

## GPs' job satisfaction:

doctors who chose general practice early or late

### Abstract

#### Background

In the UK many practising GPs did not choose general practice as their first choice of career when they originally graduated as doctors.

#### Aim

To compare job satisfaction of GPs who chose general practice early or later in their career.

#### Design and setting

Questionnaires were sent to all UK-trained doctors who graduated in selected years between 1993 and 2000.

#### Method

Questionnaires were sent to the doctors 1, 3, 7 and 10 years after graduation.

#### Results

Of all 3082 responders working in general practice in years 7 and 10, 38% had first specified general practice as their preferred career when responding 1 year after graduation, 19% by year 3, 21% by year 5, and 22% after year 5. Job satisfaction was high and, generally, there was little difference between the first three groups (although, when different, the most positive responses were from the earliest choosers); but there were slightly lower levels of job satisfaction in the 'more than 5 years' group. For example, in response to the statement 'I find enjoyment in my current post', the percentages agreeing in the four groups, respectively, were 91.5%, 91.1%, 91.0% and 88.2%. In response to 'I am doing interesting and challenging work' the respective percentages were 90.2%, 88.0%, 86.6% and 82.6%.

#### Conclusions

Job satisfaction levels were generally high among the late choosers as well as the early choosers. On this evidence, most doctors who turn to general practice, after preferring another specialty in their early career, are likely to have a satisfying career.

#### Keywords

career choice; general practice; medical education; workforce, medical.

### INTRODUCTION

A substantial percentage of practising GPs in the UK did not make the decision to become a GP until well after the time of medical graduation. For example, in a previous study of GPs, only half had specified general practice as their first choice of career 1 year after graduation; and, even by 3 years after graduation, about one-third had not specified general practice as their first preference.<sup>1</sup>

Current forecasts indicate a shortfall between the number of doctors entering general practice in the UK and predicted need.<sup>2</sup> Seven per cent fewer doctors applied for GP training in 2011 compared with 2010.<sup>3</sup> The GP workforce is ageing, 10 000 GPs to retire over the next 5 years and GPs are not being recruited at the rates necessary to sustain the GP workforce.<sup>3,4</sup> It is now expected in the UK that about half of all newly qualified doctors will become GPs.<sup>5,6</sup> Fewer than one-third of newly qualified doctors specify that they want to be GPs.<sup>7</sup> It follows that, in the future, as in the past, many GPs will not be in the specialty of their initial first preference.

The study hypothesised that early and late choosers of general practice may have different levels of job satisfaction and other job-related measures. The aim of this study was to examine the relationship between the timing of doctors' decisions to be GPs and their job satisfaction, views about career opportunities and commitment to the NHS.

### METHOD

Data were collected as part of a multi-purpose programme of studies of doctors and their careers. Questionnaires were sent to all UK medical graduates in 4 year-of-graduation cohorts (1993, 1996, 1999 and 2000) 1, 3, 5, 7 and 10 years after graduation. Career destination data were gathered 10 years after graduation for the 1993 and 1996 cohorts, and 7 years after graduation for the 1999 and 2000 cohorts. The methods have been described in detail elsewhere.<sup>8,9</sup> Non-responders received several reminders. The General Medical Council provided the doctors' contact addresses; and the responders updated this information regularly.

One, 3 and 5 years after graduation doctors were asked 'What is your choice of long-term career?'. Doctors who were practising as GPs 7 or 10 years after qualification were allocated to one of four groups, depending on the timing of their decision to become a GP. 'In year 1' denotes doctors who stated in year 1 that they intended to be a GP as their tied or untied first choice, and consistently chose to be a GP in the year 3 and 5 surveys; 'between years 1 and 3' covers doctors who did not choose to be a GP in year 1, but did so in years 3 and 5; 'between years 3 and 5' covers doctors who did not choose to be a GP in year 3, but did so in year 5; and 'after year 5' comprises doctors who were working as GPs but had not chosen to be a GP in year 5.

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### How this fits in

Some practising GPs know soon after qualification that they want to be GPs; others decide to become GPs later on. Measures of job satisfaction were compared between GPs who made their specialty choice early or later in their careers. Job satisfaction was high for both early and later choosers. It was a little higher for early than later choosers, but differences were small.

Five statements, put to the doctors, were intended to measure job satisfaction: 'I find enjoyment in my current post', 'I am doing interesting and challenging work', 'I feel dissatisfied in my current post', 'Most days I am enthusiastic about my work', and 'I am often bored with my work'. Each statement offered a 5-point response scale from 'strongly agree' to 'strongly disagree' and was scored from 1 to 5 (with scales reversed for the first, second and fourth statements). An overall job satisfaction score was calculated (out of 25). All cohorts except the graduates of 2000 were presented with two statements on career opportunities (with a 5-point scale): 'I have had good career opportunities in my career to date', and 'I am satisfied with my future career prospects'. The graduates of 1999 and 2000 were asked, 7 years after qualification, 'Do you feel committed to a long-term career in the NHS?' with answers from 'yes definitely', 'yes probably', 'undecided', 'no probably not', and 'no definitely not'. All four cohorts were asked to express their satisfaction with the amount of time

their work left them for family, social and recreational activities, on a scale from 1 (not at all satisfied) to 10 (very satisfied). The statements with a 5-point scale were analysed for the full range and then on a three-point scale (with 'strongly agree' and 'agree' combined and 'strongly disagree' and 'disagree' combined).

Standard summary statistics and confidence intervals are reported. To test statistical significance Mann-Whitney U tests, Kruskal-Wallis tests and  $\chi^2$  statistics (reporting Yates's continuity correction where there was only 1 degree of freedom) were used.

## RESULTS

### Response

The survey questionnaires were sent to 16 190 doctors covering all four cohorts (1993, 1996, 1999 and 2000) 1 year after graduation. A total of 11 252 (70%) replied: 68% replied (11 015) in year 3 and 66% in year 5 (10 614). Career destinations were known for 79% (4858/6111) of responders at year 7 (1999 and 2000 cohorts), of whom 33% (1608) had become GPs; and for 76% (4308/5659) of responders at year 10 (1993 and 1996 cohorts), of whom 34% (1474) were GPs. Principal status had been reached by 1426 GPs (46%) of the 3082 GP responders across all four cohorts.

### Timing of the decision to be a GP

Of the 3082 GPs, 38% (1185) chose to be a GP before the end of the first year after graduation (41% of female GPs, 33% of males). A further 19% made the decision to be a GP between years 1 and 3 (19% females, 18% males), 21% between years 3 and 5 (20% females, 24% males), and the remaining 22% did not decide to be a GP until more than 5 years after graduation (20% females, 25% males). Female GPs decided to be GPs earlier in their careers than males ( $\chi^2_3 = 25.2, P < 0.001$ ). There was no appreciable difference between the cohorts in the timing of the decision to be a GP ( $\chi^2_1$  for linear trend = 3.8,  $P = 0.051$ ). A higher proportion of early choosers than late choosers had become principals (43% versus 34%;  $\chi^2_1 = 27.2, P < 0.001$ ).

### Job satisfaction

Across the four groups defined by the timing of the decision to enter general practice, the general (but not invariable) pattern was that there were few differences between the first three groups (although, when there were, the job satisfaction score was typically highest in the earliest choosers); but there were slightly lower

**Table 1. Job satisfaction score by sex and timing of choice to become a GP**

	Timing of decision to choose GP				All
	Before Y1	Y1 to Y3	Y3 to Y5	After Y5	
<b>Median job satisfaction score</b>					
All	20.3	20.2	20.2	20.0	20.2
Male	20.1	19.9	19.9	19.8	20.0
Female	20.3	20.2	20.2	19.9	20.3
<b>Scoring <math>\leq 10</math>, %</b>					
All	1.0	1.1	1.0	2.5	1.3
Male	1.8	1.2	1.3	2.5	1.7
Female	0.6	1.1	0.8	2.5	1.1
<b>Scoring <math>\geq 20</math>, %</b>					
All	66.2	63.6	62.8	57.4	63.1
Male	62.4	59.1	59.5	55.8	59.5
Female	67.8	65.7	64.8	58.4	65.0

Denominators: male = 978, females = 1879, total = 2857.

**Table 2. Job satisfaction statements: percentages according to timing of decision to become a GP (1993, 1996, 1999 and 2000 cohorts)**

All responders	Timing of decision to choose GP				Comparing 4 groups	Comparing earliest choosers (<Y1) vs latest (≥Y5)	All
	< Y1	Y1 to 3	Y3 to 5	≥Y5	P-value ( $\chi^2$ test <sup>a3</sup> )	P-value ( $\chi^2$ test <sup>a1</sup> )	
<b>Contributing statements</b>							
I find enjoyment in my current post (% agreement)	91.5	91.1	91.0	88.2	0.140	0.030	90.6
I am doing interesting and challenging work (% agreement)	90.2	88.0	86.6	82.6	<0.001	<0.001	87.4
I feel dissatisfied in my current post (% disagreement)	75.8	72.2	72.5	67.3	0.002	<0.001	72.7
Most days I am enthusiastic about my work (% agreement)	76.7	77.1	76.9	71.0	0.030	0.010	75.6
I am often bored with my work (% disagreement)	80.5	77.2	76.6	70.0	<0.001	<0.001	76.9
<b>Males</b>							
<b>Contributing statements</b>							
I find enjoyment in my current post (% agreement)	88.9	91.4	90.5	86.8	0.430	0.530	89.2
I am doing interesting and challenging work (% agreement)	88.9	86.1	84.0	80.5	0.040	0.010	85.2
I feel dissatisfied in my current post (% disagreement)	71.8	68.2	70.5	67.1	0.630	0.260	69.7
Most days I am enthusiastic about my work (% agreement)	72.7	73.1	75.8	71.0	0.700	0.710	73.1
I am often bored with my work (% disagreement)	75.4	74.0	71.4	68.0	0.250	0.060	72.4
<b>Females</b>							
<b>Contributing statements</b>							
I find enjoyment in my current post (% agreement)	92.6	90.9	91.4	89.2	0.260	0.060	91.4
I am doing interesting and challenging work (% agreement)	90.8	88.9	88.2	84.0	0.009	0.001	88.6
I feel dissatisfied in my current post (% disagreement)	77.6	74.1	73.7	67.5	0.004	<0.001	74.2
Most days I am enthusiastic about my work (% agreement)	78.4	79.0	77.7	71.0	0.030	0.007	77.0
I am often bored with my work (% disagreement)	82.8	78.7	79.8	71.2	<0.001	<0.001	79.2

<sup>a</sup>Degrees of freedom for the test (4 groups = 3 df, 2 groups = 1 df).

levels of job satisfaction in the 'more than 5 years' group (Tables 1 and 2).

#### Composite satisfaction score

Overall, the GPs' median job satisfaction was high: it was 20.2 on a scale from 5 (low) to 25 (high). Overall, differences in job satisfaction were small (Table 1; Kruskal-Wallis test results: all GPs  $P = 0.02$ , males  $P = 0.54$ , females  $P = 0.06$ ). Sex comparisons in each group did not yield significant results (before year 1:  $P = 0.10$ , year 1-3  $P = 0.04$ , year 3-5  $P = 0.13$ , year  $\geq 5$   $P = 0.56$ ), although, for all groups combined, females had slightly higher levels of satisfaction than males ( $P = 0.002$ ). The percentages scoring  $\leq 10$  (that is, the most dissatisfied), and the percentages scoring  $\geq 20$  (the most satisfied) were tabulated, and only modest

differences in these subgroups were observed in respect of the timing of choice to enter general practice (Table 1).

The study hypothesised that greater differences may be found at the extremes, so those who chose general practice before year 1 were compared with the other three groups combined, and those who chose after year 5 were compared with the other three groups combined. For year 1 compared with the rest, the Mann-Whitney U test gave  $P = 0.04$  for all,  $P = 0.21$  for males and  $P = 0.17$  for females. For year  $\geq 5$  compared with the rest, the corresponding results were  $P = 0.003$ , 0.30, and 0.006, for all, males, and females, respectively. Hence it was concluded that females GPs who did not choose general practice until after 5 years from graduation had slightly lower

**Table 3. Career opportunities, prospects and commitment to the NHS: percentages according to timing of decision to become a GP**

All responders	Timing of decision to choose GP				Comparing 4 groups	Comparing earliest choosers (<Y1) vs latest (≥Y5)	All
	<Y1	Y1 to 3	Y3 to 5	≥Y5	P-value ( $\chi^2$ test <sup>a3</sup> )	P-value ( $\chi^2$ test <sup>a1</sup> )	
I have had good career opportunities in my career to date (% agreement)	80.2	75.4	80.1	70.9	0.002	<0.001	77.4
I am satisfied with my future career prospects (% agreement)	69.9	70.1	69.9	66.9	0.73	0.170	69.3
<b>Do you feel committed to a long-term career in the NHS?</b>							
% Yes	85.7	81.3	79.9	73.1	<0.001	<0.001	81.2
% Undecided	8.5	10.7	13.1	16.2			
% No	5.8	8.1	7.0	10.7			
<b>Males</b>							
I have had good career opportunities in my career to date (% agreement)	82.8	80.5	80.6	71.7	0.06	0.007	79.4
I am satisfied with my future career prospects (% agreement)	70.3	75.6	68.1	63.8	0.20	0.110	69.3
<b>Do you feel committed to a long-term career in the NHS?</b>							
% Yes	80.6	75.9	78.4	74.8	0.67	0.160	78.0
% Undecided	10.9	13.9	14.7	14.0			
% No	8.6	10.1	6.9	11.2			
<b>Females</b>							
I have had good career opportunities in my career to date (% agreement)	79.0	72.8	79.8	70.3	0.02	0.007	76.4
I am satisfied with my future career prospects (% agreement)	69.7	67.4	71.0	69.0	0.85	0.460	69.4
<b>Do you feel committed to a long-term career in the NHS?</b>							
% Yes	87.6	83.4	80.7	72.3	<0.001	<0.001	82.6
% Undecided	7.6	9.3	12.3	17.3			
% No	4.8	7.3	7.1	10.4			

<sup>a</sup>Degrees of freedom for the test (4 groups = 3 df, 2 groups = 1 df).

job satisfaction than females who chose it earlier; a difference which was not found for males.

#### Statements contributing to the composite job satisfaction score

Each job satisfaction statement which contributed to the job satisfaction score was examined individually (Table 2, Appendix 1). For the three positively worded statements the responses 'strongly agree' and 'agree' were combined and the results were reported as 'percentage agreement'. For the two negatively worded statements 'strongly disagree' and 'disagree' were combined and the result was reported as 'percentage disagreement'. In response to the statement 'I find enjoyment in my current post, the percentages agreeing in the four groups from early to late choosers, were, respectively, 91.5%, 91.1%, 91.0%, and 88.2% (differences that were, however, not significant). In response to 'I am doing interesting and challenging work' the respective percentages were 90.2%, 88.0%, 86.6%, and 82.6% (a significant difference, Table 2). The other three statements — on

dissatisfaction, enthusiasm and boredom — each showed significant variation ( $P<0.05$ ) by timing of choice (Table 2).

Overall, females showed slightly higher job satisfaction than males, both in the composite job satisfaction score and on each of the five components making up the score (Tables 1 and 2). The difference between early and later choosers — for example, the size of the drop between year 1 and year ≥5 choosers — was greater for females than for males. This was largely because the job satisfaction scores, higher for females than males in the early choosers, were more similar for females and males among the late choosers (Table 2).

#### Time left for family, social and recreational activities (all cohorts)

Median satisfaction with the amount of time that work left doctors for family, social and recreational activities, which could range from 1 (low) to 10 (high), was 7.3. Satisfaction was higher for female GPs (median 7.4) than for male GPs (median 7.0) ( $P<0.001$ , Mann-Whitney U test). Comparing the four groups defined by when they chose general

practice, leisure satisfaction did not differ by timing of decision ( $P = 0.13, 0.77, \text{ and } 0.50$ , respectively, for all, males, and females; Kruskal–Wallis test).

#### **Career opportunities and prospects (1993, 1996 and 1999 cohorts)**

Overall, 77% of GPs agreed that they had been provided with 'good career opportunities' to date (Table 3; males 79%, females 76%,  $P = 0.149$ ). Differences by timing of the decision to be a GP were most pronounced at the extremes: of those who chose to be a GP in year 1, 80% of agreed that they had been provided with 'good career opportunities' to date compared with 71% of GPs who chose to be a GP after year 5 (all  $P < 0.001$ , males  $P = 0.007$ , females  $P = 0.007$ , Table 3).

The percentage of both males and females who agreed that they were satisfied with their 'future career prospects' was 69% ( $P = 0.97$ ). There were no significant differences by timing of decision (Table 3).

#### **Commitment to a long-term career in the NHS (1999 and 2000 cohorts)**

Of the GPs, 81% felt committed to a long-term career in the NHS, 7% did not, and 11% were undecided ( $P = 0.097$  comparing males and females). Of those who chose to be a GP in year 1, 86% felt committed to a long-term career in the NHS compared with 73% of GPs who first chose to be a GP after year 5 ( $\chi^2_1 = 16.9, P < 0.001$ ; males  $P = 0.16$ , females  $P < 0.001$ ; Table 2, Appendix 2). Early-choosing female GPs expressed the highest level of commitment to the NHS.

## **DISCUSSION**

### **Summary**

In general, the differences between the three groups that first chose to be GPs less than 5 years after qualification were small; and the most noteworthy differences — although, again, not particularly great — were between the first three groups and those who first decided to be GPs more than 5 years after qualification. The areas of questioning that elicited the biggest differences were not those concerned with job satisfaction but with career opportunities and commitment to the NHS. More early than late choosers reported that they had had 'good career opportunities'. The late choosers had either delayed their final career choice or changed careers and, perhaps unsurprisingly, this group were not as enthusiastic as the others about the career opportunities they had received. The late choosers were also less likely to agree that they were committed to a future career

in the NHS (agreed by 86% of early and 73% of late choosers).

Overall, females reported slightly higher job satisfaction than males, both in the composite job satisfaction score and on each of the five components making up the score (Table 2), although some differences did not attain statistical significance.

### **Strengths and limitations**

Strengths include the fact that this is a large, national prospective cohort study. As such, it is not subject to recall bias about early career intentions because the data on early career intentions were reported contemporaneously. In particular, the responses on job satisfaction, gathered in the later surveys, were collected independently of the responses on career intentions elicited in years 1, 3 and 5 after graduation. Response rates are high. Nonetheless, non-responder bias is possible, as with all surveys.

### **Comparison with existing literature**

In a 2011 UK survey, GPs rated their overall satisfaction with their jobs as between neutral and satisfied, three-quarters described their workload as heavy, and one-third said that work impinged on their quality of life to an unacceptable degree.<sup>4</sup> However, trainees and newly qualified GPs reported high levels of job satisfaction.<sup>4,10</sup> It seems likely that general practice has become more attractive in recent years, with changes to training, working patterns, and pay.<sup>10</sup> Also, many doctors are attracted to general practice for lifestyle reasons, and this factor is increasingly important for more recent graduates.<sup>10–12</sup>

That females reported slightly higher job satisfaction than males is consistent with other research which has reported higher job satisfaction among female GPs.<sup>13,14</sup>

The slightly more negative scores on job satisfaction of the doctors who first decided on a career in general practice late, after year 5, need cautious interpretation. It is possible that some are disappointed by general practice; but it is also possible that some individuals who make late choices may be a bit unsatisfied with whatever they do. There is cautiousness, too, in interpreting the finding that more early choosers than late choosers had become principals: this could be because the early choosers had been qualified as GPs for longer than the late choosers, and the number of partnerships available has declined over the past decade.<sup>15</sup>

In all four groups of GP, job satisfaction levels were generally high. Comparing the

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### **Ethical approval**

This study was approved by the National Research Ethics Service, following referral to the Brighton and Mid-Sussex Research Ethics Committee in its role as a multi-centre research ethics committee (reference number: 04/Q1907/48).

### **Provenance**

Freely submitted; externally peer reviewed.

### **Competing interests**

The authors have declared no competing interests.

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first three groups of doctors — those who made the decision to enter general practice within 5 years of graduation — differences were small. Doctors who first decided at year 3 or 5, rather than 1, that they would (or must) become GPs, were almost as satisfied with their job as those who decided to be GPs by year 1. Currently, too many newly qualified UK doctors want to go into hospital specialties, and too few into general practice, in relation to the training posts and jobs that are likely to be available: half of 6500 specialty training posts are likely to be in general practice.<sup>16</sup> It seems likely that many future graduates will choose general practice because their first choice career is too competitive. On the study's evidence, many doctors who choose general practice, after preferring another specialty in their early career, are likely to have a satisfying career. These doctors who make a later career choice for general

practice are important to the security of workforce supply. If proposals to extend GP training from 3 to 4 years go ahead,<sup>17,18</sup> it will be important to monitor the impact of extended training on job satisfaction and on the numbers of doctors coming late to general practice.

#### **Implications for research**

As there are only modest differences in job satisfaction and commitment to the NHS between those who chose GP early or late, concerns that late choosers may be less satisfied or committed can be largely discounted. However, many GPs, particularly males, do not choose their specialty early, and supply remains highly dependent on a continuing supply of late choosers. Further research may be useful to compare the long-term career outcomes, such as age at retirement, of early and late choosers of GP.

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## Appendix 1. Job satisfaction questions: counts according to timing of decision to become a GP (1993, 1996, 1999 and 2000 cohorts)

	Male				Female				Total			
	<Y1	Y1 to 3	Y3 to 5	≥Y5	<Y1	Y1 to 3	Y3 to 5	≥Y5	<Y1	Y1 to 3	Y3 to 5	≥Y5
<b>I find enjoyment in my current post</b>												
Agree	303	159	209	210	743	331	340	330	1046	490	549	540
Neutral	27	8	15	23	40	24	24	27	67	32	39	50
Disagree	11	7	7	9	19	9	8	13	30	16	15	22
<b>I am doing interesting and challenging work</b>												
Agree	303	149	194	194	728	321	328	309	1031	470	522	503
Neutral	31	18	28	36	68	33	34	41	99	51	62	77
Disagree	7	6	9	11	6	7	10	18	13	13	19	29
<b>I feel dissatisfied in my current post</b>												
Agree	41	27	29	28	80	44	47	49	121	71	76	77
Neutral	55	28	38	51	99	49	51	69	154	77	89	120
Disagree	244	118	160	161	619	266	274	245	863	384	434	406
<b>Most days I am enthusiastic about my work</b>												
Agree	248	125	175	171	629	286	289	259	877	411	464	430
Neutral	60	30	44	46	117	52	53	77	177	82	97	123
Disagree	33	16	12	24	56	24	30	29	89	40	42	53
<b>I am often bored with my work</b>												
Agree	29	19	23	33	44	26	25	42	73	45	48	75
Neutral	55	26	43	44	94	51	50	63	149	77	93	107
Disagree	257	128	165	164	662	284	297	260	919	412	462	424

## Appendix 2. Career opportunities, prospects and commitment to the NHS: counts according to timing of decision to become a GP

	Male				Female				Total			
	<Y1	Y1 to 3	Y3 to 5	≥Y5	<Y1	Y1 to 3	Y3 to 5	≥Y5	<Y1	Y1 to 3	Y3 to 5	≥Y5
<b>I have had good career opportunities in my career to date</b>												
Agree	198	99	129	109	415	177	201	161	613	276	330	270
Neutral	32	18	23	31	86	51	34	47	118	69	57	78
Disagree	9	6	8	12	24	15	17	21	33	21	25	33
<b>I am satisfied with my future career prospects</b>												
Agree	168	93	109	97	365	163	181	158	533	256	290	255
Neutral	52	22	37	41	108	52	50	48	160	74	87	89
Disagree	19	8	14	14	51	27	24	23	70	35	38	37
<b>Do you feel committed to a long-term career in the NHS?</b>												
Yes	141	60	91	80	403	161	171	146	544	221	262	226
Undecided	19	11	17	15	35	18	26	35	54	29	43	50
No	15	8	8	12	22	14	15	21	37	22	23	33