Evaluation of the experiences of trainees seeking employment after completion of their vocational training

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SUMMARY. Two thousand questionnaires were sent to doctors receiving a certificate of prescribed or equivalent experience from the Joint Committee on Postgraduate Training for General Practice over a two-year period. More than 1,400 forms were returned.

Seventeen per cent of respondents from 1982 experienced unemployment on completion of their vocational training and this figure had almost doubled by 1983. Some groups of people experienced more problems than others in finding employment but most respondents eventually found a post in which they were happy. Likewise, approval periods and parity varied considerably, and the majority of respondents appeared satisfied with what they achieved.

Introduction

THE project was conceived for, and presented at, the National Trainee Conference in North West Thames on 18 July 1984.

Prior to this, no figures were available on the experiences of trainees trying to find employment on completion of vocational training. The 'newly qualified' ex-trainee had no way of knowing what realistic expectations he should have as he began his search for a job.

On a factual level, I hoped to establish 'norms' for such factors as the numbers of jobs the trainee should expect to apply for, for how long he could expect to have to look and, having found a job, what sort of terms he could expect to be offered.

From a practical point of view, I hoped to be able to identify factors which correlate well with finding a satisfactory practice, hence enabling future trainees to maximize their chances of finding a suitable post.

Method

In order to become a principal in general practice, a trainee must receive a certificate of prescribed or equivalent experience from the Joint Committee on Postgraduate Training for General Practice (JCPTGP).

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Over the period 1 February 1982 to 31 January 1983 (hereafter referred to as '1982'), 2,314 certificates were issued; and over the period 1 February 1983 to 31 January 1984 (hereafter referred to as '1983'), 1,753 certificates were issued. A list of 1,000 certificate numbers, equally distributed across the year, was prepared for each of the two 12-month periods.

Address labels were prepared and the questionnaire sent out by the JCPTGP secretariat, together with a covering letter expressing their support and confirming that names and addresses had not been released to anyone outside of the JCPTGP.

The questionnaires sent to the 1982 and 1983 cohorts differed slightly, in that the 1982 group were asked to answer each question as on the day of receiving the questionnaire and also as they would have answered it had they received it one year earlier. This enabled comparisons between the years to be made.

Of the 1,000 questionnaires distributed to those receiving a certificate in the 1983 period, 95 came back marked 'gone away'. Of the remainder, 798 were returned (88 per cent response). Out of this total, it was possible to process 755 questionnaires (83 per cent). These represented the experiences of 43 per cent of all trainees who received a certificate over that period.

For the 1982 period, 648 questionnaires could be processed.

Throughout the paper, unless otherwise specified, the figures represent the experiences of the 1983 respondents.

Results and Discussion

Using the answers given to questions regarding sex, marital status, place of birth and medical education, it was possible to divide respondents into 10 groups, which it was felt might be useful for analysis of subsequent answers. The groups and their relative proportions are as shown in Table 1.

There was a marked decrease in the proportion of women receiving JCPTGP certificates in the two years (41.3 per cent in 1982, 35.1 per cent in 1983). This finding is all the more significant when compared with the trend

Table 1. Respondents divided according to sex, marital status, place of birth and medical education.

	Percentage ($n=755$ respondents)
Male, single, born and trained in the UK	6
Male, married, born and trained in the UK	42
Male, other, born and trained in the UK	2
Female, single, born and trained in the UK	6
Female, married, born and trained in the UK	22
Female, other, born and trained in the UK	2
Male, born overseas, trained in the UK	4
Female, born overseas, trained in the UK	2
Male, born and trained overseas	11
Female, born and trained overseas	2

for a higher proportion of women to qualify from medical school each year. It may reflect a decrease in intake of women to vocational training schemes or possibly a higher dropout rate during vocational training.

General details

Type of vocational training. Respondents were asked to indicate what sort of scheme they had completed and the results are given in Table 2.

Age on completion of vocational training. The majority (63 per cent) of trainees completed their vocational training before the age of 30 years. Thereafter, as expected, there is a decrease in numbers with increasing age, extending to 60 years.

Table 2. Type of vocational training.

	Percentage ($n=755$ respondents)
Completed a full programme on an organized scheme	43
Did a 'part scheme' having already done some approved posts	25
Organized own rotation out of choice	24
Organized own rotation having failed to get on to a scheme	4

Marital status. Of respondents, 81 per cent were married, 14 per cent were single and 3 per cent cohabiting. Although the majority indicated that they felt that being married was an advantage in seeking a job, a considerable number of married women indicated that they found marriage a handicap, either through being tied to a particular area because of the husband's job, or by virtue of his being a hospital doctor and hence unlikely to be able to commit himself to stay in a particular area. Of those cohabiting, a number indicated that they felt that this was a factor against them, particularly if they had children.

Present state of employment. State of employment on the day of receiving the questionnaire is shown in Table 3. Other areas outside general practice included occupational medicine, student health, medical journalism, community medicine, and working in hospices, or the prison medical service.

The 2 per cent of trainees who returned to another field are people who have vocationally trained in general practice as an insurance against possibly leaving that other field at a later date. The most common fields were psychiatry, community medicine, anaesthetics and occupational medicine, though they covered the whole range of medicine. However, not all of them were disillusioned registrars, three were already consultants.

Table 3. Present state of employment.

	Percentage ($n=755$ respondents)
Full-time principal in general practice	52
Part-time principal in general practice	11
Working as a locum in general practice	6
Waiting to start in a confirmed general practice post	5
Doing an additional hospital post	4
Working as a clinical medical officer	3
Salaried partner	3
Returned to another field	2
Assistant in general practice	2
Having a family	2
Working as a hospital locum	1
Working on the retainer scheme	1
Family Planning	1

Table 4. Mean number of applications made and mean number of weeks it took to find a job.

	Number of job applications	Weeks to find job
Entire (1983) study population ($n=755$)	19	20
Male, single, born and trained in UK	10	20
Male, married, born and trained in UK	19	21
Male, other, born and trained in UK	24	31
Female, single, born and trained in UK	14	17
Female, married, born and trained in UK	6	12
Female, other, born and trained in UK	26	11
Male, born overseas, trained in UK	30	26
Female, born overseas, trained in UK	21	23
Male, born and trained overseas	53	23
Female, born and trained overseas	13	27

Finding a job. The mean length of time it took to find a job in general practice was 20 weeks and the mean number of job applications was 19. These figures differ markedly according to the groups previously specified and a further breakdown is given in Table 4.

The lower number of job applications made by married females born and trained in the UK may reflect the large number who are tied to a particular area by their husband's work and also possibly the acceptance of a job which is less than their ideal. Conversely, a large number of applications made by males born and trained overseas must reflect a tendency of some respondents to apply for every available post (a significant number applied for between 500 and 1,000 posts).

Experiences of those in post as a principal in general practice

This group comprised 63 per cent of all respondents.

Status in post. Seventy-seven per cent of those in a general practice post were full-time partners or single-handed practitioners, and 18 per cent were partners with limited commitment ('part-time'). Further breakdown of these groups by sex, marital status and country of birth and medical education is shown in Tables 5 and 6.

Table 5. Full-time principals in general practice.

	Percentage (n = 392 respondents)
Male, married, born and trained in the UK	*66*
Male, born and trained overseas	*8*
Male, single, born and trained in the UK	*6*
Female, single, born and trained in the UK	*6*
Female, married, born and trained in the UK	*5*

Table 6. Partners with limited commitment ('part-time').

	Percentage (n = 83 respondents)
Female, married, born and trained in the UK	*70*
Female, single, born and trained in the UK	*10*
Female, other, born and trained in the UK	*7*
Female, born overseas and trained in the UK	*7*

Job applications. Mean figures regarding job applications, interviews and so on are shown in Table 7. The small number of practices sending notification of an unsuccessful application (9 per cent) will come as no surprise to those who have already started applying for jobs. Replying individually to perhaps more than 100 applicants is a considerable workload, which most practices are obviously not prepared to bear. Enclosing a stamped, addressed envelope would clearly increase the chances of receiving a reply. The majority of 'non-local' practices (61 per cent) do not appear to offer reimbursement of travel expenses. One respondent indicated that he had written to claim his expenses after each unsuccessful interview and all but one practice obliged.

Table 7. Mean figures relating to job applications.

Number of applications	19
Number of acknowledgements	12
Number supplying details of practice	5
Number of interviews	4
Number of job offers	1.5
Percentage of interviews local	*60*
Percentage of 'non-local' practices offering travel costs	*39*
Percentage of practices notifying that application was unsuccessful	*9*

Methods used to find a practice. Methods used by those successful in finding a practice are given in Table 8. One third (33 per cent) of those who were successful indicated that they had been offered a post without making an application. Making one's self known to local general practitioners, perhaps by doing locums, has obvious advantages. Advertisements placed in newspapers are a Scottish phenomenon, the *Scotsman* and *Glasgow Herald* appearing to be the sole source of these. Family Practitioner Committee (FPC) administrators are often aware of impending retirements and can be most helpful if one is tied to a particular area. Self-advertising, although used by a minority, would appear to be very successful: in the main it did not consist of placing advertisements in the press but more usually of telephoning, writing or personally approaching all practices within a particular area regardless of known vacancy status. This was usually done by married women tied to a particular area.

Table 8. Methods used by applicants to find a post in general practice.

	Percentage (n = 755 respondents)
Personal contacts	*28*
Advertisement in *British Medical Journal*	*25*
Taken on in training practice	*12*
Contact established via vocational training scheme	*9*
Family contacts	*5*
Advertisement in *Pulse, General Practitioner,* etc.	*4*
Contact established via Family Practitioner Committee	*3*
Having worked in the practice as a locum	*2*
Advertisement in newspaper	*2*

Approval period and salary. An introductory period of mutual approval is common and usually salaried. Approval periods vary from nil (26 per cent) to three years, the most common being six months (38 per cent). Approval salary varied from £6,000 to £23,000, the most common being £12,000 (23 per cent) and £14,000 (18 per cent). More than half of all respondents started at between 60 and 80 per cent of parity, although more than 10 per cent went straight in at 100 per cent parity. Term to parity varied from three months to six years, the most common being three years (44 per cent) and two years (22 per cent).

Approval period, salary and parity are negotiable and certain factors could be said to have a bearing on this. Having trained at the local hospital, for example, is an advantage and having been a trainee in the practice could be an argument for perhaps starting on a percentage rather than a salaried period of approval, or achieving parity in a shorter period than would otherwise be considered.

Partnership agreements. Sixty-two per cent of principals indicated that they had a partnership agreement. Including those who felt it certain that they would have one brought the figure up to 81 per cent and including those who thought it likely up to 91 per cent. The implication here is that 9 per cent think it unlikely that they will have a partnership agreement. (Comparison with 1982, however, shows a favourable trend. In that year 23 per cent thought it unlikely that they would have an agreement.)

By comparing the answers of the 1982 respondents with their situation a year earlier, it would appear that respondents tend to err on the pessimistic side in their expectations of a partnership agreement. Although a full, detailed partnership agreement may take several months to work out, it is essential that a basic written agreement is signed by all concerned. This should contain as a minimum, the date at which you will join the partnership and your initial salary or share of profits; 94 per cent of those with a partnership agreement considered its content satisfactory.

Partners with limited commitment ('part-time'). Because of the different workloads experienced by partners with limited commitment, it is not possible to equate this with their share or salary. Consequently the questionnaire simply asked if they were happy with the share or salary they received for their workload; 81 per cent indicated that they were.

Salaried partners. Salaried partners comprised 3 per cent of respondents. Only 10 per cent felt they might eventually receive a share of the practice income. Salary ranged from £8,000 to £14,500 and only 44 per cent considered their arrangement fair. Thirty-eight per cent of salaried partners are males, born and trained overseas; 33 per cent married females, born and trained in the UK; and 10 per cent married males, born and trained in the UK. Several of these doctors indicated that they had inadvertently found themselves in this position through lack of a written partnership agreement.

Unemployment

Thirty-two per cent of 1983 respondents indicated that they had experienced a period of unemployment after completing vocational training. This period varied from one week to 64 weeks, the mean being 12.5 weeks. This is significantly worse than the situation of the corresponding period in 1982, when 17 per cent of respondents had experienced unemployment, although the mean period was unchanged.

Of those who experienced unemployment, 36 per cent (that is, 11 per cent of all respondents) registered as unemployed. Six per cent of respondents still considered themselves unemployed on the day of receiving the questionnaire (a minimum of five months after receiving their certificate).

The MRCGP examination

Respondents were asked to indicate their status as regards membership of the College and also their reasons for taking the exam. These are detailed in Tables 9 and 10. Additional reasons for wishing to take the exam included a substantial number from people who felt that the only way to change the College was from within. Several people were coerced by parents and spouses and one respondent felt that membership would enable him to increase his private fees.

Table 9. Status with regards to the MRCGP examination.

	Percentage ($n = 755$ respondents)
Taken and passed the exam	44
Failed the exam but would probably try again	7
Failed the exam and will probably not try again	3
Associates who will probably take the exam	4
Associates who will probably not take the exam	1
Non-Associates who will probably take the exam	21
Non-Associates who will probably not take the exam	17

Table 10. Reasons for taking the MRCGP examination.

	Percentage ($n = 755$ respondents)
As a stimulus to further study	79
Fear that it may become compulsory in certain situations	76
To improve job prospects	76
Personal reasons	63
Wish to become a Member of the College	62
Feel it confers status	46
Pressure from course organizer or trainer	26
Pressure from partners or peers	23

Comments

Many comments on individual experiences, both good and bad, were volunteered by those people who completed the questionnaire.

The process of finding a post should really begin early on in vocational training, given that more than half of those who found a post did so by some form of personal contact and 56 per cent of jobs were considered to be local to the vocational training scheme on which they trained. These contacts should be established early in vocational training and not left until the trainee year. This may be done by meeting general practitioners at lunchtime meetings, trainer/trainee workshops, faculty meetings and local study days and courses. Doing locums in potential practices is an excellent way of finding out whether you could be happy there and for them to be impressed by you. Eleven per cent of trainees will be taken on in their training practice and this is an obvious factor to bear in mind when choosing a trainer.

The majority of successful applicants began applying for posts between three and six months before completing vocational training. When the time comes to apply formally for posts, the application must be nothing short of an immaculately typed curriculum vitae and a well-written covering letter. It is important that the letter should make the applicant appear to be different from the other applicants, and an indication should be given as to why that particular practice has appealed. Practices will often find visits to the practice prior to application inconvenient, but an indication that you have some knowledge of the area and have perhaps visited it cannot go amiss.

If one has been fortunate enough to be interviewed, a letter the next day saying how much you liked the practice can only help.

Before finally accepting an offer, there are several points which must be checked. Has the retiring partner given his notice in writing and have the FPC given approval for a new partner? (Several people were caught out in this way.) Why did the previous partner leave? Is the senior partner alcoholic, or does he do hardly any work? Sale of goodwill is of course illegal, but one respondent was asked to contribute £25,000 to the retiring partner as a 'retirement gift'.

Finally, beware of taking a post that you do not feel you will be able to stay in. Four per cent of the 1983 respondents left their post within a year and a number commented on the difficulty of persuading potential new practices that the fault did not lie with the applicant.

In summary, the situation is perhaps not as bleak as it may at first appear. Approximately one third of trainees can expect to be offered a post without even needing to apply for it. Of the remaining two-thirds, three-quarters will have found a post before they complete their training.

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GUIDANCE FOR AUTHORS

Reports from General Practice and Occasional Papers

A booklet has now been prepared by the Exeter Publications Office for prospective authors of *Reports from General Practice* and *Occasional Papers.*

The first half of the booklet outlines the procedure for submission, assessment and approval of manuscripts and explains the arrangements for publicity, sales and promotion of documents. The second half covers guidance on the presentation of manuscripts and sets out the preferred style for figures, tables, citations and references.

Guidance for Authors can be obtained free of charge from the Honorary Editor, College Publications, 9 Marlborough Road, Exeter, Devon EX2 4TJ.

Effects of tobacco smoke on nonsmokers

Despite recognition of the deleterious effects of passive smoking, quantitative information on the intake of environmental tobacco smoke is still lacking. Cotinine is the major metabolite of nicotine found in the urine. This study examined the relationship between urinary cotinine excretion in 472 nonsmokers and the smokiness of their environment.

The urinary cotinine levels of nonsmokers who lived with smokers were higher than those of nonsmokers who did not, increasing with the combined daily cigarette consumption of smokers in the family. The urinary cotinine values of nonsmokers who worked with smokers were also higher than those of nonsmokers who did not, increasing with the number of smokers in the workroom. The presence of smokers in both the home and the workplace also increased the cotinine levels. Urban nonsmokers had more cotinine in their urine than rural nonsmokers.

We conclude that the deleterious effects of passive smoking may occur in proportion to the exposure of nonsmokers to smokers in the home, the workplace, and the community.

Source: Matsukura S, Taminato T, Kitano N, *et al.* Effects of environmental tobacco smoke on urinary cotinine excretion in nonsmokers. *N Engl J Med* 1984; **311:** 828-832.