



# 2017

## ACCESS TO THE LABOUR MARKET FOR DOCTORS WHO GRADUATE FROM CATALAN UNIVERSITIES



Agència  
per a la Qualitat  
del Sistema Universitari  
de Catalunya



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AQU CATALUNYA, 2017



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Universitari de Catalunya**

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Original title: La inserció laboral dels doctors  
i doctores de les universitats catalanes

Translated by: MANNERS Traduccions, SL

First edition: October 2017

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## INTRODUCTION

The aim of this study on access to the labour market is to provide a host of information and data on the quality of access to the labour market experienced by Catalan university graduates and doctors. The goal is to encourage reflection and improvements to the degree programmes run by Catalan universities.

This ambitious project – in its 4th edition in 2017 in the case of doctors – has been conducted thanks to the engagement and participation of the social councils of Catalan public universities, private universities and attached centres, as they envision this instrument to be a distinguishing trait that fosters continual improvement in universities, aligning them closer with society's demands.

**The survey asks questions on factors linked to employment** (employment/unemployment, suitability of work); **quality of employment** (where individuals work, suitability of the job, contractual stability, yearly earnings, etc.); and **satisfaction in relation to the study programme followed** (skills acquired, usefulness for the job, willingness to take the programme again, mobility, etc.).

Over all four editions of the overall study on access to the labour market almost 5,000 doctors have been surveyed. This edition has covered more than 50% of the target population; namely, doctors who completed their PhD in the 2011-2012 and 2012-2013 academic years.

If we sum up the content of this report, we may draw the following primary conclusions:

- The higher the level of education, the better the access to the labour market: both the activity rate and the employment rate are higher.
- The employment rate remains steady compared to 2014 with 9 in every 10 doctors in employment; the same is true of the suitability rate: 6 in every 10 perform doctoral-level functions.
- A higher number of doctors are working in private enterprise (46%), meaning fewer doctors are present in the public sector. An increasing percentage of doctors are performing doctoral-level functions in private enterprise.
- 7% of doctors work abroad, half the proportion of 2014.
- Almost half are on an open-ended contract and most are paid salaries of more than 2,000 euros a month.
- Although working in a research group substantially enhances achievement of skills and the completion of a PhD in a shorter period, the number of doctors preparing their thesis as part of a research group has fallen.
- Even though 8 in every 10 would take their doctoral study programme again, the actual percentage of those who stated that they would is 5 pp lower.
- Foreign doctors account for 30% of all doctors who obtain their qualification in Catalonia and this group gives their satisfaction with their doctoral study programme a rating of 7 out of 10.

This report is supplemented with invaluable information obtained from the UNEIX Catalan university information system, coordinated by the Secretariat for Universities and Research of the Autonomous Government of Catalonia, and with data from the National Statistics Institute in order to include points of reference in the results obtained.

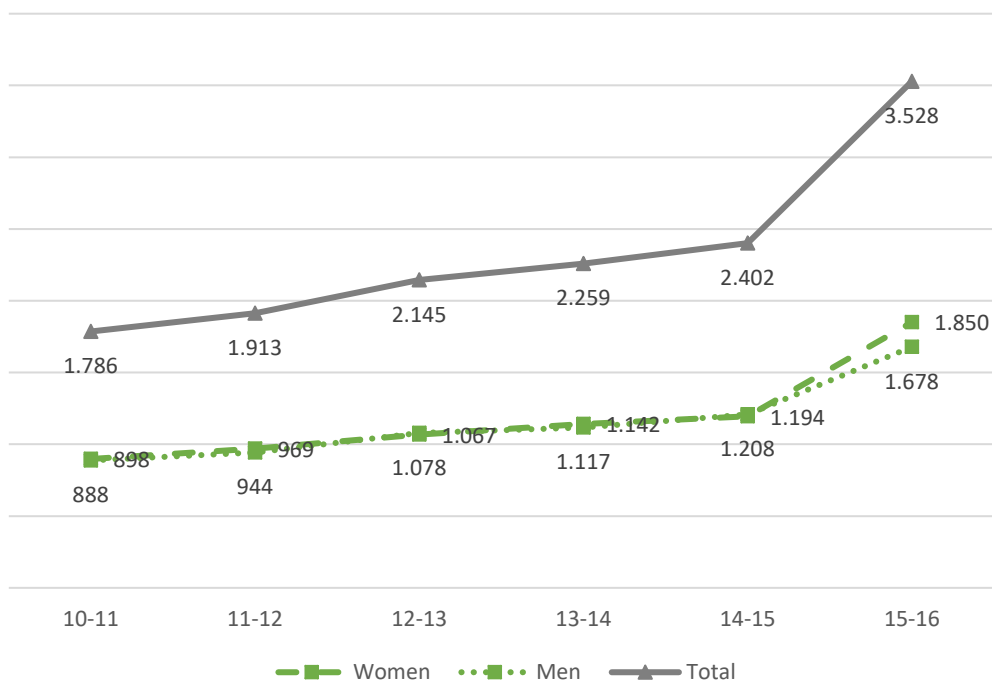
Your interest is greatly appreciated.

Martí Casadesús Fa, AQU Catalunya director

## POPULATION DATA FROM CATALONIA

### ■ What is the trend in the “creation” of doctors in Catalonia?

Figure 1. Trend in the number of doctors<sup>1</sup>



#### Doctors, a rising group

- The number of individuals attaining a PhD qualification in recent years has witnessed an upward trend. Nevertheless, it should be pointed out that the substantial increase in the last academic year has been brought about by the change in the regulations.
- No differences were identified in the number of doctoral theses completed in terms of gender distribution; however, one exception is that in the last academic year more women than men completed their doctoral programmes.

<sup>1</sup> The number of individuals registered during this period has risen proportionally. The rise witnessed in the last year is mainly due to the process of phasing out the former doctoral programmes governed by Royal Decrees 778/98 and 56/2005, which imposed a deadline for completing theses that had been started under the regulations being phased out. Data source: UNEIX.



## ■ Doctoral theses and educational fields

Figure 2. Trend in the number of doctors according to educational field

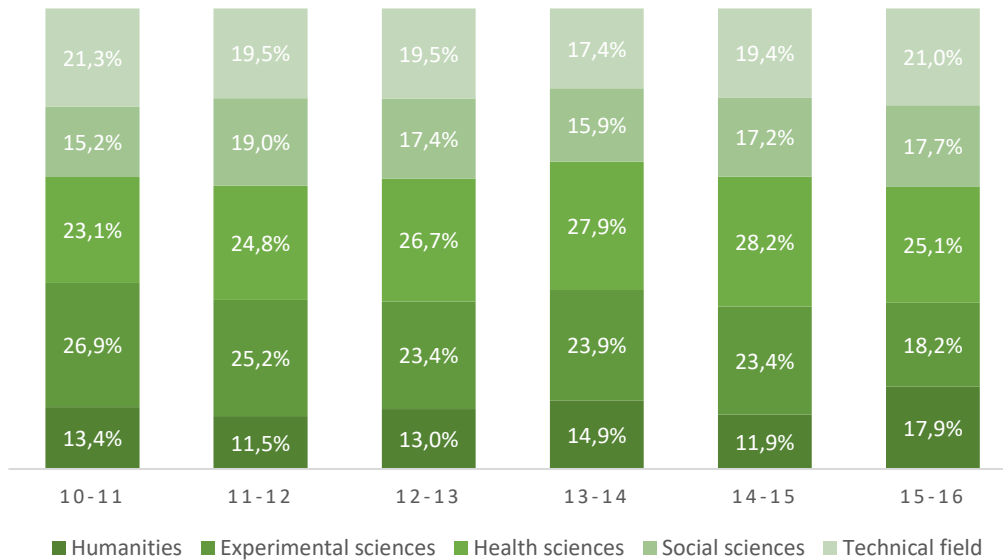
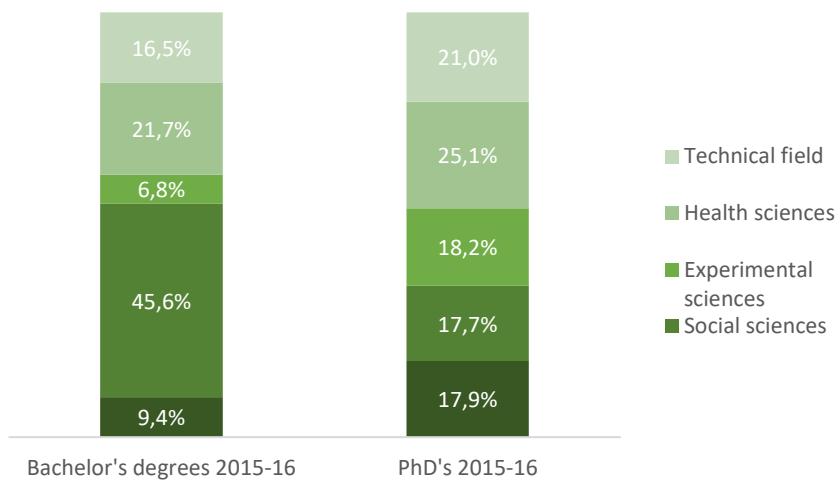


Figure 3. Difference in the distribution of educational fields between Bachelor's degrees and PhDs

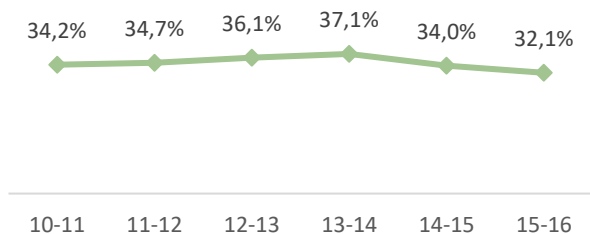


### 25% of doctors follow their programme in the field of health

- Since the 2011-2012 academic year, the relative weight of doctors qualifying in the health field has been the highest. 25% of doctors presently attain their PhD in this field.
- When compared to the distribution of educational fields for Bachelor's degrees, experimental sciences is the field that has witnessed the largest rise between the two education levels.

## Where does the talent come from?

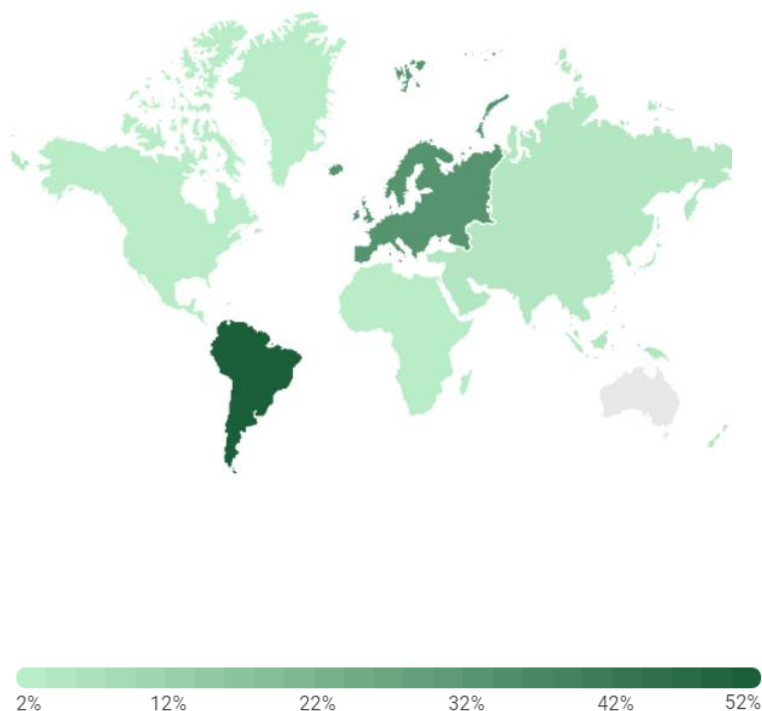
Figure 4. Trend in the percentage of foreign doctors



### 1 in every 3 doctors are foreign

■ The relative proportion of foreign doctors has fallen in recent years.

Figure 5. Place of origin of foreign doctors



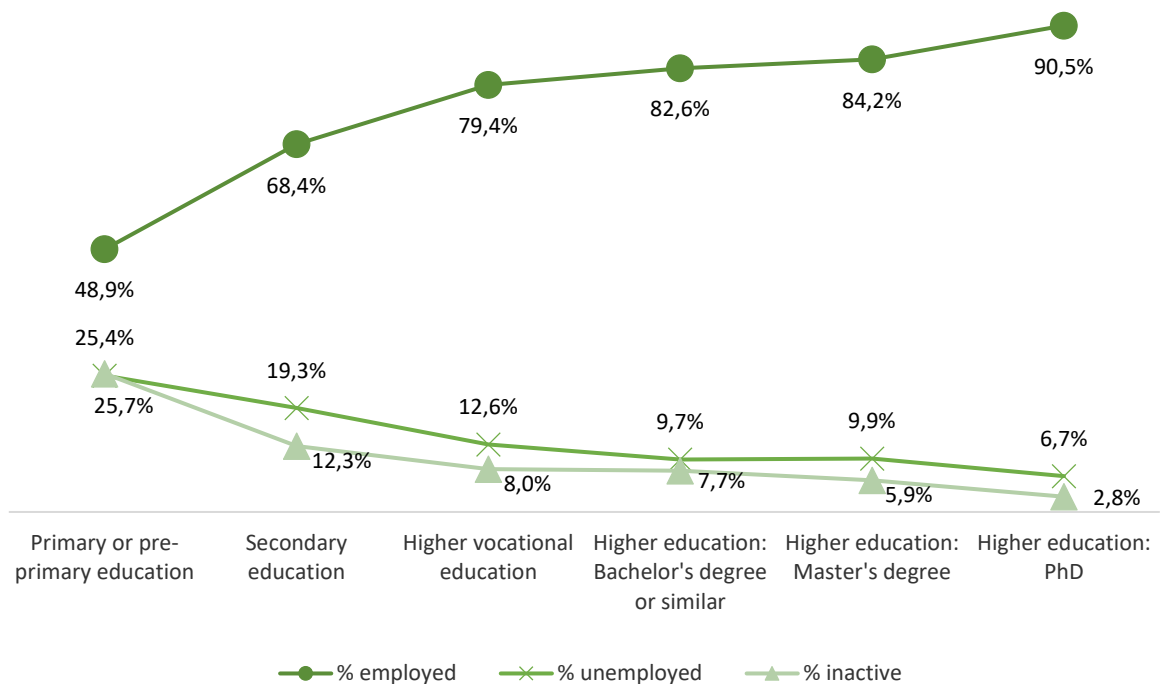
### Half of all international doctors are from Latin America

■ 51% of international doctors are from South America. 30% are from other European countries.

## THE SURVEY ON THE ACTIVE POPULATION IN SPAIN (APS)<sup>2</sup>

### ■ Access to the labour market according to education level

Figure 6. Percentage of the population who are employed, unemployed or inactive<sup>3</sup> according to education level (people aged 25-44 years – APS, 1st quarter 2017)



### The higher the education level, the better the access to the labour market

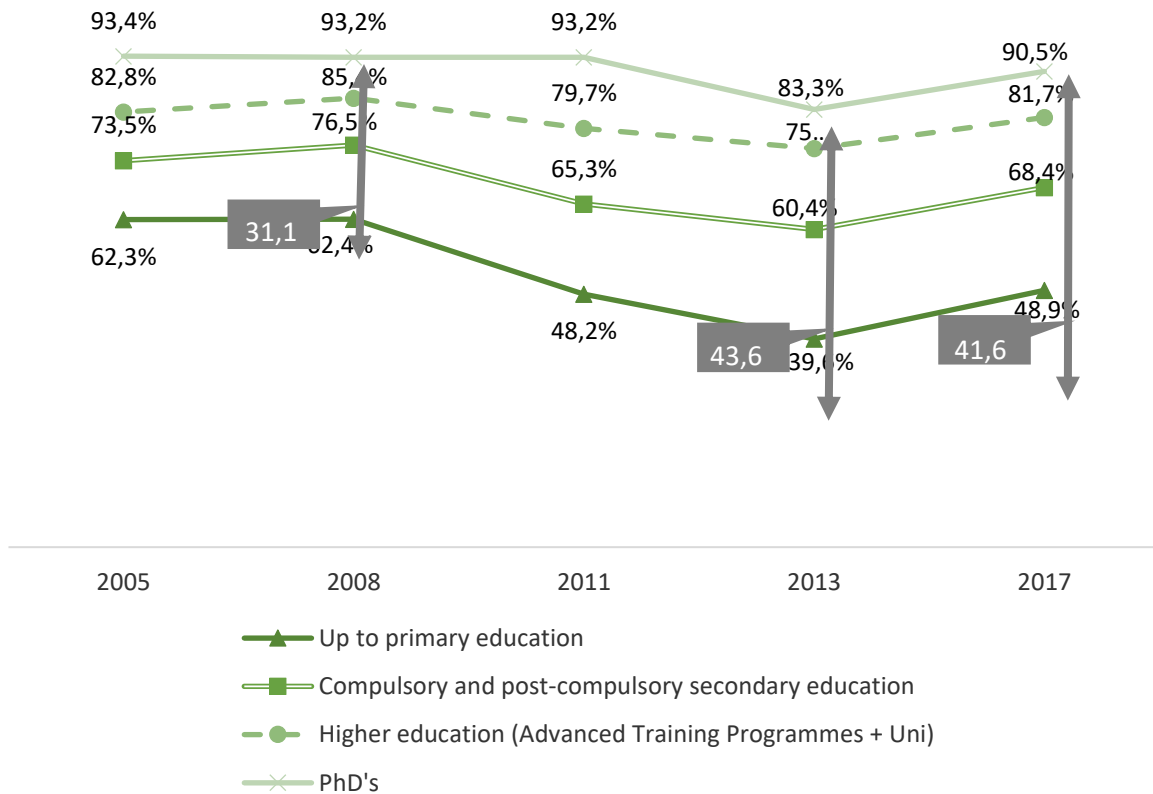
- Pursuing a higher (vocational or university) education clearly enhances employability and saves individuals from unemployment.
- Spain is one of the OECD countries where this distinction is far greater. According to the OECD, the difference in the levels of unemployment among people who pursue the highest education level and those who only follow the lowest in Spain is 28 pp, while the average difference for all OECD countries is 7 pp (OECD, 2016).

<sup>2</sup> Source: National Statistics Institute

<sup>3</sup> Each indicator is calculated with regard to the overall population in each education level.

## Trend in the employment rate

Figure 7. Trend in the employment rate according to education level (people aged 25-44 years – APS, 1st quarter 2017)<sup>4</sup>



### The employment rate shows a recovery for all education levels compared to 2014

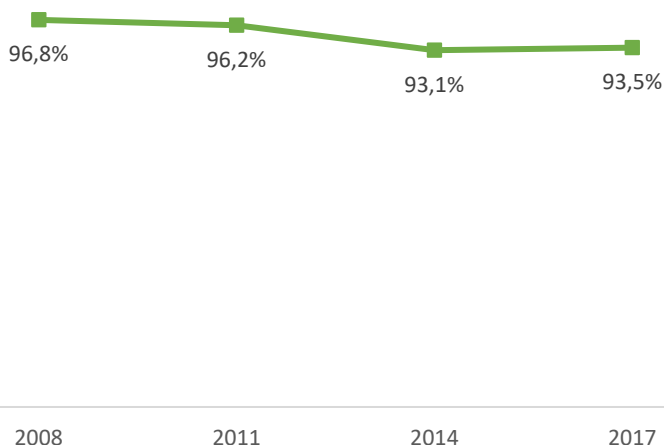
- The employment rate for doctors shows a 7 pp increase over the past three years and now stands at 90.5%.
- The difference in the employment rate according to education levels – which rose during the recession, reaching 44 pp in 2013 – shows a slight fall with the figure standing at 42 pp in 2017.
- The current economic upturn has favoured access to the labour market for the population with the differences between the various education levels falling.
- The circumstances are far from reaching pre-recession levels (31 pp).

<sup>4</sup> The employment rate is shown for every three years from 2005 to 2017. Exceptionally for this indicator, data from 2013 are shown as there is no breakdown of data for the various higher education categories from 2014.

## THE SURVEY ON ACCESS TO THE LABOUR MARKET FOR DOCTORS

### ■ Employment<sup>5</sup>

Figure 8. Trend in the employment percentage among doctors



#### 9 in every 10 are in work

- The employment rate remains stable compared to 2014.
- Unemployment among recently-qualified doctors is below 4%.

Table 1. Trend in the percentages of employment, unemployment and inactivity for doctors

	2008	2011	2014	2017
<b>Unemployed</b>	1.4%	1.8%	4.9%	3.6%
<b>Inactive</b>	1.8%	2%	2.0%	2.9%
<b>Employed</b>	96.8%	96.2%	93.1%	93.5%

<sup>5</sup> According to data from AQU Catalunya, employment indicators for doctors show virtually no change compared to the indicators for doctors aged 25 to 45 years in Catalonia according to information from the first semester of 2017 from the APS, according to which 92.9% of doctors are in work.

## Suitability

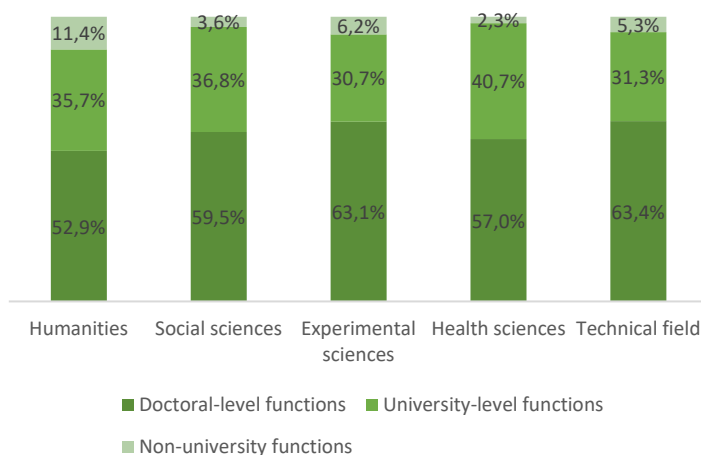
Figure 9. Suitability of functions at work in 2017



Table 2. Trend in the suitability of functions at work

	2011	2014	2017
Doctoral-level functions	67.7%	59.5%	59.4%
University-level functions	28.5%	37.7%	35.6%
Non-university functions	3.7%	2.7%	4.8%

Figure 10. Suitability of functions at work according to educational field in 2017



### 6 in every 10 perform doctoral-level functions at work...

- 59% of doctors perform doctoral-level functions at work. 35% perform university-level functions.
- There has been no change in this percentage since 2014.

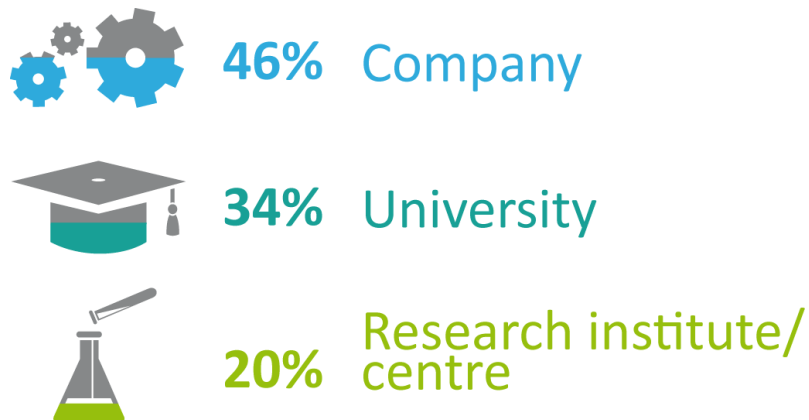
### Doctors in the technical field and in experimental sciences achieve greater suitability in the functions they perform at work

- The suitability level of functions varies between 63% for experimental sciences and the technical field to 53% for humanities.

## Where are doctors working?

### ■ Are all doctors employed by universities?

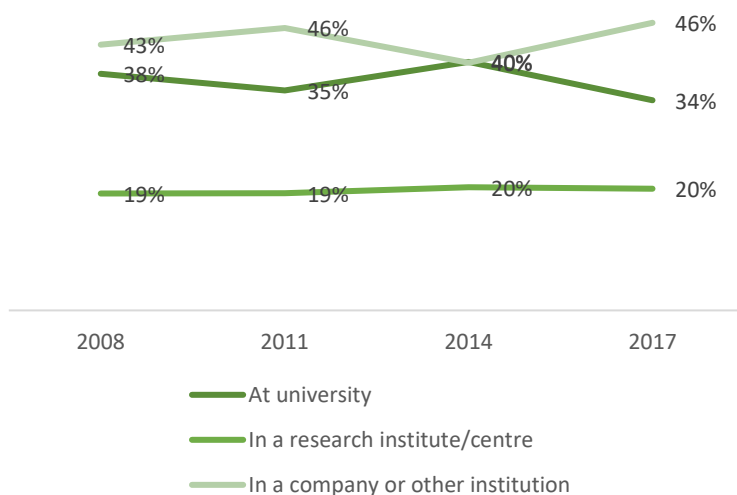
Figure 11. Jobs held by recently-qualified doctors in 2017



#### Almost half of all doctors work in private enterprise

- 46% of doctors are employed by private enterprise.
- This figure is up 6 pp compared to 2014.

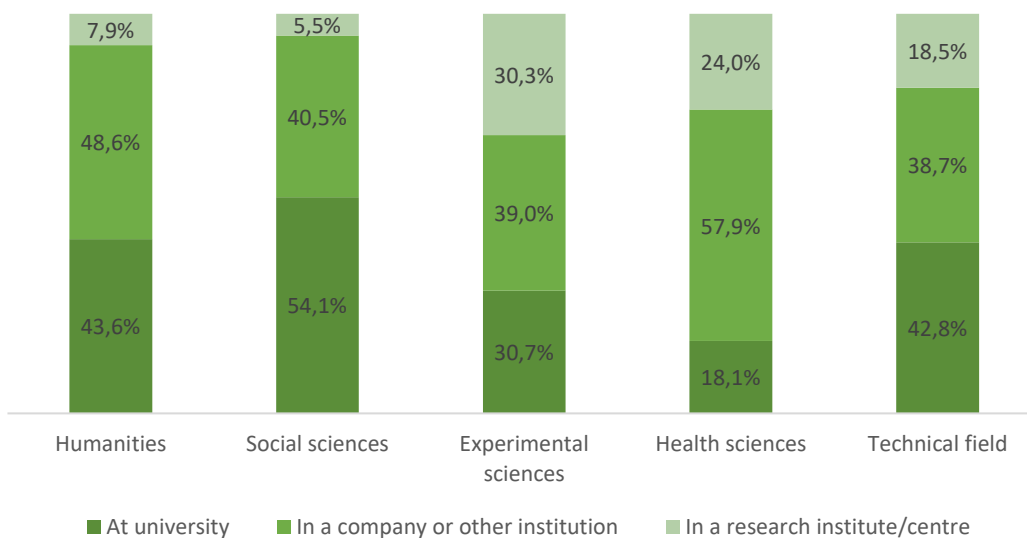
Figure 12. Trend in terms of jobs



#### The university is becoming less significant as an employer among doctors

- 34% of doctors are employed at a university.
- This figure is down 6 pp compared to 2014.

**Figure 13. Job area according to educational field in 2017**



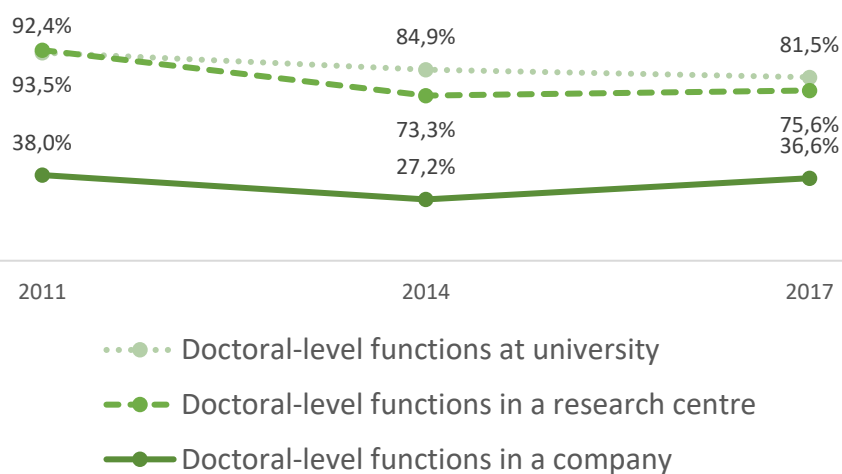
### **Two occupations for which research is a necessary component: the university and clinical medicine**

- Many clinical doctors pursue a PhD 58% of doctors who obtain their PhD in health work in enterprise and 72% of these belong to the healthcare sector. This trend has remained constant since 2008.
- Being a researcher and a professional is not incompatible. Indeed, there are two spheres in which the two functions are integrated: university teaching staff and medical staff in the healthcare sector.



## ■ Suitability and job area

Figure 14. Trend in doctoral-level functions according to the specific job area



### The lowest alignment between education and functions applies to private enterprise, although it has improved in recent years

- The level of suitability of functions varies between 81% for those employed by a university and 37% for those working for companies.
- The extent to which doctoral-level functions in companies are aligned with education has improved by 10 pp since 2014.
- The largest fall in the extent of doctoral-level functions has been in universities.

## ■ Are doctors employed in the public or private sector?

Figure 15. Trend in terms of employment in the public and private sectors

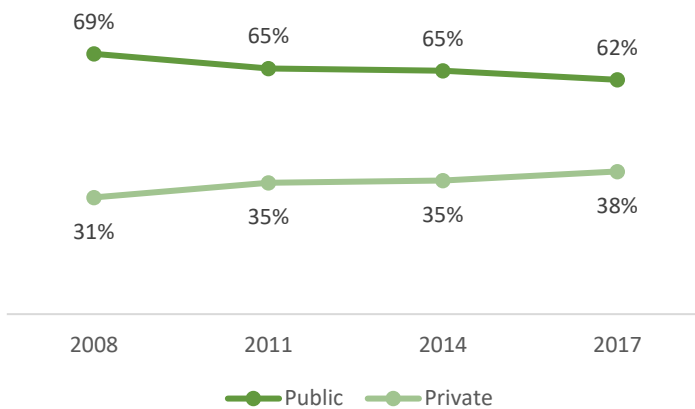
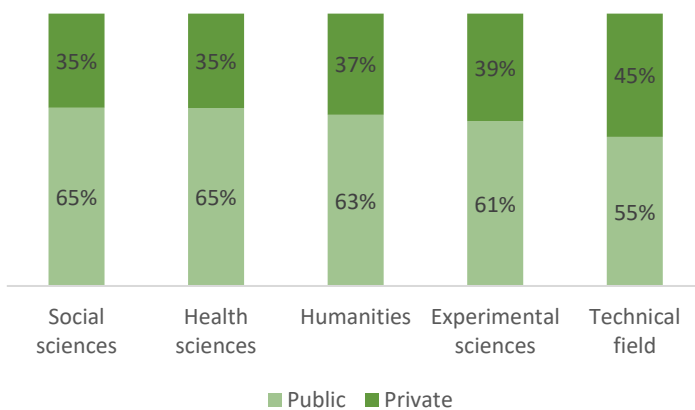


Figure 16. Public or private sector employment according to educational field in 2017



### 62% are employed in the public sector...

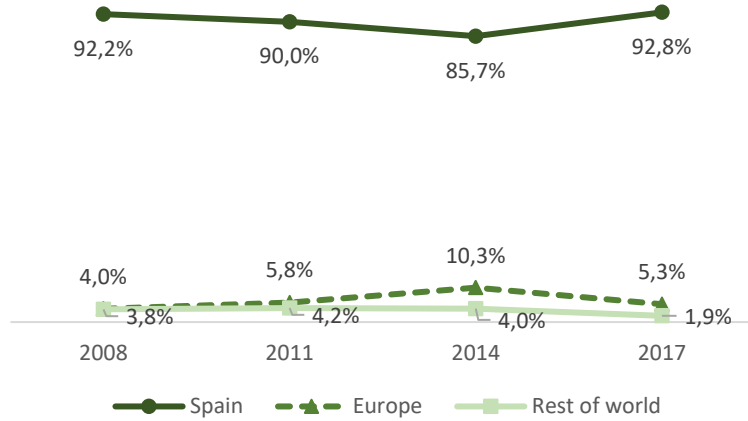
- The proportion of doctors employed in the public sector has witnessed a downward trend since 2008.

### ...a sector that is a majority employer across all educational fields

- More than half of all doctors in all educational fields are employed in the public sector.
- The percentages vary between 65% for social sciences and health sciences; and 55% for the technical field.

## Doctors and mobility

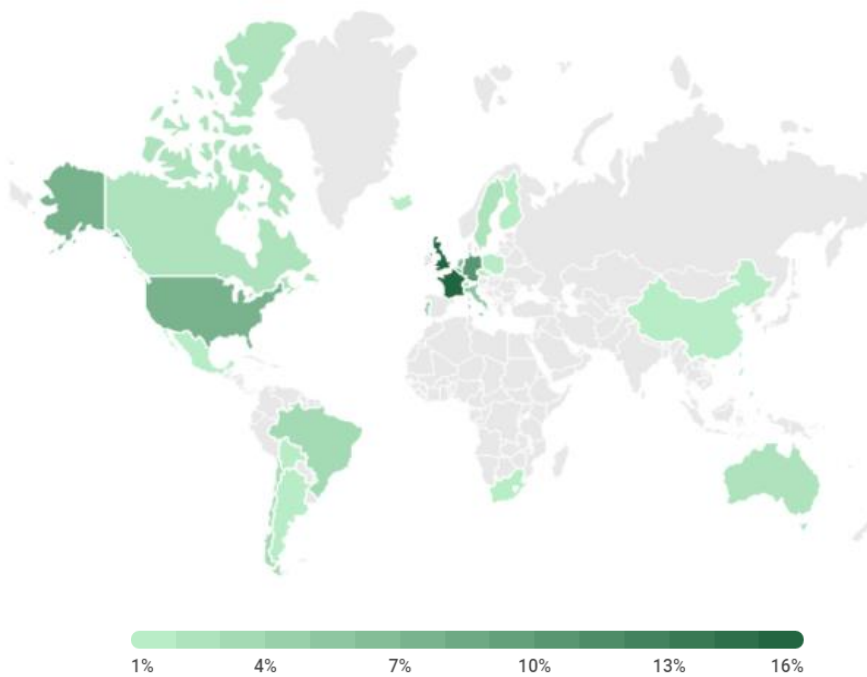
Figure 17. Trend in the percentage of doctors working in different locations



### Most doctors are working in Spain

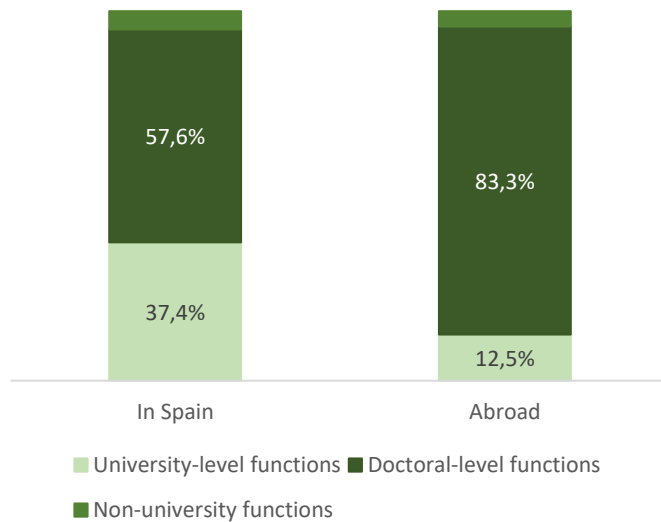
- 1 in every 10 doctors work abroad.
- This percentage has halved since 2014 (from 14.3% to 7.2%).
- Most of those who go abroad leave for a European country. The most prominent destinations are the UK, France and Germany.

Figure 18. Country in which doctors who move abroad are working in 2017



## ■ Does working abroad enhance the quality of access to the labour market?

Figure 19. Functions performed according to job area in 2017



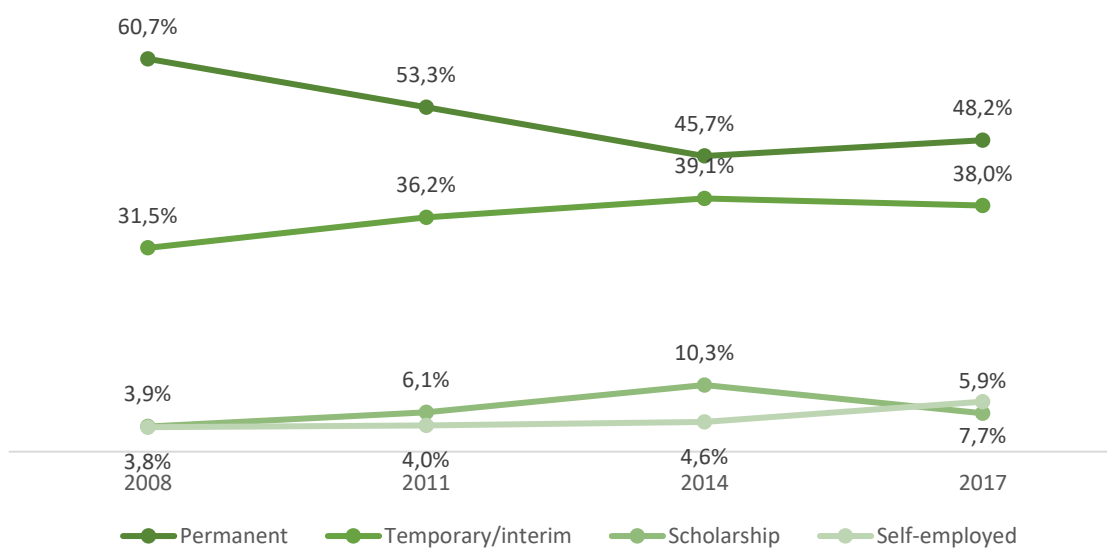
**8 in every 10 doctors abroad perform doctoral-level functions**

■ The level of suitability is higher among doctors working abroad.

## EMPLOYMENT CONDITIONS FOR DOCTORS

### ■ Contract type

Figure 20. Trend in terms of contract type



#### Almost half are on an open-ended contract

- The proportion of open-ended contracts is higher among those doctors working for private enterprise (66%) than those working at universities (41%) or research centres (27%).
- 38% of doctors are subject to contracts of a temporary nature and merely 58% of these have a contract term of more than 1 year.
- The number of doctors who are self-employed has witnessed a steady increase.

## ■ Full-time employment

Figure 21. Trend in the percentage in full-time employment

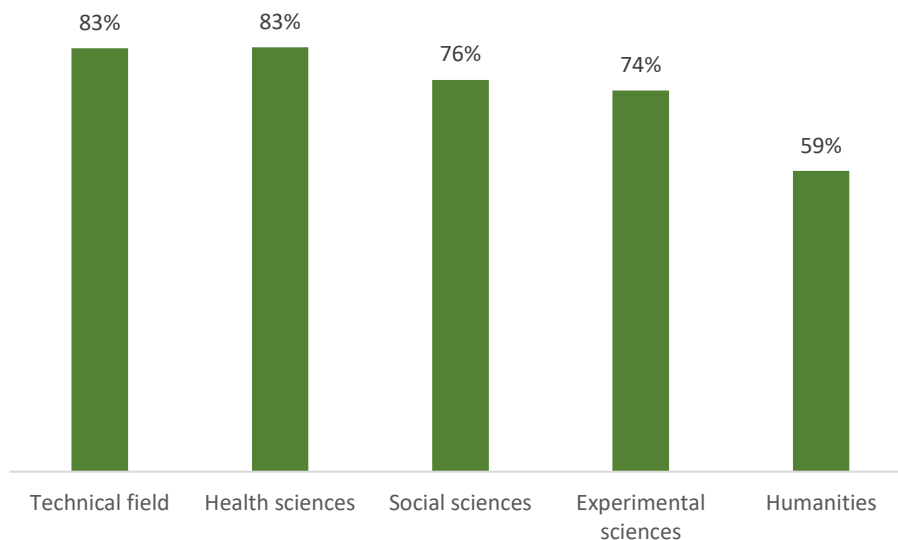


**9 in every 10 employees are in full-time work**

■ Despite this high figure, there has been a downward trend in the percentage of doctors employed full-time since 2008.

## ■ Salaries

Figure 22. Percentage of doctors earning more than 2,000 euros per month according to educational field in 2017<sup>6</sup>



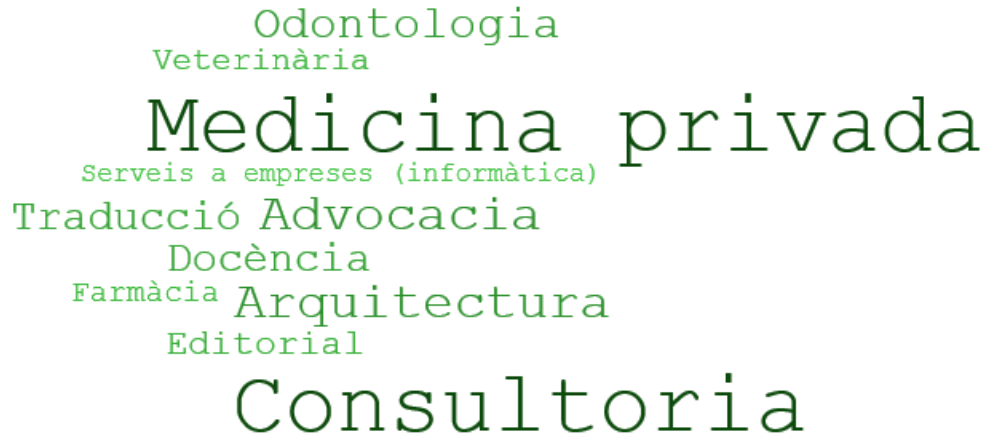
**Most earn more than €2,000 per month**

■ This is particularly true in the technical field and experimental sciences where 83% of doctors earn above this figure.

<sup>6</sup> Gross earnings for doctors in full-time employment.

## ■ What are the occupations of self-employed doctors?

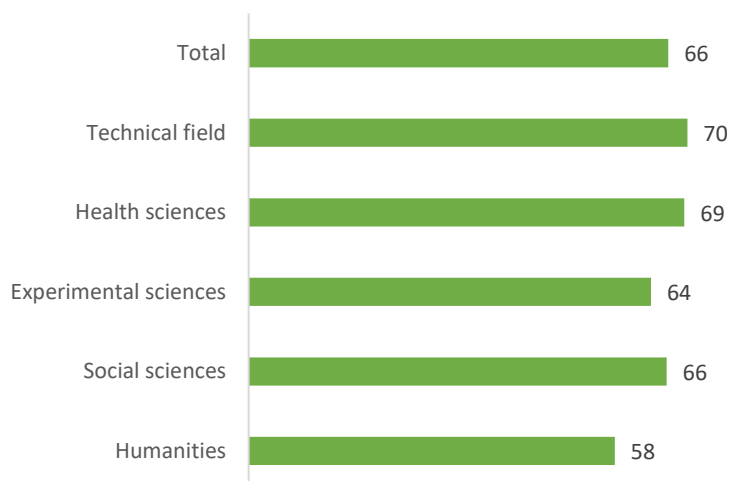
Figure 23. Range of occupations carried out by self-employed doctors (data from 2008 to 2017)



- Generally speaking, the free practice of a profession among doctors is intimately tied in with prior degree programmes: medicine, dentistry, translation, architecture firms, etc.
- Even so, many self-employed doctors work as consultants. This is a professional field commonly seen among doctors of social sciences.

## ■ The occupational quality index

Figure 24. Occupational quality index rating according to educational field in 2017<sup>7</sup>



**Doctors from the technical and health fields experience better occupational quality**

Conversely, the lowest rating for occupational quality applies to doctors from the field of humanities.

<sup>7</sup> The occupational quality index is formed by several indicators: contract type, job satisfaction, remuneration and suitability. The value range is from 0 to 100 and the higher the rating the better the occupational quality experienced. For further details, refer to Corominas *et al.* (2012).

## WHAT SKILLS ARE ACQUIRED DURING A PhD?

### ■ Ranking of skills

A doctor is an individual who can evolve in his or her field of knowledge through a process of research.

#### **A good assessment of “traditional” skills characteristic of a researcher**

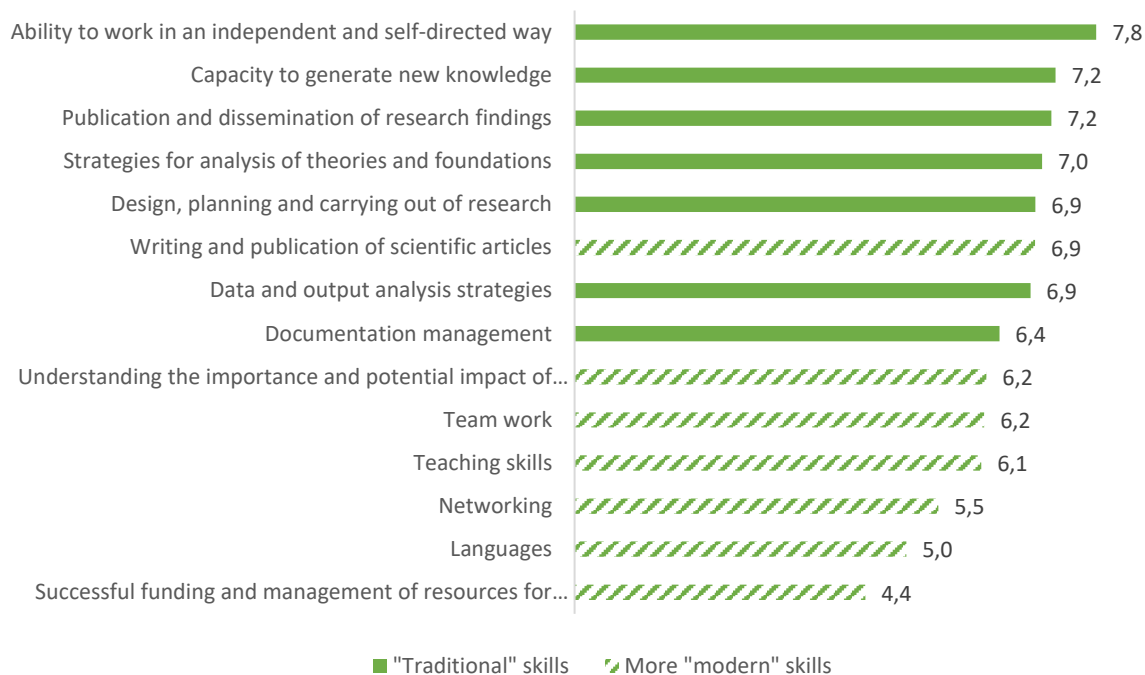
- The skills most widely attained by doctors are those that come under the category of “traditional” skills, i.e., those directly linked to preparation of a doctoral thesis. These include an ability to work in an independent and self-directed manner, capacity to generate new knowledge and the publication and dissemination of research findings.
- On the other hand, there is scope for improvement when it comes to ensuring the acquisition of more “modern” skills, since the attainment of such skills has been less widespread than the above. These include networking, languages and successful funding and management of resources for research.

**Figure 25. Extent of skills acquisition in 2017 (on a scale of 0 to 10)<sup>8</sup>**

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<sup>8</sup> The list of skills is based on sources that define the qualities expected from doctors: the Dublin Descriptors from the Joint Quality Initiative (2004), the Irish Universities Association (2008), Viate (2010) and LERU (2010).

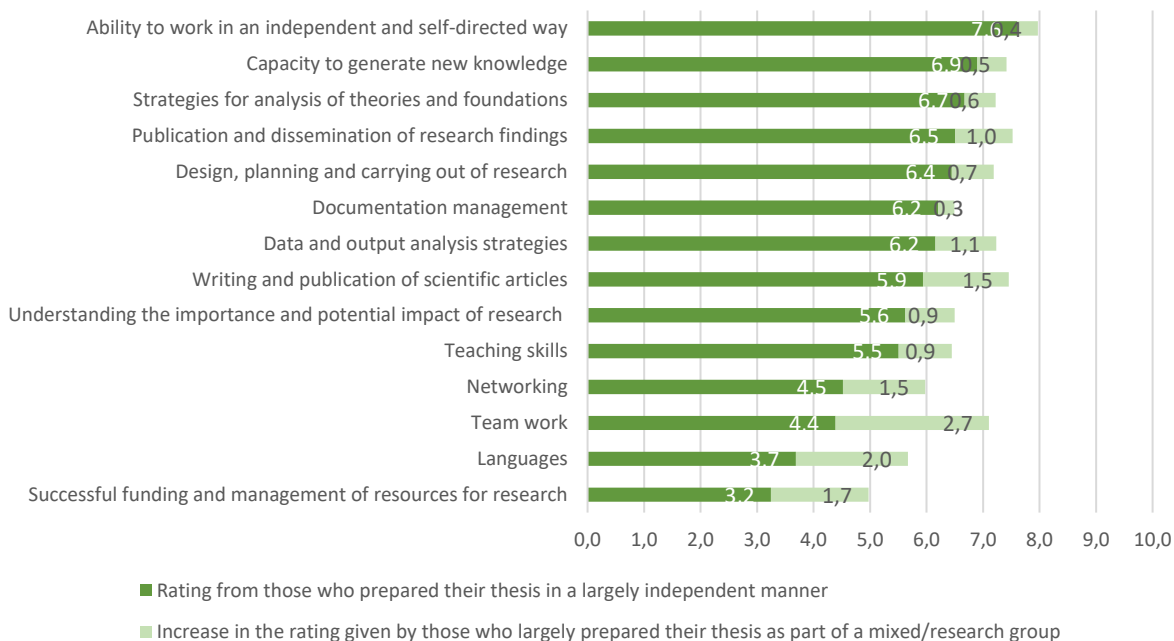




### ■ How can optimal skills achievement be assured?

Aspects linked to research group work include: giving thesis presentations in internal and external seminars, larger proportion of PhD students with scholarships, shorter study programme duration, greater mobility than those who work independently, etc.

**Figure 26. Extent of skills achievement according to the thesis preparation method chosen in 2017 (on a scale of 0 to 10)**



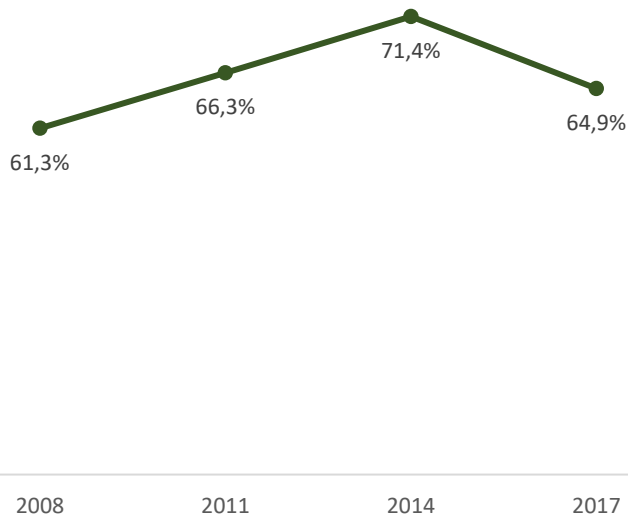
### **Working in a research group substantially enhances skills achievement**

- More “modern” skills such as team work, languages and successful funding and management of resources for research have witnessed the broadest increase.

**Table 3. Percentage of doctors according to the thesis preparation method chosen in 2017**

	In a largely independent manner	Largely as part of a mixed/research group
Empirical thesis <sup>9</sup>	28%	72%
Presentations in internal seminars	25%	75%
Presentations in external seminars	28.4%	71.6%
International PhD	24.6%	75.4%
Compendium of articles	18%	82%
PhD with a scholarship	14.7%	85.3%
PhD duration	5.8 years	5.3 years

**Figure 27. Trend in the percentage of doctors who prepare their thesis as part of a research group**



### Preparing a thesis as part of a research group is linked to other “positive” PhD characteristics...

■ Preparing a thesis as part of a research group is linked to other activities that ensure optimal skills achievement: a larger proportion of empirical theses, more presentations in internal and external seminars, more international PhDs followed, more scholarship holders and a shorter thesis preparation period.

**Even so, the percentage of doctors preparing their thesis as part of a research group has fallen**

<sup>9</sup> Empirical theses are those that involve analysing data and documents, fieldwork, clinical cases, labs, etc.

## SATISFACTION WITH THE DOCTORAL PROGRAMME

### ■ Are doctors satisfied with their study programme?

Figure 28. Satisfaction with doctoral programmes in 2017 according to items (on a scale of 1 to 10)

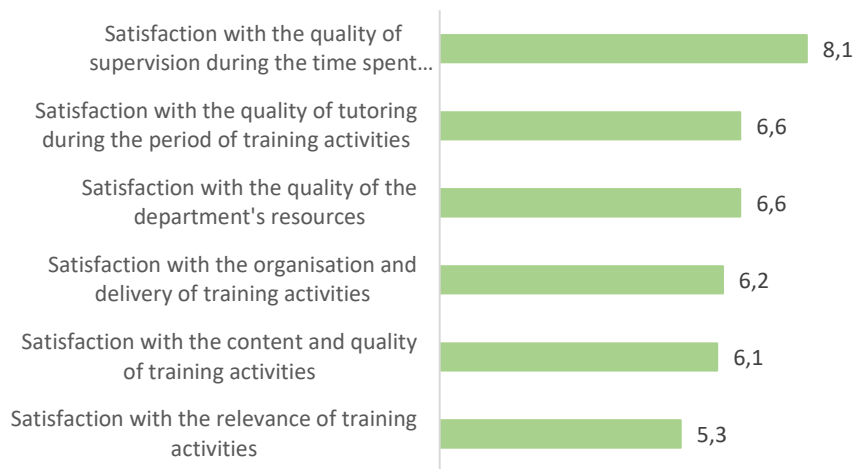
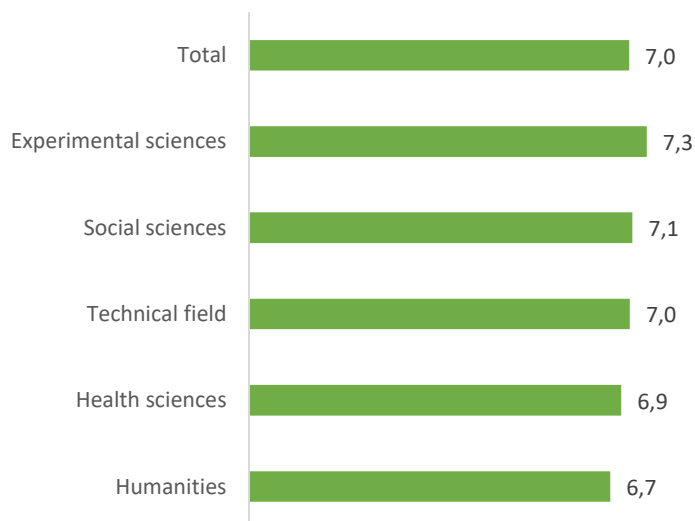


Figure 29. Overall satisfaction with the doctoral programme in 2017 according to field (on a scale of 1 to 10)



**The quality of thesis supervision is the highest rated aspect**

■ Aspects with the lowest valuation include those linked to training activities, particularly with regard to their relevance.

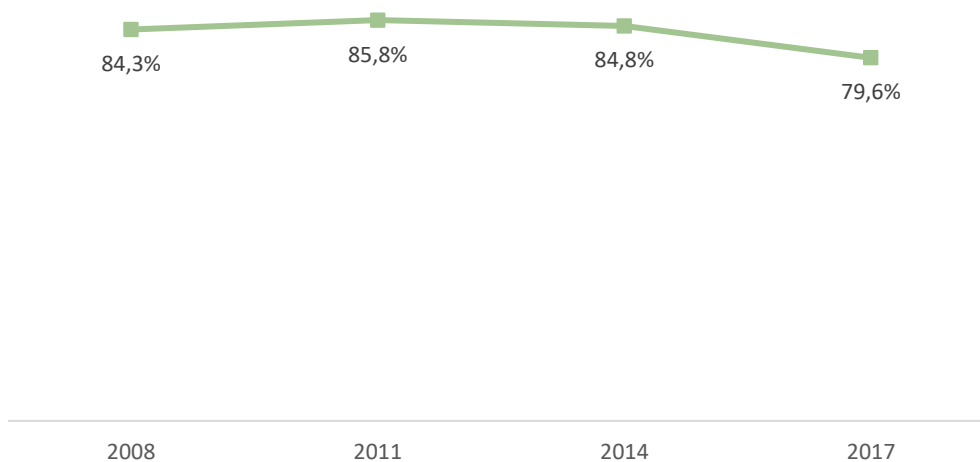
**Doctors give doctoral programmes a rating of “good”**

■ The variations according to academic field are very scant ranging from 6.7 for humanities to 7.3 for experimental sciences.

■ When compared to 2014, the overall rating has dropped from 7.4 to 7.0.

## ■ Would they take the same doctoral programme again?

Figure 30. Trend in the percentage of doctors who would take the same doctoral programme again

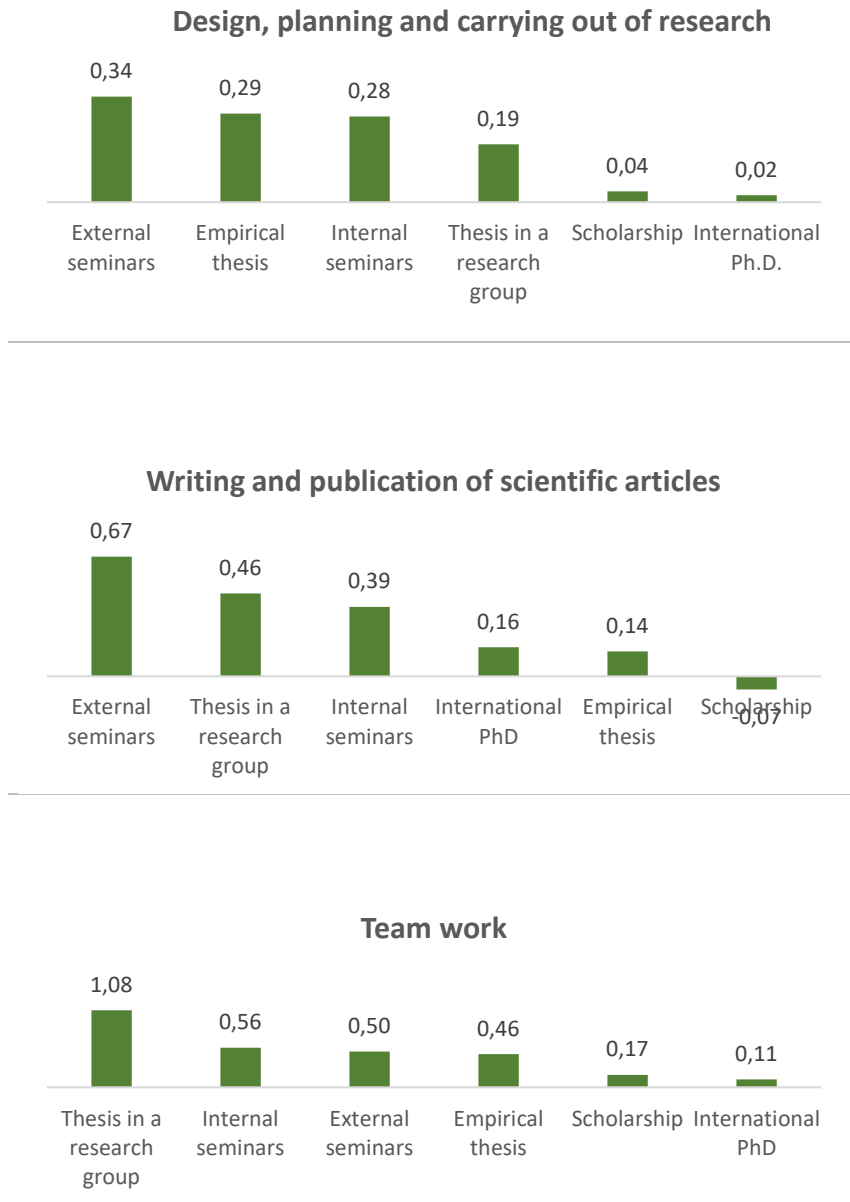


### 8 in every 10 would take the same doctoral programme again

- The percentage of doctors who would take the same doctoral programme again has fallen compared to 2014.
- The most decisive variables when it comes to the willingness to take the same thesis include performing doctoral-level functions and the educational field. Satisfaction with doctoral programme resources and thesis supervision also has a positive impact, albeit to a lesser extent.

## HOW CAN SKILLS ACQUISITION BE ENHANCED DURING DOCTORAL PROGRAMMES?

Figure 31. Decisive factors in skills acquisition<sup>10</sup>. Linear regression model results (2008-17)



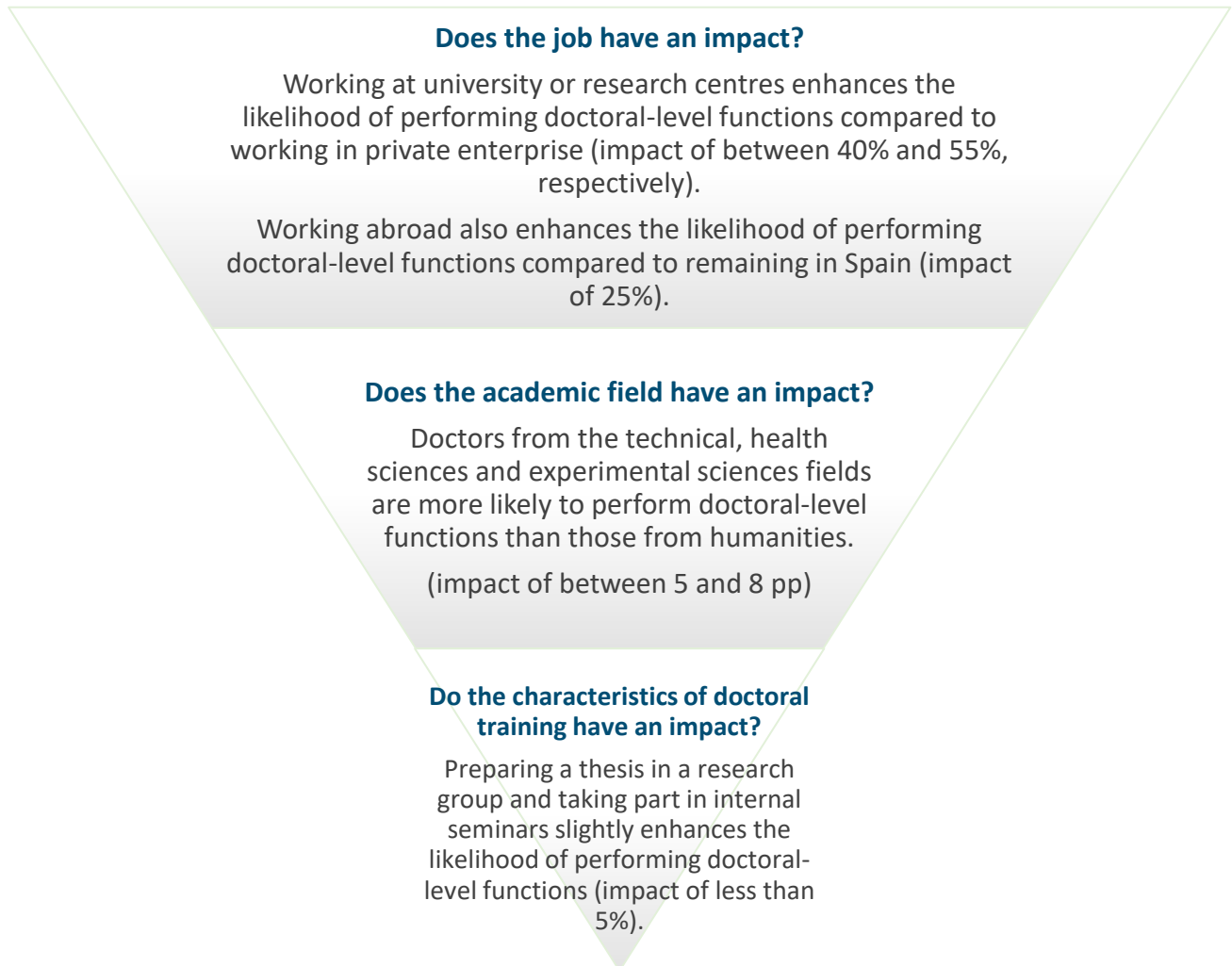
### The training and characteristics of doctoral programmes have an effect on skills acquisition

- Taking part in internal and external seminars, preparing the empirical thesis and forming part of a research group all have a positive bearing on skills acquisition.
- Moreover, other aspects such as obtaining an international PhD or having secured a scholarship also enhance acquisition of some skills, albeit to a lesser extent than the above-mentioned factors.
- Forming part of a research group is noteworthy in acquiring the “team work” skill: forming part of a research group enhances the acquisition of this skill by 1.08 points compared to those who prepare their thesis independently.

<sup>10</sup> The coefficients for the various linear regression models are shown. They show the effect of the numerous variables when it comes to skills acquisition (on a scale of 1 to 7) when the remaining variables stay constant. The values in darker green show that the effect is statistically substantial. The models incorporate variables associated with gender, age, academic field and survey year. The determination coefficients of the models considered relate to 0.06, 0.11 and 0.27, respectively.

## WHAT VARIABLES ENHANCE THE LIKELIHOOD OF PERFORMING DOCTORAL-LEVEL FUNCTIONS?

Figure 32. Decisive factors in performing doctoral-level functions. Probability model results<sup>11</sup> (2008-17)



**The specific job area (university, research centre or private enterprise) is the variable that is best placed to explain the likelihood of performing doctoral-level functions**

<sup>11</sup> The probability model includes control variables such as gender, age and survey year. The following variables have virtually no statistically significant impact on the likelihood of performing doctoral-level functions: taking part in external seminars, having obtained a scholarship, doing an international PhD and preparing an empirical thesis.

## WHAT DO FOREIGN DOCTORS THINK OF PhDs IN CATALONIA?

### ■ Satisfaction with doctoral programmes

Figure 33. Overall satisfaction on the part of foreign doctors with doctoral programmes in 2017



#### Foreign doctors are satisfied with their programmes

- The overall level of satisfaction among foreign doctors is slightly higher than that of national doctors in all fields.

### ■ Employment situation and job location

Figure 34. Employment situation of foreign doctors in 2017

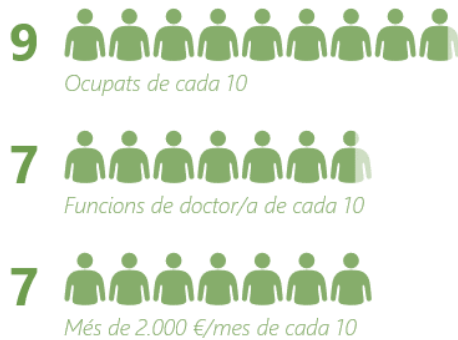
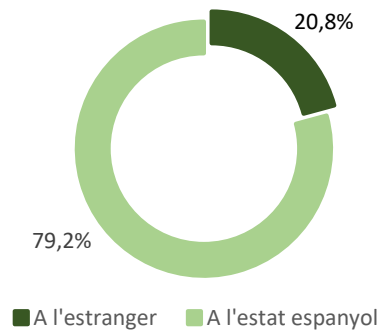


Figure 35. Location of job held by foreign doctors in 2017



#### 8 in every 10 stay in Spain working four years after obtaining their PhD

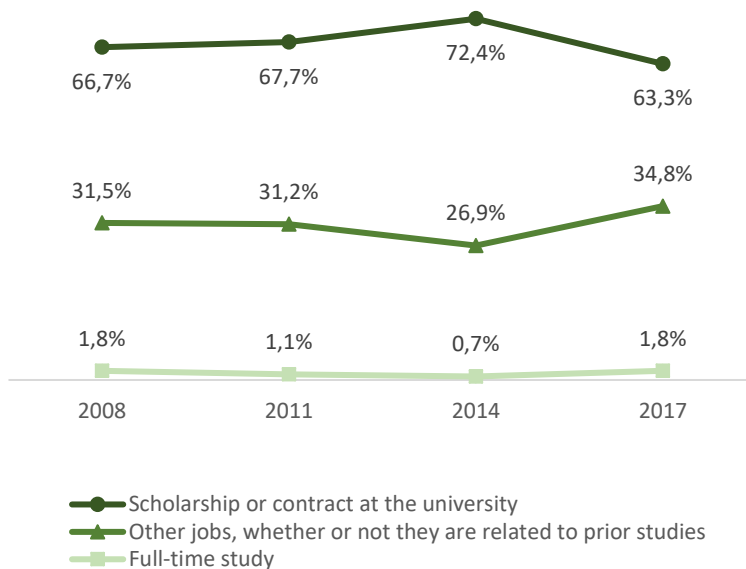
- The employment rate and percentage of international doctors earning more than 2,000 euros a month are slightly below the figures for national doctors (at 93.5% and 78%, respectively).
- Nevertheless, a larger percentage of them perform doctoral-level functions compared to national doctors (59.4%).



## WHAT ARE DOCTORAL PROGRAMMES LIKE?

### ■ Source of funding during the programme

Figure 36. Trend in the source of funding during the programme

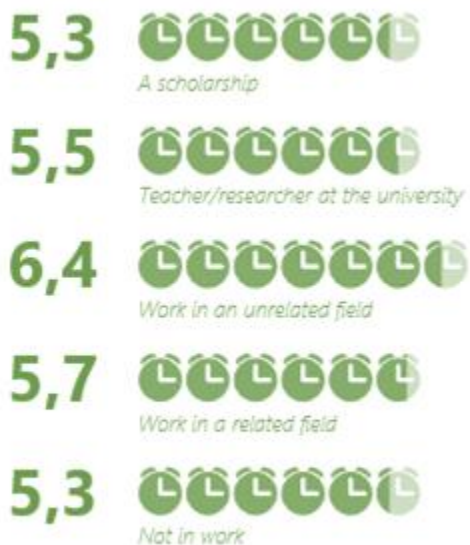


### A decreasing percentage of doctors benefit from a scholarship

■ More than half of all doctors benefitted from a scholarship or a contract at their university, although this figure is down compared to 2014.

### ■ A PhD takes 5.4 years to complete, on average

Figure 37. Average time taken to complete a PhD depending on the source of funding during the programme



### What factors have an impact on the time taken to complete a PhD?

■ Having been awarded a scholarship or not working while completing a PhD substantially reduce the time taken (with a difference of 1 year compared to those who were working in unrelated fields).

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## DATA SHEET

### Survey on national doctors, 2017

<b>Population</b>	Individuals who defended their theses in the academic years 2011-12 and 2012-13: 2,545
<b>Sample</b>	1,358
<b>Response rate</b>	53.4%
<b>Sample error</b>	1.85%
<b>Survey period</b>	From 24/01/2017 to 27/02/2017
<b>Average time taken</b>	If employed: 16 min 40 sec
<b>Participating universities</b>	University of Barcelona (UB), Autonomous University of Barcelona (UAB), Technical University of Catalonia (UPC), Pompeu Fabra University (UPF), University of Girona (UdG), University of Lleida (UdL), Rovira i Virgili University (URV), Open University of Catalonia (UOC), International University of Catalonia (UIC), University of Vic-University of Catalonia (UVic-UCC) and Abat Oliba CEU University (UAO-CEU), and the following attached centres: the National Institute for Physical Education, attached to the UB; and the National Institute for Physical Education of Catalonia, attached to the UdL.

### Survey on international doctors, 2017

<b>Population</b>	Population of international doctors, academic years 2011-12 and 2012-13: 1,243
<b>Sample</b>	152
<b>Response rate</b>	12.2%
<b>Sample error</b>	7.6%
<b>Survey period</b>	From 30/03/2017 to 07/04/2017
<b>Average time taken</b>	If employed: 17 min 13 sec

### Trend in the population and sample of national doctors

	2008	2011	2014	2017
<b>Population</b>	1,611	1,824	2,080	2,545
<b>Sample</b>	934	1,225	1,426	1,358
<b>Response rate</b>	58%	67.2%	68.6%	53.4%
<b>Sample error</b>	2.12%	1.64%	1.49%	1.85%

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