**Workforce trends in general practice in the UK:**
results from a longitudinal study of doctors’ careers

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**ABSTRACT**
The career paths of 544 UK medical school graduates were followed for 10 years. Although general practice was not attractive to graduates initially, it became popular in subsequent years, mainly because it was seen as offering a superior quality of life. Once in general practice both men and women chose to work reduced hours and/or in non-principal posts. The findings suggest the need to look more closely at the nature of these trends and the implications for patient care and service provision.

**Keywords**
family practice; motivation; workforce.

**INTRODUCTION**
We report findings from a 10-year longitudinal study of doctors’ careers. The aim of the study was to provide information on the careers of doctors, and particularly to:

- identify doctors who leave medicine as a career, or who choose to work in another country, to assess the magnitude of this loss and the factors that influence it;
- identify patterns of workforce participation and specialty choice of doctors who remain in the UK, and the factors that influence them; and
- investigate career progression, especially those factors that influence variation between doctors.

**METHOD**
The study began in 1995 when an invitation to participate in the study was mailed to all final year medical students in the UK, of whom there were approximately 3500. From 1400 responses a sample of 609 was drawn using a stratified random sampling strategy. This was done to ensure that the sample was representative of the population in terms of sex, ethnicity, age and medical school. The first questionnaire received a response rate of 89%, giving a baseline of 544.

Data collection was via an annual postal questionnaire, which asked about workforce participation during the preceding 12 months and reasons for career choices. The response rate for each year was as follows: 96% in 1996, 94% in 1997, 94% in 1998, 92% in 1999, 93% in 2000, 91% in 2001, 90% in 2002, 90% in 2003 and 89% in 2004.

**RESULTS**

**Career choice**
At graduation in 1995, 18% (96/544) of graduates had decided on a career in general practice. By 2004 this proportion had increased to 33% (160/483). Between 1995 and 2004 there were 243 doctors who changed to general practice from another career preference. The overwhelming reason for changing career preference was ‘hours
of work and working conditions’ (81%). Other reasons were ‘domestic circumstances’ (44%) and ‘career and promotional prospects’ (27%). Figure 1 shows the number of doctors who changed to general practice in each year following graduation from medical school. Figure 2 shows the reasons given for changing career preference.

**How this fits in**

For many years the main workforce planning concern in the UK has been recruitment to general practice. Interest in the specialty has declined among medical school graduates who are thought to be dissuaded from entering the specialty by reports of high workload and poor morale. Concern has also been expressed with regard to the increasing proportion of medical school graduates who are women and the implications this may have for labour supply. This study presents findings from a 10-year longitudinal study of career paths that suggest a need to re-evaluate these concerns and their policy responses. The study found that although general practice is initially unpopular as a career choice it becomes popular in subsequent years because it is seen as offering a superior work–life balance. Both men and women are attracted to opportunities to work reduced hours and to be employed as non-principals. Further research is needed to investigate the nature of these trends and the implications for service provision.

**Time commitment**

In 2004, 159 members of the cohort were working as GPs (52 men and 107 women). Of these, 58% were working less than full-time (21% of men and 76% of women). A further 34% were considering working less than full-time in the future (56% of men and 23% of women). The remaining 8% said they were unlikely to work less than full-time (23% of men and 1% of women).
Among the 159 graduates who were working as GPs in 2004, 35% had worked as a full-time principal in the previous 12 months (60% of men and 22% of women); 20% had worked as a three-quarters time principal (10% of men and 24% of women); 11% had worked as a half-time principal (8% of men and 13% of women); 25% had worked as a locum (12% of men and 32% of women); 22% as a salaried GP (21% of men and 22% of women); and 5% as a retainer and 5% as a GP assistant (2% of men and 7% of women). (More than one response category may apply.)

DISCUSSION
The study found that although general practice was initially unpopular as a career choice, it became popular in subsequent years. ‘Hours of work and working conditions’ was given as a reason for changing to general practice by 75% of men and 83% of women. ‘Domestic circumstances’ was given as a reason by 46% of men and 43% of women. For both men and women there was a preference to work reduced hours and to be employed as non-principals.

The sampling frame was constructed using those doctors who had responded to an invitation to participate in the study (40% of the population). This was considered necessary due to the duration of the study (10 years) and the need to maximise the number of cases available for longitudinal analysis. The disadvantage is that it exposes the study to the problem of volunteer bias. In order to enhance representativeness, the sample was stratified to reflect the make-up of the population with regard to sex, ethnicity, age and medical school. Validity of the results was tested by comparing them with the results from an entire population survey undertaken with a comparable cohort. This found the results to be consistent in terms of workforce participation and career choice.

The findings of this study challenge some of the assumptions that currently underlie workforce planning and policy: that general practice is an unattractive specialty to graduates, and that the preference for part-time work is driven by the child-care responsibilities of women. They also raise a number of questions:

• What are the contemporary motivations of GPs?
• How do these influence career paths and workforce participation?
• What are the implications for patient care, labour supply and the design and delivery of primary care services?

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Competing interests
The British Medical Association is a professional organisation and registered trade union. The views expressed are the authors’ own and do not necessarily represent BMA policy

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REFERENCES