

Career intentions and preferences of GP registrars in Yorkshire

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ABSTRACT

With a shortage of GPs in England, there is a need to consider the career development for new GPs to ensure that they remain in post. This study examines, by means of a postal questionnaire survey, the views of GP registrars (GPRs) about their future careers in Yorkshire, England. The response rate was 59%. One hundred and eighteen (60%) responders were female, of whom 80 (39%) were planning to work part time. One hundred and fifty-six (76%) GPRs planned to take up a specific job in primary care; 81 (40%) in a general practice rather than a primary care trust setting. One hundred and seven (52%) had sought a different medical career prior to general practice and 113 (55%) did not feel well prepared to find a suitable practice. Interest in teaching was expressed by 167 (82%) and in sub-specialisation by 170 (83%). One hundred and seventeen (57%) GPRs said that their job choice was affected by domestic commitments. More males than females intended to become a principal. Primary care trusts should consider the profile and aspirations of the workforce and a more structured approach to career guidance is required.

Keywords

career choice; general practice; general practice registrars; training.

INTRODUCTION

There is a shortage of doctors in England,^{1,2} complicated by proposed changes to junior doctor training.³ The need to create attractive career pathways supported by good career guidance in general practice has been highlighted⁴ and is pertinent, not only to other countries with similar problems, but also to the increasing numbers of overseas medical graduates seeking training and careers in British general practice.⁵ The perception that GPs were devoting increasing amounts of time to administration and management instead of patient care has led to a reduced interest in general practice among recent cohorts.^{6,7}

In 2003, over 60% of all medical school recruits were female,⁸ and 60% of females had chosen general practice expecting fewer working hours.⁹ This sex bias increases the need to provide opportunities for flexible working and challenges workforce planning. Giving GPs protected time for education, training and research alongside their clinical commitments has been acknowledged as important.^{10,11} This study examines the profile of the future GP workforce and their aspirations for their professional lives.

METHOD

A postal questionnaire was sent in April 2004 to all GP registrars (trainees) (GPRs) on the Yorkshire deanery database, followed by a reminder to non-responders after 3 weeks. The closed questions were analysed by SPSS and the free text responses by the framework approach.¹²

RESULTS

The response rate was 60% (207/347) with 205 (59%) completed questionnaires. Seventy-eight (40%) responders were male, 118 (60%) were female and 41 (20%) were Asian. One hundred and seven (52%) had a different medical career before entering general practice, principally in general medicine ($n = 53$), paediatrics ($n = 14$) and surgery ($n = 10$). Reasons for career change included: quality of life and working environment ($n = 34$); discomfort with specialisation and pressure ($n = 22$); and more interest in primary care ($n = 11$).

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A total of 156 (76%) GPRs planned a specific job in primary care; 81 (56%) a salaried post. However, nine GPRs expected to become GP principals (independent contractors) in the longer term after initial salaried or locum posts. Planning to take up a specific job in primary care was related to the intention to become a principal ($\chi^2 = 16.133$; degrees of freedom [df] = 4; $P = 0.003$). Part-time working was planned by 68% of females and 26% of males, making sex a statistically significant factor for full- or part-time work ($\chi^2 = 33.394$; df = 1; $P < 0.001$). The most decisive factors making part-time work attractive were family commitments ($n = 42$) and quality of life issues ($n = 39$).

A total of 83 (41%) responders felt well prepared by their vocational training scheme to decide about their future career, 25 (12%) did not and 92 (45%) responded 'not yet', with females less prepared than males. GPRs felt increasingly prepared as they progressed through training suggesting that their educational and developmental needs were being addressed.

Many GPRs who were female, older, married or had children were limited in terms of job location, marriage being the most significant factor ($\chi^2 = 16.564$; df = 1; $P < 0.001$). Other factors mentioned were: home, child care and family ($n = 75$); partner's job ($n = 57$); geography and amenities ($n = 29$); familiarity with area in which trained ($n = 16$); and housing ($n = 14$).

The benefits and drawbacks of future career options are shown in Table 1. The career options selection emphasised the overwhelming level of interest among GPRs in teaching or sub-specialisation (Table 2).

A total of 55 (27%) males and 69 (34%) females intended to become principals, an intention expressed more frequently by older and more experienced doctors. The personal commitment required of a GP principal affected the GPRs' career choice significantly ($\chi^2 = 7.395$; df = 1; $P = 0.007$) particularly for females. This was the case for 39 (51%) male GPs and 82 (71%) females, with 81% of those whose career choice was unaffected by the required personal commitment intending to become a principal. Factors affecting career choice were: not ready to commit/want to travel first ($n = 27$); harder work as a principal ($n = 15$); need to develop further professionally first ($n = 12$); and little interest in the business side of general practice ($n = 13$).

DISCUSSION

The responders were representative with approximately 60% being female and 20% being of Asian background, reflecting the sex and ethnicity profile for acceptances to UK medical schools.⁸ The

How this fits in

It is known that more women than men are entering general practice as GPRs. The study showed that the expectations of GPRs are for job flexibility and to have the opportunity to develop special interests. The personal commitment required of a principal was shown to be of particular concern to female GPRs. The involvement of non-principals and part-time doctors in teaching, training and GPs with special interest roles should be promoted.

preponderance of female GPRs and their preference for part-time working compounds the recruitment and retention of GPs in primary care. Many expressed a desire to work on a salaried basis initially, prior to becoming a principal at a later stage. This may represent a perceived need for further experience or training and will have implications for the future in terms of numbers of principals.

Table 1. Career options, benefits and drawbacks.

| Career options | Benefits | Drawbacks |
|-----------------------------|--|---|
| GP principal | <ul style="list-style-type: none"> • Good salary ($n = 38$) • Having a say ($n = 35$) • Stable job ($n = 21$) • Feel part of a practice ($n = 11$) | <ul style="list-style-type: none"> • Management responsibility ($n = 21$) • Commitment ($n = 19$) • Longer hours ($n = 15$) • Greater responsibility ($n = 14$) |
| Salaried/ part-time work | <ul style="list-style-type: none"> • No management responsibility ($n = 43$) • Flexibility ($n = 28$) • Fixed contract benefits ($n = 26$) • Free time ($n = 15$) | <ul style="list-style-type: none"> • Less input in decision making ($n = 48$) • Financially less attractive ($n = 23$) • Insecurity ($n = 15$) |
| Locum work | <ul style="list-style-type: none"> • Flexibility ($n = 25$) • Experience different practices ($n = 15$) | <ul style="list-style-type: none"> • Poor continuity ($n = 19$) • Less well supported ($n = 13$) |
| GPwSI | <ul style="list-style-type: none"> • More professional respect/satisfaction ($n = 10$) • Personal interest ($n = 5$) • Maintain skills ($n = 6$) • Provide service ($n = 4$) | <ul style="list-style-type: none"> • Limited funding/job opportunities ($n = 11$) • Reduced GP role ($n = 13$) • More training ($n = 6$) |

GPwSI = GPs with Special Interests. n = number of mentions.

Table 2. Career options and levels of interest.

| Career options | Level of interest n (%) | | | Total |
|------------------------|-------------------------|------------|------------|----------|
| | Little/slight | Interested | Quite/very | |
| Teaching | 13 (6) | 50 (24) | 106 (50) | 169 (80) |
| GPwSI | 7 (3) | 39 (19) | 123 (60) | 169 (82) |
| Complementary medicine | 14 (6) | 25 (12) | 24 (11) | 63 (29) |
| Sports medicine | 7 (3) | 21 (10) | 18 (9) | 46 (22) |
| NHS management | 8 (3) | 12 (6) | 14 (7) | 34 (16) |

GPwSI = GPs with Special Interests. n = number of selections.

Job location is pre-determined initially by medical undergraduate education but appears to continue to influence the postgraduate arena. Half of the GPRs were married, creating a powerful personal and financial reason to remain in the same area, however, marriage also appeared to be a conflict. GPRs wanted stable jobs that were flexible and varied and did not involve much management or responsibility, but they also wanted to influence decision making regarding the practice and the services provided. This influence is currently difficult to exercise within the NHS, unless they become principals. The personal commitment required of a principal appeared to be a particular concern for female GPRs. The sex bias means that opportunities for career breaks, part-time working, retraining and child-care facilities need to be maximised.

This study may have been limited since 145 (40%) GPRs did not return the questionnaires and as a group they may have held different views to the responders. The responses suggested that general practices and primary care trusts should consider expanding the number and range of flexible jobs, offering part-time and full-time posts that also include educational, specialty or other experience. Given the range of job opportunities and variety of career paths available there is a need for a more structured approach by GP vocational training schemes to career guidance for their GPRs. Career pathways that result in the acquisition of a role as a teacher, trainer or GP with special interests need to be more clearly defined and more widely available. The involvement of non-principals and part-time doctors in these and other roles must be promoted. There is a need to link the desires of the workforce with the changing requirements of the service.

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Ethics committee

North Sheffield Multicentre Research Ethics Committee granted approval (04/Q2308/23). Research governance approval was obtained from the primary care trusts across Yorkshire where the GPRs were employed

Competing interests

The authors have stated that there are none

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