*“I am strongly considering Haematology **due to positive experiences** working in oncology and a Haematology taster week, and research interest.”*

“Though eligible there were not enough placements to secure a training post...”

*“**I have enjoyed most of my rotations and feel I need more time to decide.**”*

“I still want to do Anaesthesia but am taking a year out to locum (earn more money to save for wedding and guaranteed time off for wedding).”

“Wasn’t ready to commit to run through training... I needed more time to experience other specialties.”

This feedback suggests that career intentions after F2 are largely driven by the availability of specialty posts and uncertainty about specialty choice so early on in the training structure. Trainees generally report positive and informative experiences during their foundation training. This information should be interpreted cautiously, and it is acknowledged that further data is required regarding trainee perceptions.

Perceived Work-Life Balance in Specialty Training

The survey asked respondents to state whether they thought that not entering a higher training programme would lead to a better work-life balance.

The majority of respondents to this question indicated that they either agreed or strongly agreed that they would have a better work-life balance by *not entering specialty training*. Responses to supplementary questions suggest that the most effective way to improve trainee perceptions of work-life balance in specialty training would be to ensure more protected time for teaching or other career development.

Over half of respondents also highlighted that more flexibility to coincide their rotas with partners or colleagues within organisations would be preferable. Other important factors included more flexibility to work less than full-time and to take time out of training.

Motivators for Entering Specialty Training

Trainees were asked to consider the following items and to rank them in order of importance when deciding on whether to enter specialty training and what their options for specialty training might be.

The seven items have been listed in order of the number of responses: -

- | | |
|---|---------|
| 1. Streamlined portfolio requirements | (1,759) |
| 2. Geographical control over application | (672) |
| 3. Flexibility and creative rostering | (447) |
| 4. Funding for further education (examinations and / or courses) | (415) |
| 5. Input into learning objectives and individualised learning needs | (355) |
| 6. Protected teaching and learning experiences | (71) |

Opportunities for development and geographical location once again have been highlighted as key priorities for trainees when considering preferred specialties. The perceived lack of flexibility in the training structure has also been highlighted in other research as an important factor influencing trainee decisions on whether to enter specialty training. This demonstrates that the decision around entering specialty training directly after F2 is not necessarily a reflection of dissatisfaction with postgraduate training in the NHS.

The 2019 survey also asked questions to attempt to establish scenarios or working practice that might encourage direct entry to specialty following foundation training. The most popular scenario was for trainees to have more control over their geographical location, jointly following by the ability to secure leave to get married and to take time out of training programme activities.

Demographics of Trainees Entering Specialty

The following section provides demographic information and characteristics of trainees entering specialty training in the UK directly from F2. The data supports research external to this report that suggests that trainees who entered medical school as school leavers are less likely to choose to progress to specialty training immediately after completing of their foundation training than their mature counterparts, and that when compared with other ethnic minority group, trainees of Asian background are less likely to take time out of the training pathway⁸.

Age Distribution

The table below shows the age groups for the 2,396 respondents who stated that they were appointed to specialty training in the UK, including locum appointments. The majority of respondents in this category were age 25 to 29.

Appointed to Specialty in the UK Age Distribution		
Age Ranges	Number	Percentage
17 - 24	85	3.5%
25 - 29	1,884	78.6%
30 - 34	312	13.0%
35 - 39	69	2.9%
40 - 44	33	1.4%
45 - 49	3	0.1%
50+	0	0.0%
No response	10	0.4%
Total	2,396	100.0%

Table 7: Age distribution of respondents appoint to UK specialty training

This data highlights that 412 F2 trainees (17%) appointed to specialty training in the UK immediately after completion of the Foundation Programme were more mature than your average medical school graduate. This represents a significant cohort of individuals who have been shown to have varying training needs, which need to be addressed throughout the wider postgraduate training system⁹.

⁸ Cleland, J., Prescott, G., Walker, K., et al., 'Are there differences between those doctors who apply for a training post in Foundation Year 2 and those who take time out of the training pathway? A UK multicohort study'. *BMJ Open*, 2019; 9: e032021. doi:10.1136/bmjopen-2019-032021

⁹ Pyne, Y., Ben-Shlomo, Y., 'Older doctors and progression through specialty training in the UK: a cohort analysis of General Medical Council data', *BMJ Open*, 2015; 5: e005658. doi:10.1136/bmjopen-2014-005658

Gender

Of the 2,396 doctors who stated that their end of F2 destination was specialty training in the UK (including locum appointments), 1,334 (55.7%) were female, 1,005 (41.9%) were male, 45 (1.9%) preferred not to specify their gender, 1 described their gender as 'other' and 11 gave no response to this question. This shows a slight increase in females progressing to specialty compared to 2018.

Ethnicity

The construct of ethnicity is a complicated but socially meaningful categorisation of people with shared cultural heritage and analysing ethnicity in the context of this report might allude to cultural motivations for career choices.

The table below shows the self-reported ethnic groups of respondents indicating appointment to specialty training. The table shows the number of respondents in each group and the number within each group reporting appointment to specialty training in the UK, including locum appointments (2,396).

Ethnic Groups	Number of trainees in group	% of whole population (6,864)	Appointed to UK Specialty (including locum)	% of total number in each group	% of survey population appointed to UK Specialty (inc. locum) (2,396)
Asian / Asian British					
Bangladeshi	55	0.8%	26	47.3%	1.1%
Chinese	289	4.2%	189	65.4%	7.9%
Indian	544	7.9%	248	45.6%	10.4%
Pakistani	294	4.3%	139	47.3%	5.8%
Any other Asian background	318	4.6%	176	55.3%	7.3%
Black / African / Caribbean / Black British					
African	175	2.5%	59	33.7%	2.5%
Caribbean	29	0.4%	13	44.8%	0.5%
Any other Black background	6	0.1%	1	16.7%	0.0%
Mixed / Multiple Ethnic Groups					
White and Asian	132	1.9%	32	24.2%	1.3%
White and Black African	28	0.4%	8	28.6%	0.3%
White and Black Caribbean	26	0.4%	9	34.6%	0.4%
Any other Mixed background	86	1.3%	30	34.9%	1.3%
White					
British	3,706	54.0%	1015	27.4%	42.4%
Irish	261	3.8%	56	21.5%	2.3%
Any other White background	351	5.1%	160	45.6%	6.7%
Other ethnic group					
Any other ethnic group	149	2.2%	68	45.6%	2.8%
Do not wish to not state	307	4.5%	119	38.8%	5.0%
Blank	108	1.6%	48	44.4%	2.0%
Total	6,864	100.0%	2,396	34.9%	100.0%

Table 8: Number of respondents appointed to UK specialty training by ethnicity

Nationality and Location of Medical School

Data suggests that UK nationals who attended medical school overseas have a greater intention at the start of F1 to progress directly to specialty training after F2. In addition, a further 5.4% (9 trainees) stated that they planned to undertake a service post in the UK, thus contributing to clinical care in the UK. Only 6.6% (11 trainees) indicated their intentions to take a career break.

The whole population analysis of the stated next destinations at F2 shows that 34.9% of overall respondents are moving into specialty training in the UK. The analysis of the stated next destinations at F2 for UK nationals who attended medical school in the UK (5,901), shows that 29.8% are moving into specialty training in the UK. This is proportionately less than the whole population result of 34.9%.

The analysis of the stated next destinations at F2 for UK nationals who attended medical school overseas (167), shows that 39.5% are moving into specialty training in the UK. This is proportionately higher than the whole population result of 34.9%, and higher than the subpopulation of UK nationals qualifying from UK medical schools.

The table below provides a comparison of the percentage of UK nationals graduating from both UK and overseas medical schools in the context of the overall percentage of respondents who stated their career intention to progress directly to specialty training in the UK.

Intentions stated	Whole population	UK nationals qualifying from UK medical schools	UK nationals qualifying overseas
Stated career intentions at F2 level	34.9%	29.8%	39.5%

Table 9: Comparison of career intentions at the end of F2_UK nationals

The data implies that UK nationals who qualified overseas have a greater intention at the start of F1 to progress directly to specialty training in the UK, and a proportionately higher percentage report specialty training as their next destination at the end of F2, compared with both the general population and the subpopulation of UK nationals who qualified in the UK.

Post-Foundation Employment Outside of the UK

The survey collected information for respondents stating that their next destination would be outside of the UK. A total of 635 / 6,864 (9.3%) trainees reported their next destination as being outside of the UK.

From the number of respondents indicating that they were committing to a career destination outside of the UK, 385 / 635 (60.6%) had secured a service post and 26 / 635 (4.1%) had a specialty training post, whilst 53 / 635 (8.3%) gave a destination of 'other outside of the UK' and 171 / 635 (26.9%) reported that they were still seeking positions outside the UK.

Intention to Work Less Than Full-Time (LTFT)

The survey asked if trainees intended to work less than full-time (LTFT) in their next career destination.

A total of 6,829 / 6,864 (99.5%) responded to this question (35 respondents gave no response). The total number who intend to work LTFT was 340 / 6,864 (4.9%). Additionally, another 505 / 6,864 (7.4%) were not sure.

Of the 340 who intend to work LTFT, 97 / 340 (28.5%) were male and 233 (68.5%) were female. This shows that 6.2% (233 / 3,729) of female respondents intend to work LTFT compared with 3.3% (97 / 2,977) of males. However, 8.1% (302 / 3,729) of females and 6.3% (189 / 2,977) of males gave an 'unsure' response, which by definition indicates the potential to consider this working pattern.

The table below shows the age ranges of females and males who indicated their intention to work LTFT.

Age Range	Females		Males	
	Frequency	Percentage	Frequency	Percentage
17 – 24	9	3.9%	3	3.1%
25 – 29	136	58.4%	65	67.0%
30 – 34	50	21.5%	19	19.6%
35 – 39	26	11.2%	6	6.2%
40 – 44	9	3.9%	4	4.1%
45 – 49	1	0.4%	0	0.0%
50 +	1	0.4%	0	0.0%
Blank	1	0.4%	0	0.0%
Totals	233	100.0%	97	100.0%

Table 10: Age ranges of respondents who intend to work LTFT by gender

Of those who stated they were unsure of their intentions to work LTFT, the age ranges are shown below.

Age Range	Females		Males	
	Frequency	Percentage	Frequency	Percentage
17 – 24	9	3.0%	6	3.2%
25 – 29	234	77.5%	148	78.3%
30 – 34	43	14.2%	30	15.9%
35 – 39	11	3.6%	4	2.1%
40 – 44	4	1.3%	0	0.0%
45 – 49	0	0.0%	0	0.0%
50 +	0	0.0%	1	0.5%
Blank	1	0.3%	0	0.0%
Totals	302	100.0%	189	100.0%

Table 11: Age ranges of respondents unsure of intentions to work LTFT by gender

The responses indicate that 1.5% (104 / 6,864) of the trainees had trained on a less than full time basis during their Foundation Programme. A total of 340 / 6,864 (4.9%) intend to work less than full-time in their next appointment.

Considering ethnicity, 5.7% of the Black group intend to work less than full-time, 5.0% of the White group and 4.2% of the Asian group. For further ethnicity information, please refer to appendix 3.

Career Breaks

The 2019 data shows at the end of foundation training 13.6% of respondents reported taking a career break. This is a slight decrease from 14.4% who reported taking a career break in 2018. The number of trainees opting to take a career break has remained relatively static for the last five years. Based on other research and work carried out by a UKFPO Leadership Fellow, trainees welcome the opportunity to take a break from the more formalised training structure to recharge and consider this a positive step in being able to take time out to develop their skills and prepare for the rest of their careers in medicine.¹⁰

¹⁰ Cleland, J., Prescott, G., Walker, K., et al., 'Are there differences between those doctors who apply for a training post in Foundation Year 2 and those who take time out of the training pathway? A UK multicohort study'. *BMJ Open*, 2019; 9: e032021. doi:10.1136/bmjopen-2019-032021

Reasons for Career Break as Next Destination at F2

The results confirmed that 931 (13.6%) respondents had chosen to take a career break at the end of F2. The survey went on to ask these individuals to consider the main reasons for taking a career break at the end of their foundation training.

The survey aimed to gather reasons under the following 6 categories (for detailed responses to questions included under each of these six categories, please refer to appendix 2):

- 1) Health and wellbeing
- 2) Uncertainty about specialty choice or career direction
- 3) Training environment
- 4) Logistical / practical
- 5) Personal circumstances
- 6) Personal development

Trainees reported (46.9%) that there is a natural break at the end of F2 and that this is the first / best opportunity to take a career break before committing to a longer term programme, with 33.3% stating that part of the reason for taking a career break is often to take time out away from the rigidity of assessment processes associated with formal training programmes. From the responses given, 22.8% of the trainees who took a career break indicated that the need to take time out from pursuing a career so early in the training pathway is important for their health and well-being. Trainees also reported that they are generally quite unsure about their choice of specialty so soon after qualifying from medical school and would like more time to consider their options.

A total of 243 / 931 (26.1%) of the respondents taking a career break at the end of F2 described a desire to travel. Most respondents who intend to travel during their career break anticipate that their travel would last approximately one year. The main reasons for the desire for travel are for a different personal experience and a perceived better work-life balance.

Duration of Career Break

The majority of the 931 respondents who reported their intention to take a career break expect this break to last for one year. None of the respondents in this group indicated they had no intention to return to specialty training, implying that all respondents intend to return to training in the UK after their break.

How long you did you anticipate that your career break would be for?	Frequency	Percent
1 year	342	36.7%
2 years	145	15.6%
3 years	14	1.5%
Less than 1 year	35	3.8%
Not applicable	2	0.2%
Blank	393	42.2%
Total	931	100.0%

Table 12: Duration of career break

It is assumed from the summary above that all respondents who indicated that they are taking a career break for the rationale and reasons shown above intend to return to specialty training in the UK. Moreover, recent GMC data demonstrates that approximately 90% of those who have taken a career break after F2 taken up a UK specialty training post within three years of completing their Foundation Programme¹¹.

¹¹ KNAPTON, A. (2020) *Specialty Destination* [online] General Medical Council (GMC), <https://www.gmc-uk.org/education/reports-and-reviews/progression-reports/specialty-destination> [Accessed on 27.02.2020]

Royal College Exams Taken During the F2 Year

Respondents were asked to declare any exams they took during their foundation training and the status of results for these exams. From the total responses, 2,232 / 6,864 (32.5%) indicated they had taken exams during foundation. This is a decrease from 34.7% taking exams reported in the 2018 survey.

The survey shows that 230/6864 (3.4%) respondents reported they took multiple exams, 2,002 / 6,864 (29.2%) undertook one exam, and 4, 632 / 6,864 (67.5%) took no exams during foundation training. The total number of respondents naming 'other' as the exams taken was 445 (as a single exam taken or part of multiple exams taken). Some of these 'other' exams were named and a list of the identified 'other' exams are shown below.

The table below shows the distribution of exams taken for respondents sitting one exam. For doctors who sat one exam the most common exam taken was MRCP Part 1.

Distribution and outcomes for exams for respondents sitting one exam										
Outcomes	MRCP Part 1	MRCS Part A	MRCOG Part 1	MRCPCH Foundation of Practice (FOP)	MRCPCH Theory and Science (TAS)	Primary FRCA: MCQ	FRCOphth Part 1	MRCPsych Paper A	Other	Totals
Pass	707	316	30	17	0	2	18	6	245	1,341
Pending	98	9	18	15	0	3	0	7	29	179
Fail	220	220	8	9	0	2	11	2	10	482
Totals	1,025	545	56	41	0	7	29	15	284	2,002

Table 13: Distribution of exams and outcomes for doctors taking one exam

Some respondents who had indicated that the exam taken during their foundation training fell into the survey category 'other'. Please refer to appendix 4 for details of other exams identified.

Discussion

This report is based on 6,864 valid destination survey responses. The aim of the survey is to report on career intentions of F2 trainees nearing the end of their foundation training. While the response rate is high, it should be noted that responses are not included for approximately 6.9% of the exiting F2 doctors in 2019.

The survey results show that for the 2019 cohort, 46.4% had initially intended to continue to specialty training in the UK, and 34.9% reported their intentions to progress to specialty training in the UK immediately after foundation training. From the 34.9% who stated that they progressed to specialty training in the UK, 2% deferred their offer. The majority (32.5%) of these doctors reported being appointed (not deferred) into core, run-through, or academic training.

Direct entry into specialty training in the UK has continued to decline over the last nine years, the reasons for which are likely to be multi-factorial and require further detailed study to elucidate. Although, literature in regard to the 'gap year' does highlight that it is quite common for students / trainees to opt to take time out from the educational track¹².

Data from the 2019 survey does show that of the 3,098 F2 trainees who applied for specialty training, only 2,427 (78.3%) received an offer. This shows that there is an appetite to enter specialty training immediately after completion of the Foundation Programme.

¹² Heinz, W. R. (2009) 'Structure and agency in transition research', *Journal of Education and Work*, 22: pp.391-404.

Of the 90 trainees who reported that they were not going to take up their offer of a specialty training place, 60% indicated that this was due to the location of the post, rather than signifying feelings of dissatisfaction or discontentment with their training experience to date.

Table 1 shows the percentage of respondents who reported their intended career destination as entry to specialty training in the UK immediately after completing the Foundation Programme, as well as the numbers of trainees going into NHS service posts and other NHS healthcare.

Data from the 2019 survey also shows that there are more trainees going into non-training NHS posts, thereby continuing to contribute to NHS patient care. A total of 57.4% of respondents were appointed to clinical positions in the UK, including locum, service and specialty training (excluding those who deferred, those undertaking teaching fellow posts and military) posts. An additional 8% were still seeking a post or were appointed to an alternative post that may include clinical duties.

The increase in F2 doctors moving into NHS service posts or other UK healthcare-related posts means that approximately 75% of F2 doctors remain working in the UK health services in the year immediately after completing foundation training. This percentage has remained virtually static for the last four years. The increase in those opting for service posts may be coupled with improved educational quality of non-training posts which employers and training institutions are increasingly supporting. These posts offer doctors the ability to align posts with their preferred geography and to gain further skills. It is recognised that geographical location rather than specialty is of greater importance to doctors, so they are increasingly looking to target specific geographies for training, which are often more competitive. How these two things interact and contribute at this stage is not completely clear.

There is research to suggest that the examination and assessment cycle throughout medical school and foundation training leaves many doctors seeking the opportunity to 'step-off' training and have more control over their working schedule or to take the chance to travel with or without a work component. Immediately post-foundation training is the most obvious opportunity to take a career break before embarking on a longer term training programme. In addition, there is an increasing appetite and recognition of opportunities for 'portfolio-based careers' and there is evidence to suggest that trainees may delay joining the GMC-approved structured training pathways in order to develop additional skills. This may also be linked to the increasing recognition of the opportunities of less than full-time (LTFT) training for improved work-life balance. Nevertheless, the number of F2 trainees opting to take a 'gap year' has actually remained static for the last five years and there is data to suggest fewer F2 trainees are opting to train overseas post-foundation (table 2).

There has been a small decrease in the number of trainees seeking to leave the profession in the last two years. [GMC data](#) does demonstrate that the majority (90%) of foundation doctors have entered a specialty training programme in the UK or NHS post within three years of completing foundation training. Significant work is ongoing by all education organisations and the GMC to respond to this and other data and to improve the training and working lives of junior doctors.

The role of demographic information and protected characteristics within these changes remains to be investigated further. Research to date has shown that UK doctors from lower socio-economic groups are thriving academically through undergraduate medical education, with the majority qualifying as doctors¹³. This would imply that support for this cohort entering postgraduate foundation training is likely to further facilitate recruitment and retention to specialty training programmes. Further research also shows that those from lower socio-economic backgrounds are more likely to progress to specialty directly from F2¹⁴. Work is currently underway to explore options for widening access and to encourage more socio-economic diversity across both the undergraduate and postgraduate education and training structures so that doctors are more representative of the population¹⁵.

¹³ Curtis, S., Smith, D. A comparison of undergraduate outcomes for students from gateway courses and standard entry medicine courses. *BMC Med Educ* 20, 4 (2020). <https://doi.org/10.1186/s12909-019-1918-y>

¹⁴ Cleland, J., Prescott, G., Walker, K., et al., 'Are there differences between those doctors who apply for a training post in Foundation Year 2 and those who take time out of the training pathway? A UK multicohort study'. *BMJ Open*, 2019; 9: e032021. doi:10.1136/bmjopen-2019-032021

¹⁵ Cleland, J., Prescott, G., Walker, K., et al., 'Are there differences between those doctors who apply for a training post in Foundation Year 2 and those who take time out of the training pathway? A UK multicohort study'. *BMJ Open*, 2019; 9: e032021. doi:10.1136/bmjopen-2019-032021

In addition, further research looking at whether age at graduation is associated with differences in training outcomes, suggests that older trainees may need more support in coping with the demands of postgraduate training in the NHS¹⁶.

In summary there is a progressively decreasing proportion of foundation doctors directly entering specialty training. This is due to multi-factorial issues relating to medical school, foundation training, perceptions of specialty training and alternative career choices within and outside medicine and the UK. It has also been shown that demographic information and socio-economic circumstances are influential in determining career destinations. At present [GMC data](#) suggests that the majority of the trainees who do not immediately enter specialty training do remain in, or return to, UK training or service.

¹⁶ Pyne, Y., Ben-Shlomo, Y., 'Older doctors and progression through specialty training in the UK: a cohort analysis of General Medical Council data', *BMJ Open*, 2015; 5: e005658. doi:10.1136/bmjopen-2014-005658

APPENDICES

APPENDIX 1 – Trainees Who Applied for Specialty with No Offer Outcome

Of the 3,098 respondents who indicated they had applied for specialty training in the UK, 602 did not give a response to the question that asked if they were offered a specialty training post in the UK. The F2 career destinations reported for these respondents have been provided in the table below.

Destination for those applying but gave no response in regard to the outcome of their application	Number	Percentage
Service post in the UK	262	43.5%
Service post OUK	36	6.0%
Specialty training in UK	10	1.7%
Career Break	141	23.4%
Further course of study	31	5.1%
Military posting	2	0.3%
Other in the UK	101	16.8%
Other OUK	7	1.2%
Permanently left the medical profession	5	0.8%
No response	7	1.2%
Totals	602	100.0%

Table 14: Career destinations for those applying for specialty with no outcome

APPENDIX 2 – Career Destinations for Doctors Not Appointed to Specialty

The table below provides the career destinations of doctors who applied for but were not appointed to a specialty training post.

Destination for those applying who had not received an offer for specialty training at the time of the survey	Number	Percentage
Specialty Training Outside of the UK	2	2.9%
Other in UK	4	5.8%
Other OUK	1	1.4%
Still seeking employment as a doctor in the UK	55	79.7%
Still seeking employment as a doctor Outside of the UK	7	10.1%
Totals	69	100.0%

Table 15: Career destination for those applying for but not securing ST in the UK

APPENDIX 3 – Ethnicity Data for Respondents Considering LTFT

The table below shows the total number for each response available in the ethnicity list who trained (foundation Training), less than full and time and those considering working LTFT in their next post.

Describe your ethnic group (please select the option that best describes your ethnic group or background)	Total respondents selecting each ethnic group	%age in each group of total population (6,864)	Do you currently work/train less than full time? 'Yes' from each ethnic group	%age who trained LTFT (percentage of whole population (6,864))	Do you intend to work LTFT? Total answering 'Yes' from each ethnic group	%age intention to work LTFT of total population (6,864)
Asian / Asian British						
Bangladeshi	55	0.8%	0	0.0%	2	0.0%
Chinese	289	4.2%	4	0.1%	4	0.1%
Indian	544	7.9%	5	0.1%	8	0.1%
Pakistani	294	4.3%	16	0.2%	26	0.4%
Any other Asian background	318	4.6%	4	0.1%	15	0.2%
Black / African / Caribbean / Black British						
African	175	2.5%	1	0.0%	8	0.1%
Caribbean	29	0.4%	0	0.0%	3	0.0%
Any other Black background	6	0.1%	0	0.0%	1	0.0%
Mixed / Multiple Ethnic Groups						
White and Asian	132	1.9%	0	0.0%	10	0.1%
White and Black African	28	0.4%	2	0.0%	1	0.0%
White and Black Caribbean	26	0.4%	0	0.0%	1	0.0%
Any other Mixed background	86	1.3%	0	0.0%	7	0.1%
White						
British	3,706	54.0%	49	0.7%	186	2.7%
Irish	261	3.8%	5	0.1%	12	0.2%
Any other White background	351	5.1%	8	0.1%	20	0.3%
Other ethnic group						
Any other ethnic group	149	2.2%	2	0.0%	7	0.1%
Do not wish to not state	307	4.5%	6	0.1%	23	0.3%
Blank	108	1.6%	2	0.0%	6	0.1%
Totals	6,864	100.0%	104		340	

Table 16: Ethnicity information and trainees who completed foundation LTFT

APPENDIX 4 – Reasons for Career Breaks at F2

The tables below describe the results for these 931 respondents under each of these headings.

HEALTH AND WELLBEING <i>Which of the following health and well-being considerations at the start of F1 was most influencing your decision to take a career break?</i>	Frequency	Percentage
Considering leaving training or medicine altogether to achieve a different work-life balance	35	3.8%
Feeling burnout/stressed	79	8.5%
Feeling undervalued / disillusioned and losing enthusiasm for medicine	94	10.1%
Ill-health	2	0.2%
Need to take time out from pursuing a career	212	22.8%
None of the above	116	12.5%
Blank	393	42.2%
Total	931	100.0%

Table 17: Reasons for career break_Health and Wellbeing Category

CAREER DIRECTION <i>Uncertainty about speciality choice or career direction – select the most important factor.</i>	Frequency	Percentage
Desire to study or gain wider qualifications and skills	31	3.3%
To gain more experience and improve CV / applications	94	10.1%
To take advantage of opportunities abroad / UK (work and voluntary)	100	10.7%
Unsure of specialty / want to have greater confidence in specialty choice	141	15.1%
Want to have more time to consider career options	124	13.3%
None of the above	46	4.9%
Blank	395	42.4%
Total	931	100.0%

Table 18: Reasons for career break_Career Direction Category

TRAINING ENVIRONMENT <i>Training environment considerations – select the most important factor.</i>	Frequency	Percentage
Exam challenges / take more time to do exams	28	3.0%
Foundation training has not provided sufficient preparation to progress	11	1.2%
Have a break from the rigidity of assessment processes associated with a formal training programme	310	33.3%
Poor working conditions or negative experience with training	86	9.2%
None of the above	102	11.0%
Blank	394	42.3%
Total	931	100.0%

Table 19: Reasons for career break_Training Environment Category

LOGISTICAL / PRACTICAL <i>Logistical / Practical consideration – select the most important factor.</i>	Frequency	Percentage
Change of specialty choice	6	0.6%
Gap between end of one programme and start of another	28	3.0%
Natural break and first / best opportunity to take one at F2 before committing to a long programme	437	46.9%
Opportunity to earn more money outside a training programme	46	4.9%
Visa restrictions	3	0.3%
Wanting to change geography	15	1.6%
Blank	396	42.5%
Total	931	100.0%

Table 20: Reasons for a career break_Logistical / Practical Category

PERSONAL CIRCUMSTANCES <i>Personal circumstances – select the most important factor.</i>	Frequency	Percentage
Buying a house	44	4.7%
Family considerations	85	9.1%
Geographical circumstances	65	7.0%
Making wedding arrangements	41	4.4%
None of the above	303	32.5%
Blank	393	42.2%
Total	931	100.0%

Table 21: Reasons for career break_Personal Circumstances Category

PERSONAL DEVELOPMENT <i>Personal development reasons</i>	Frequency	Percentage
Desire to travel	243	26.1%
To broaden horizons or have a different experience	144	15.5%
To pursue other interests outside of medicine	117	12.6%
None of the above	32	3.4%
Blank	395	42.4%
Total	931	100.0%

Table 22: Reasons for career break_Personal Development Category

APPENDIX 5 – Additional Exams / Assessments Taken During the F2 Year

Advanced Life Support Course
Basic Surgical Skills Course
Advanced Trauma Life Support – Royal College of Surgeons
Canadian qualifying exams (MCCEE, NAC OSCE)
Diploma of the Royal College of Obstetricians and Gynaecologists
Diploma in the medical care of catastrophe
Diploma of Child Health
Diploma in Expedition and Wilderness Medicine
Diploma of Faculty of Sexual and Reproductive Healthcare
Diploma in Mountain Medicine
Diploma of Otolaryngology Head and Neck Surgery
Diploma in Tropical Medicine
European Certificate of Essential Palliative Care
European paediatrics advanced life support course
Faculty of the Royal College of Emergency Medicine
FRCP
General Surgical Sciences Examination Australia
GP entrance exams
Hong Kong Medical Licencing Exam
Medical Council of Canada Exam
Membership of the Faculty of Sexual and Reproductive Healthcare
Multi-Speciality Recruitment Assessment Stage 1, 2 and 3 (for GP training)
MRCP PT 2
MRCS PT B
Polish medical exam
United States Medical Licensing Examination



APPENDIX 6 – F2s Completing Foundation Training by Foundation School

The table below shows the career destinations for F2s completing their foundation training in 2019 by foundation school. This table shows the percentage of each school (total valid survey responses column) for each destination.

Foundation School	Total Valid Survey Responses	Specialty UK %	No Response %	Career Break %	Other ¹⁷ UK %	Other Out of UK ¹⁸ %	Permanently Left %	Turned Down Specialty %	Total %
East Anglia	227	46.7%	0.0%	13.2%	33.5%	5.3%	0.9%	0.4%	100.0%
Essex, Bedfordshire and Hertfordshire (EBH)	257	47.9%	0.4%	14.0%	27.6%	6.2%	1.9%	1.9%	100.0%
Leicestershire, Northamptonshire and Rutland (LNR)	151	48.3%	0.0%	15.9%	31.1%	0%	1.3%	3.3%	100.0%
North Central and East London	380	29.7%	0.8%	17.1%	40%	10.3%	1.1%	1.1%	100.0%
North West London	254	45.3%	0.0%	11.8%	31.5%	10.2%	0.4%	0.8%	100.0%
North West of England	789	29.7%	0.0%	12.8%	45.5%	11.3%	0.0%	0.8%	100.0%
Northern	388	29.4%	0.3%	13.1%	47.4%	9.5%	0.3%	0.0%	100.0%
Northern Ireland	207	34.3%	0.5%	5.3%	50.2%	9.2%	0.0%	0.5%	100.0%
Oxford	234	53%	0.4%	11.1%	27.4%	5.6%	0.9%	1.7%	100.0%
Peninsula	185	25.4%	0.5%	15.7%	45.9%	11.9%	0.5%	0.0%	100.0%
South Thames	776	33.2%	0.3%	16.2%	40.3%	7.5%	0.9%	1.5%	100.0%
Scotland	761	35.7%	0.0%	9.2%	38.9%	14.6%	0.4%	1.2%	100.0%
Severn	274	18.6%	0.7%	12.8%	44.2%	21.2%	0.4%	2.2%	100.0%
Trent	274	42%	0.0%	9.5%	40.9%	6.6%	0.0%	1.1%	100.0%
West Midlands Central	199	34.2%	0.5%	14.1%	46.2%	4%	0.0%	1.0%	100.0%
West Midlands North	201	45.8%	0.0%	11.4%	40.8%	1%	0.0%	1.0%	100.0%
West Midlands South	142	33.1%	0.0%	15.5%	45.8%	4.2%	0.7%	0.7%	100.0%
Wales	313	28.4%	0.3%	19.5%	43.1%	7.3%	0.6%	0.6%	100.0%
Wessex	287	32.4%	0.0%	10.5%	41.1%	14.6%	0.0%	1.4%	100.0%
Yorkshire and Humber	565	33.8%	0.2%	18.9%	39.8%	6.4%	0.2%	0.7%	100.0%
Totals	6,864	34.9%	0.2%	13.6%	40.5%	9.3%	0.5%	1.1%	100.0%

Table 23: F2 destinations by foundation school 2019

¹⁷ Other in the UK includes the following survey response options: further study, military, other in UK and still seeking in the UK

¹⁸ Other UK includes the following survey response options: service UK, specialty training outside of the UK, still seeking outside of the UK, and other UK

APPENDIX 7 – F2 Destinations by Medical School

The table below shows the destinations for F2s by graduating medical school. The percentages are the number of trainees in each category as a percentage of the total respondents for each medical school.

Medical School	Totals by University	Clinical Appointment UK	No Response	Career Break	Other UK	Other Non-UK	Permanently Left Profession	Turned Down Specialty	Totals %
Aberdeen, School of Medicine	166	60.2%	0.0%	13.9%	12.7%	11.4%	0.0%	1.8%	100.0%
Barts and The London School of Medicine and Dentistry, QMUL	248	56.0%	1.2%	14.9%	6.5%	19.0%	1.6%	0.8%	100.0%
Birmingham, School of Medicine	307	54.1%	0.0%	12.1%	21.8%	11.1%	0.3%	0.7%	100.0%
Brighton and Sussex Medical School	113	55.8%	0.0%	12.4%	24.8%	5.3%	0.0%	1.8%	100.0%
Bristol, Faculty of Medicine	216	48.6%	0.5%	13.4%	19.0%	16.7%	0.5%	1.4%	100.0%
Cambridge, School of Clinical Medicine	144	64.6%	0.7%	10.4%	17.4%	4.2%	2.1%	0.7%	100.0%
Cardiff University,	284	48.2%	0.0%	13.4%	22.2%	15.8%	0.4%	0.0%	100.0%
Dundee, Faculty of Medicine	165	63.0%	0.0%	6.1%	13.3%	15.2%	0.6%	1.8%	100.0%
Edinburgh, College of Medicine	210	61.0%	0.0%	8.6%	17.1%	12.4%	0.5%	0.5%	100.0%
Glasgow, Faculty of Medicine	226	55.8%	0.0%	7.5%	14.6%	20.8%	0.4%	0.9%	100.0%
Hull York Medical School	111	56.8%	0.0%	18.0%	19.8%	3.6%	0.0%	1.8%	100.0%
Imperial College, London	308	57.1%	0.3%	18.2%	13.0%	7.8%	1.9%	1.6%	100.0%
Keele University, School of Medicine	115	62.6%	0.0%	13.0%	15.7%	7.8%	0.0%	0.9%	100.0%
King's College London School of Medicine	342	61.1%	0.0%	19.0%	10.5%	7.0%	0.6%	1.8%	100.0%
Lancaster Medical School	36	72.2%	0.0%	8.3%	19.4%	0.0%	0.0%	0.0%	100.0%
Leeds, School of Medicine	223	53.4%	0.0%	14.8%	17.9%	11.7%	0.4%	1.8%	100.0%
Leicester, Leicester Medical School	167	67.1%	0.0%	12.6%	16.8%	2.4%	0.0%	1.2%	100.0%
Liverpool, Faculty of Health and Life Sciences	251	57.8%	0.0%	14.7%	21.9%	5.6%	0.0%	0.0%	100.0%
Manchester, Faculty of Medical and Human Sciences	360	55.8%	0.3%	15.0%	19.2%	8.9%	0.3%	0.6%	100.0%
Newcastle, The Medical School	307	50.2%	0.3%	13.0%	23.1%	11.4%	1.0%	1.0%	100.0%
Norwich Medical School	126	48.4%	0.0%	18.3%	23.0%	7.1%	0.0%	3.2%	100.0%
Nottingham, Faculty of Medicine and Health Sciences	301	55.5%	0.0%	15.0%	19.9%	9.0%	0.0%	0.7%	100.0%
Other EEA (non-UK) country	243	65.4%	0.0%	14.0%	15.6%	3.3%	0.4%	1.2%	100.0%
Other non-EEA / non-UK country	139	66.2%	0.0%	11.5%	18.0%	1.4%	0.0%	2.9%	100.0%
Oxford, Medical Sciences Division	147	59.2%	0.7%	10.2%	20.4%	8.2%	0.0%	1.4%	100.0%
Peninsula College of Medicine and Dentistry	172	52.3%	0.0%	15.1%	19.8%	11.0%	0.6%	1.2%	100.0%
Queen's University Belfast	212	68.9%	0.9%	4.7%	17.9%	7.5%	0.0%	0.0%	100.0%
Sheffield, School of Medicine	227	50.7%	0.4%	18.5%	18.1%	11.0%	0.4%	0.9%	100.0%
Southampton, School of Medicine	220	65.5%	0.0%	10.9%	13.2%	9.5%	0.0%	0.9%	100.0%
St George's, University of London	259	62.5%	0.8%	12.7%	17.0%	4.6%	0.4%	1.9%	100.0%
Swansea University	64	50.0%	1.6%	15.6%	20.3%	7.8%	4.7%	0.0%	100.0%
University College London	301	48.5%	0.0%	16.3%	21.9%	12.3%	0.0%	1.0%	100.0%
University of Exeter	1	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
Warwick University	153	64.7%	0.0%	14.4%	15.7%	5.2%	0.0%	0.0%	100.0%
Totals	6,864	57.4%	0.2%	13.6%	17.6%	9.7%	0.5%	1.1%	100.0%

Table 24: F2 destinations by medical school 2019

APPENDIX 8 – F2s Appointed to Specialty by Foundation School

The table below shows the percentage of respondents who were appointed to specialty training in the UK from each UK foundation school, together with the percentages appointed to GP and CPT in the UK. The percentages are all calculated by dividing the total number for each category by the total number of responses for each school. The totals are shown as a percentage of the total number of respondents (6,864).

Foundation school	Total number of respondents	Number appointed to UK specialty	% appointed to UK specialty	Number appointed to GP	% appointed to GP	Number appointed to CPT	% appointed to CPT
East Anglia	227	106	46.7%	30	13.2%	6	2.6%
EBH	257	123	47.9%	45	17.5%	11	4.3%
LNR	151	73	48.3%	26	17.2%	4	2.6%
North	380	113	29.7%	27	7.1%	6	1.6%
North West London	254	115	45.3%	31	12.2%	4	1.6%
North West of England	789	234	29.7%	76	9.6%	10	1.3%
Northern	388	114	29.4%	38	9.8%	4	1.0%
Northern Ireland	207	71	34.3%	15	7.2%	5	2.4%
Oxford	234	124	53.0%	33	14.1%	5	2.1%
Peninsula	185	47	25.4%	23	12.4%	1	0.5%
South	776	258	33.2%	71	9.1%	13	1.7%
Scotland	761	272	35.7%	83	10.9%	16	2.1%
Severn	274	51	18.6%	18	6.6%	4	1.5%
Trent	274	115	42.0%	38	13.9%	7	2.6%
West Midlands Central	199	68	34.2%	16	8.0%	3	1.5%
West Midlands North	201	92	45.8%	36	17.9%	7	3.5%
West Midlands South	142	47	33.1%	23	16.2%	1	0.7%
Wales	313	89	28.4%	39	12.5%	1	0.3%
Wessex	287	93	32.4%	21	7.3%	5	1.7%
Yorkshire and Humber	565	191	33.8%	69	12.2%	15	2.7%
Totals	6,864	2,396	34.9%	758	11.0%	128	1.9%

Table 25: Specialty destinations and GP and CPT appointed by foundation school

APPENDIX 9 – Round 1 Fill Rate at CT1 / ST1 for Specialty Recruitment

The table below provides the round 1 fill rates at CT1/ST1 level for specialty recruitment. Please note that this data does not include information from any re-advertisements.

Specialty	Applications Received	Posts Available	Competition Ratio	Fill Rate
ACCS Emergency Medicine	777	363	2.14	87.05
Anaesthetics (inc. ACCS Anaesthetics)	1,333	568	2.35	100
Cardiothoracic Surgery	101	12	8.42	100
Child and Adolescent Psychiatry	120	14	8.57	100
Clinical Radiology	1,095	302	3.63	99.67
Community Sexual and Reproductive Health	83	7	11.86	100
Internal Medicine Training (inc. ACCS Acute Medicine)	2,229	1,563	1.43	74.66
Core Psychiatry Training	814	473	1.72	82.24
Core Surgical Training	1,896	648	2.93	99.85
General Practice	5,166	3,774	1.37	78.56
Histopathology	194	93	2.09	100
Neurosurgery	157	24	6.54	100
Obstetrics and Gynaecology	522	259	2.02	84.56
Ophthalmology	356	110	3.24	99.09
Oral and Maxillo-Facial Surgery (OMFS)	52	31	1.68	67.74
Paediatrics	564	476	1.18	72.69
Public Health	804	86	9.35	100
Total (CT1/ST1 specialties only)	16,263	8,803	1.85	82.74

Table 26: Round 1 fill rates for specialty CT1/ST1

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