# The choice of practice location

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**SUMMARY.** A ten per cent sample survey of all general practitioners in England and Wales in 1969–70 included two questions about the choice of practice location. The most common reasons given were the absence of any real alternatives (in the immediate post-war period), the influence of family or friends, the existence of medical contacts in the area, and favourable points about the practice itself.

In considering possible future moves, general practitioners would pay closest attention to the educational facilities of an area, its rural or coastal location, its social and cultural amenities, and the practice conditions. The conclusion is drawn that financial incentives are unlikely to contribute much towards a more equal distribution of general-practitioner manpower. More thought should be given to recruitment to the medical profession in under-doctored areas through the development of the highest professional standards and facilities in such places.

## Introduction

In 1969 an investigation began at the University of Kent into the impact of the designated area allowance and allied policies on the geographical distribution of general practitioners. A postal survey was conducted among a one-in-ten sample of all principals in England and Wales, the objectives being to map out the mobility patterns of general practitioners, to explore the factors influencing the doctors' choices of practice location, and to describe some of the personal and professional differences between practitioners in ' under-doctored ' and ' well-doctored ' areas. Most of the results of the survey have already been published (Butler *et al.*, 1973), but much of the material collected in response to two questions about the influences determining the choice of a practice location was omitted from the book for lack of space. We now present a summary of the replies to these two questions.

Full details of the methods used in the survey are given in the book. Of the sample of 2,031 principals, replies were received from 1,721—a response rate of 84·7 per cent. Extensive checks showed the respondents to be representative of all doctors in the sample (i.e. there was no marked non-response bias). The two questions with which this paper is concerned are: " What influenced your choice of this area as the one in which to practise? " and " What considerations would be important to you in choosing an area in which to practise if you were to move? "

Both questions are open-ended; that is, respondents were free to answer in any way they wished. This approach avoids the rigidity of a structured question and produces a richness and variety of response, but the answers may be difficult to categorise. In this survey the coding was done by a specialist team at the London Survey Research Centre using a content-analysis technique.

Many doctors gave more than one answer to each question, which means that in the tables that follow, the total number of responses exceeds the number of doctors

giving them. Moreover, only the numerically most significant replies to each question are given; there is no attempt to report every single type of response.

The replies to the two questions have been tabulated according to the type of practice area (as classified by the Medical Practices Committee) and standard region in which the respondents were practising, and their age. The full results are set out in the tables and the most interesting or significant aspects are discussed in the text. In this context it should be noted that practice location is not to be equated with area of residence. Only a fifth of the doctors in the survey had their main consulting room as part of their residence, about half lived within two miles of their consulting room and the rest lived more than two miles away.

In designated areas the proportion living more than two miles away was even higher. These figures substantially modify the common belief that to practise in a designated area is to be condemned necessarily to life in a slum.

An analysis of the reasons which doctors give for their choice of a practice location carries potential implications for future policy. In spite of the National Health Service ideology of equality of access to primary medical care, and in the face of a variety of post-war measures, there remain substantial variations in average list size between different parts of the country.

The combination of negative control (exercised by the Medical Practices Committee) and positive incentives (in the form of the designated area and initial practice allowances) has failed to achieve a desirable geographical distribution of manpower. In particular, it is now clear that the relatively paltry financial incentives represent far too small a proportion of a general practitioner's income to constitute an effective inducement for him to move to an area to which he would not otherwise have gone. Why, then, do general practitioners choose their localities?

## Reasons for choosing current practice area

### *Little choice*

The commonest reason given by the doctors in the survey for their present location was simply that they had little or no choice in the matter. A vacancy occurring at a time when jobs are scarce is not lightly disregarded, even though its location may be far from

TABLE 1

REASONS FOR CHOICE OF CURRENT LOCATION, BY TYPE OF PRACTICE AREA (PERCENTAGES)

| *Reasons for choice* | *Type of practice area* | | | | | |
|---|---|---|---|---|---|---|
| | *Designated* | | *Open* | *Inter-mediate* | *Restricted* | *Total* |
| | *With allowance* | *Without allowance* | | | | |
| Little choice | *33* | *33* | *27* | *22* | *21* | *28* |
| Family/friends | *18* | *21* | *20* | *15* | *11* | *18* |
| Medical contacts | *12* | *18* | *14* | *9* | *8* | *13* |
| Offer from relative/friend | *9* | *13* | *11* | *11* | *11* | *11* |
| Favoured area | *7* | *11* | *14* | *15* | *14* | *12* |
| Rural/coastal location | *8* | *7* | *12* | *27* | *38* | *15* |
| Practice conditions | *11* | *7* | *13* | *19* | *29* | *14* |
| Congenial partners | *7* | *10* | *8* | *8* | *8* | *8* |
| Hospital access | *6* | *6* | *8* | *8* | *10* | *7* |
| Financial considerations | *12* | *9* | *6* | *7* | *4* | *8* |
| Sample base (=*100%*) | 414 | 273 | 620 | 257 | 157 | 1721 |

ideal. Doctors whose replies were classified in this way included those who attributed their present location to chance, pure accident, or luck.

Others stated that they did not *choose* the place, and would ideally have chosen to live elsewhere. Twenty-eight per cent of all the doctors gave this sort of reply, but there were differences between types of areas and standard regions (tables 1 and 2). A third of practitioners in designated areas, but only a fifth of those in intermediate or restricted areas answered in this way, and the proportions were also higher in the North, the East Midlands and the North-west than elsewhere.

TABLE 2

REASONS FOR CHOICE OF CURRENT LOCATION, BY STANDARD REGION OF PRACTICE (PERCENTAGES)

| *Reasons for choice* | *Standard region of current practice* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | *North* | *Yorkshire/ Humber* | *East Midlands* | *East Anglia* | *South east* | *South west* | *West Midlands* | *North west* | *Total* |
| Little choice | *33* | *26* | *32* | *27* | *29* | *21* | *23* | *33* | *28* |
| Family/friends | *23* | *23* | *14* | *21* | *13* | *19* | *13* | *28* | *18* |
| Medical contacts | *18* | *13* | *11* | *11* | *10* | *14* | *15* | *16* | *13* |
| Offer from relative/friend | *14* | *10* | *10* | *10* | *11* | *10* | *11* | *9* | *11* |
| Favoured area | *14* | *11* | *7* | *6* | *16* | *18* | *4* | *10* | *12* |
| Rural/coastal location | *16* | *11* | *15* | *28* | *13* | *25* | *13* | *9* | *15* |
| Practice conditions | *14* | *14* | *18* | *23* | *12* | *19* | *13* | *10* | *14* |
| Congenial partners | *8* | *5* | *10* | *11* | *8* | *6* | *11* | *8* | *8* |
| Hospital access | *10* | *6* | *3* | *6* | *8* | *8* | *8* | *7* | *7* |
| Financial considerations | *6* | *12* | *11* | *5* | *7* | *7* | *8* | *8* | *8* |
| Sample base (=*100%*) | 153 | 187 | 147 | 105 | 557 | 171 | 193 | 208 | 1721 |

Doctors aged between 40 and 49 at the time of the survey were more likely than either their older or their younger colleagues to report an absence of real choice (table 3). These men were entering their current practices in the early 1950s when vacancies were extremely scarce. One might have expected more of these doctors, especially those remaining dissatisfied with their areas, to have moved on in subsequent years when vacancies outnumbered applicants; but many had apparently never looked elsewhere, for reasons of self-confessed laziness or a disinclination to uproot.

Forty-three per cent of the sample were still working in the same practice in which they had started as practitioners and about a third had worked in two different practices. Those who had changed practices had done so fairly early in their careers, and only a small minority had moved after the age of 50.

### *Family and friendship ties*

The next commonest reason for the choice of practice area, mentioned by 18 per cent of all the doctors in the sample, was the influence of family or friends. Ties of kinship and friendship seem strong. A majority of respondents (60 per cent) were currently practising in the same *region* as their family home and about two fifths were practising in the same *county*. Many had married partners from their own home regions, thereby strengthening the geographical links.

Several respondents mentioned the influence of friends upon their choice, though these were less numerous than reports of family influence. Replies of this type were somewhat less common among doctors in intermediate or restricted areas than elsewhere (table 1), probably reflecting the slightly higher average age of practitioners in these areas. The inter-regional differences were more marked (table 2).

The proportion of doctors mentioning the influence of family ties was higher than average in the North, the North-west and Yorkshire/Humberside, and lower than average in the East and West Midlands and the South-east. There were also marked variations according to age, with the younger doctors being much more likely than older practitioners to report a reason of this kind (table 3). Almost a third of those under 40 mentioned family reasons for choosing their practice location.

TABLE 3
REASONS FOR CHOICE OF CURRENT LOCATION, BY AGE (PERCENTAGE)

| *Reasons for choice* | *Age* | | | | *Total* |
|---|---|---|---|---|---|
| | *Less than 40* | *40–49* | *50–59* | *60 and above* | |
| Little choice | *18* | *38* | *28* | *18* | *28* |
| Family/friends | *30* | *17* | *14* | *9* | *18* |
| Rural/coastal location | *17* | *14* | *13* | *17* | *15* |
| Practice conditions | *24* | *11* | *10* | *14* | *14* |
| Medical contacts | *15* | *13* | *12* | *11* | *13* |
| Offer from relative/friend | *10* | *10* | *12* | *11* | *11* |
| Favoured area | *14* | *13* | *10* | *11* | *12* |
| Congenial partners | *15* | *7* | *6* | *5* | *8* |
| Financial considerations | *7* | *6* | *9* | *11* | *8* |
| Hospital access | *11* | *6* | *6* | *8* | *7* |
| Sample base (=*100%*) | 377 | 642 | 468 | 234 | 1,721 |

*Medical contacts*

Closely allied to the influence of family and friendship ties are the pressures and opportunities offered by medical contacts in the area. In many cases these professional considerations were indistinguishable from family ties, for almost a quarter of all respondents were themselves the sons or daughters of doctors, and many of them had entered the family practice.

In all, 11 per cent of the doctors in the survey said they had chosen their present location as a result of being offered a vacancy by a relative or friend, and 13 per cent as a result of medical contacts made in the area when working there. This latter reason was mentioned more often by doctors in designated and open areas than by those in intermediate or restricted areas (table 1) and was also more prominent among the replies of doctors in northern and western parts of the country than of those in southern and eastern regions (table 2). Moreover, younger doctors mentioned this reason more frequently than older practitioners (table 3).

*Favoured area*

About one doctor in eight reported choosing his practice because he liked the area and had always wanted to practise there. Many offered no further explanation, but others mentioned attractive features such as the pleasant character of a town, its size, historical associations, favourable climate, and good communications. An area characteristic mentioned sufficiently often to justify separate tabulation was rural or coastal location. One doctor in seven gave this as the reason for his choice, and for many general practitioners currently practising in urban areas it was a desirable future goal.

There were, expectedly, substantial variations by practice areas and regions in the proportions of respondents offering this type of explanation (tables 1 and 2). Positive feelings about the area were lowest among doctors in designated areas and highest among those in restricted areas; indeed, almost two fifths of the latter respondents had chosen their practices because of their rural or coastal situations.

Regional variations were equally pronounced. East Anglia and the South-west contained the highest proportions of respondents selecting country or seaside practices, and the South-east and South-west were the most favoured regions generally. For example, 18 per cent of doctors in the South-west reported choosing their practices because they liked the area, compared with only four per cent in the West Midlands.

*Practice conditions*

Good points about the practice itself were frequently mentioned as reasons for the original choice. Fourteen per cent of all doctors in the survey mentioned some specific aspect of the practice that had attracted them; for example the size of partnership or group; the fact that it was single-handed or group practice; well-run and purpose-built surgery offering well-equipped accommodation; good prospects for expansion; opportunities for private practice. The comments show the great variety of preferences and views of what constitutes a good practice. Eight per cent of respondents reported choosing the practice because of the likelihood or expectation of good relations with partners and seven per cent because of easy access to diagnostic facilities, the proximity of good hospitals, the availability of beds for general-practitioner care, and the value of good relations with hospital medical staff.

All of these reasons were mentioned more frequently by younger than by older doctors, perhaps because of their easier recall of the importance of such considerations (table 3). Doctors in restricted areas and in East Anglia were much more likely than the rest to have been influenced by the promise of good practice conditions, but for the most part there were no great differences either between practice areas or between regions (tables 1 and 2).

*Financial considerations*

Financial reasons came low on the doctors' lists of priorities—a somewhat surprising finding in view of the repeated attempts by the medical profession to increase the designated area and initial practice allowances. Fewer than one doctor in ten mentioned this and although the proportion was a little higher in designated areas than elsewhere, very few practitioners mentioned designation spontaneously as having influenced their choice. Answers allocated to this category included comments on the availability of loans, the low cost of the practice (pre-National Health Service), the yield of an adequate income, and the force of 'financial necessity'. Doctors in the East Midlands and Yorkshire/Humberside were most likely to report such financial considerations; older practitioners were also more likely than their younger colleagues to have been influenced by such factors.

## Choice of future practice area

We wanted next to find out what the respondents would look for if they were to move to another practice. They were therefore asked what considerations would be important to them now in choosing an area into which to move. They were also asked whether they were contemplating a move within the next two years.

Only six per cent were positively thinking of moving, and a further three per cent were considering a move abroad, where they expected less taxation, less form-filling and paper work, greater rewards for initiative, and lower living costs. For most respondents, therefore, the question about a move to another practice was hypothetical, but the replies

are nevertheless important in illustrating the kinds of incentives that might be effective in attracting new doctors to undermanned areas.

*Education*

The availability of good education was mentioned by 27 per cent of the sample, with the proportion rising to one third among doctors receiving a designated area allowance (table 4). It was thought essential that schools should be at least as good as those currently attended by their children. These remarks presumably apply only to day schools (in most cases local authority schools), for children attending boarding schools would be much less affected educationally by parental moves around the country. There seems little doubt that educational considerations are an important barrier to movement. Fewer than one doctor in ten had moved after his eldest child had reached secondary school age and the majority felt that the educational provisions in their existing localities were ' very satisfactory ' (30 per cent) or ' satisfactory ' (44 per cent).

TABLE 4

CONSIDERATIONS IN CHOICE OF FUTURE LOCATION, BY TYPE OF PRACTICE AREA (PERCENTAGES)

| *Considerations in choice* | *Type of practice area* | | | | | *Total* |
|---|---|---|---|---|---|---|
| | *Designated* | | *Open* | *Inter-mediate* | *Restricted* | |
| | *With allowance* | *Without allowance* | | | | |
| Educational facilities | *33* | *27* | *27* | *23* | *20* | *27* |
| Amenities | *28* | *24* | *30* | *24* | *25* | *27* |
| Rural/coastal location | *25* | *20* | *26* | *35* | *38* | *27* |
| Practice conditions | *22* | *18* | *17* | *22* | *25* | *20* |
| Congenial partners | *9* | *9* | *9* | *10* | *4* | *8* |
| Good hospitals | *18* | *18* | *18* | *21* | *16* | *18* |
| Postgraduate centre/ teaching hospital | *10* | *5* | *8* | *12* | *8* | *9* |
| Housing | *17* | *17* | *20* | *21* | *10* | *18* |
| Financial considerations | *11* | *9* | *8* | *7* | *8* | *9* |
| Sample base (=*100%*) | 414 | 273 | 620 | 257 | 157 | 1,721 |

TABLE 5

CONSIDERATIONS IN CHOICE OF FUTURE LOCATION, BY AGE (PERCENTAGE)

| *Considerations in choice* | *Age* | | | | *Total* |
|---|---|---|---|---|---|
| | *Less than 40* | *40–49* | *50–59* | *60 and above* | |
| Educational facilities | *40* | *35* | *15* | *10* | *27* |
| Amenities | *29* | *32* | *24* | *17* | *27* |
| Rural/coastal location | *28* | *30* | *27* | *20* | *27* |
| Practice conditions | *23* | *22* | *19* | *9* | *20* |
| Congenial partners | *13* | *9* | *7* | *4* | *8* |
| Good hospitals | *17* | *20* | *18* | *17* | *18* |
| Postgraduate centre/ teaching hospital | *8* | *9* | *10* | *5* | *9* |
| Housing | *21* | *19* | *16* | *13* | *18* |
| Financial considerations | *13* | *10* | *7* | *3* | *9* |
| Sample base (=*100%*) | 377 | 642 | 468 | 234 | 1,721 |

Age obviously had an over-riding effect on the importance which the doctors placed on the educational services of an area. Forty per cent of those under the age of 40, compared with only ten per cent of those aged over 60 mentioned this as an important consideration (table 5).

The more frequent mention of educational services by doctors in three-year designated areas might mean that more of them would consider moving to another area because of dissatisfaction with local schools, and in fact doctors in these areas were, on average, less satisfied with local schools than doctors elsewhere. On the other hand a substantial majority, even in designated areas, *were* satisfied, and their concern must be interpreted as being prepared to move only if schools were at least as good as in their present area.

*Amenities*

The existence of good social, recreational and cultural amenities was mentioned as often as education as something to be sought in making a move (table 4). Facilities mentioned included shopping, sport, sailing, and golf. There were no pronounced differences between practice areas or standard regions; but there were some age differences, with older doctors showing less apparent concern with these amenities than younger men (table 5).

In another question in the survey, respondents were asked to rate various amenities within their localities as being very satisfactory, satisfactory, poor or very poor. The majority of doctors in all areas expressed some measure of satisfaction, but those who rated cultural amenities as poor or very poor were most common in designated *and* restricted areas. Shopping facilities were rated less highly in restricted areas than elsewhere, perhaps reflecting the rural location of many of these areas. Recreational facilities were rated lowest in designated areas.

*Rural or coastal location*

A preference for open country or the sea was rated equally with educational services and area amenities in selecting a new practice location. In other countries, including

TABLE 6

CONSIDERATIONS IN CHOICE OF FUTURE LOCATION, BY STANDARD REGION OF CURRENT PRACTICE (PERCENTAGES)

| *Considerations in choice* | *Standard region of current practice* | | | | | | | | *Total* |
|---|---|---|---|---|---|---|---|---|---|
| | *North* | *Yorkshire/ Humber* | *East Midlands* | *East Anglia* | *South east* | *South west* | *West Midlands* | *North west* | |
| Educational facilities | *33* | *33* | *20* | *24* | *26* | *26* | *30* | *28* | *27* |
| Amenities | *29* | *28* | *22* | *22* | *28* | *29* | *30* | *26* | *27* |
| Rural/coastal location | *25* | *27* | *35* | *39* | *22* | *34* | *33* | *24* | *27* |
| Practice conditions | *18* | *19* | *25* | *20* | *17* | *22* | *25* | *18* | *20* |
| Congenial partners | *8* | *8* | *7* | *12* | *10* | *10* | *5* | *6* | *8* |
| Good hospitals | *18* | *17* | *16* | *14* | *23* | *12* | *19* | *16* | *18* |
| Postgraduate centre/teaching hospital | *8* | *10* | *5* | *9* | *9* | *12* | *8* | *7* | *9* |
| Housing | *15* | *18* | *13* | *14* | *21* | *16* | *16* | *22* | *18* |
| Financial considerations | *8* | *11* | *12* | *10* | *8* | *8* | *8* | *10* | *9* |
| Sample base (=*100%*) | 153 | 187 | 147 | 105 | 557 | 171 | 193 | 208 | 1,721 |

the United States, the doctor shortage is mainly a rural problem, but in England the ideal of many doctors is to quit the towns for the tranquillity of Arcadia.

A preference for rural or coastal practice was stressed even more strongly by doctors in intermediate and restricted areas than those in designated areas (table 4), perhaps reflecting their determination to move for nothing less than they were currently enjoying. Likewise a higher than average proportion of doctors in East Anglia and the South-west gave answers of this type, although the proportions were also high in the industrial East and West Midlands (table 6). Older doctors were rather less concerned than their younger colleagues with a move to the country (table 5).

*Practice conditions*

A fifth of all the doctors in the survey said that the conditions in a new practice would be important to them in considering a move. A great variety of aspects was mentioned, illustrating the individualism of general practitioners. However, most of the comments expressed were not so much a blueprint of an ideal practice, but rather the requirement that conditions would have to be at least as good, if not better, than at present to tempt them into a move.

Frequently the comments were of a general nature; respondents said, for example, that they would look for a ' high standard of medical practice ' or ' the opportunity to practise good medicine '. Those who gave more specific examples mentioned congenial colleagues, a well-equipped surgery, full ancillary aid, secretarial help, off-duty rota systems, emergency and deputising services, and a generally less hectic life. A few mentioned a desire for private practice or to be out of the National Health Service altogether.

There were no great variations between practice areas or between standard regions, but practice conditions seemed more important to younger than to older doctors (table 5), suggesting a possible incentive that might succeed in attracting more practitioners to needy localities.

Other professional considerations which doctors would take into account included congenial colleagues (mentioned by eight per cent), good local hospitals (mentioned by 18 per cent), and access to a postgraduate medical centre or a teaching hospital (mentioned by nine per cent). More specifically, respondents said they would look for access to good, modern hospitals, adequate provision for the care of the aged and the chronic sick, contact with hospital staff, and the availability of beds for diagnosis and treatment.

No great variations were observed between doctors in different types of areas or between those in different age groups, but the importance of good local hospital facilities was mentioned most frequently by doctors in the South-east, where facilities are probably already better than in many other regions (Table 6).

*Housing*

The availability of suitable housing, in a good residential area, equal to or better than existing housing, would be an important consideration to almost one doctor in five. Since housing problems are frequently mentioned by executive council clerks as a stumbling block to recruitment,* the importance of housing was mentioned less frequently than might have been expected, although it was a more important consideration for younger than for older doctors (table 5).

The year of the survey (1969–70) was not as difficult for first-time house buyers as subsequent years and in any case the majority of respondents being established principals, were probably already in owner-occupied housing. Hence the concern with housing was more with the size, quality and situation of the accommodation than with the

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difficulty of finance. Doctors in restricted areas were the least concerned with housing and those in the South-east and North-west were the most concerned (tables 4 and 6), but the differences were mostly quite small.

*Financial considerations*

Only about one doctor in ten stated explicitly that financial considerations would be important to him in considering a future move. This, clearly, does not mean that large numbers of general practitioners would be prepared to move without regard to the income they might obtain, but rather that few would move for the specific purpose of increasing their income. The proportion of doctors replying in this way decreased with rising age (table 5), and it was also slightly higher in three-year designated areas than elsewhere. We conclude that doctors receiving the designated area allowance appreciated this addition to their basic practice allowance and would hesitate to move if it entailed its loss.

## Conclusions

This analysis of replies to two open-ended questions in a national survey of general practitioners confirms that monetary considerations play a small part in decisions affecting practice location. Few doctors had chosen their current practice areas on financial grounds and few would be willing to move elsewhere purely for monetary gain. This finding casts further doubt upon the effectiveness of monetary incentives to practise in under-doctored localities.

Many doctors had entered their current practices for reasons essentially unconnected with medicine: either they had been obliged to accept whatever post was offered, or they had chosen a locality for reasons of family connections. The early post-war conditions which produced large numbers of general practitioners chasing few vacancies are unlikely to recur in the foreseeable future, but there is no reason to suppose that doctors in the future will be any less eager to work in their own or their spouses' family home areas. Our evidence suggests that the strength of such ties considerably outweighs the incentive effects of inducement payments, although we recognise the problems which this poses to policy-makers.

The elimination of gross geographical imbalances in manpower distribution in the future depends principally upon the preferences and motivations of younger doctors. The survey results are encouraging in showing the extent to which younger general practitioners valued the opportunities of high standards of practice and placed considerable emphasis upon conditions in the practice itself.

Such attitudes are likely to spread with the future growth of training schemes, and they suggest that a conscious attempt to establish the highest professional standards and facilities in under-doctored areas would achieve far more than the widespread disbursement of money through the designated area allowances. In particular, the development of postgraduate medical centres, the availability of clinical assistantships and the opportunities for practitioners to care for their patients in hospital beds are likely to be powerful factors affecting future trends in manpower distribution.

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