

# Factors influencing the career choices of general practitioner trainees in North West Thames Regional Health Authority

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**SUMMARY.** *The aim of this study was to identify those factors influencing general practitioner trainees when choosing their future place of work, with particular reference to those issues that might be relevant to a choice of practice in inner London. A questionnaire was sent to the 90 trainees undertaking the final component of general practice training within North West Thames Regional Health Authority in May 1991. Seventy five doctors responded to the questionnaire, of whom 47 (63%) were women. Forty five per cent of women indicated that they wished to work part time, compared with 6% of the men. Only 21 trainees (28%) said that they would consider working in inner London, 36 (48%) stating that they would definitely not work in this location, with only nine (12%) indicating a willingness to work in a single handed practice and 21 (28%) in a two doctor practice. Specific factors identified as important when choosing a practice included a good working relationship with partners and staff, the presence of a practice nurse and practice manager, attached health authority staff, opportunities for postgraduate education, and good relationships with hospitals. Of the 800 practices in the north west Thames region, 62% are either one or two doctor practices, these being more prevalent in inner London areas where training practices are less common.*

*Given the preferences expressed by trainees, future recruitment in inner London is likely to be more difficult than elsewhere. This situation could be improved by enabling and encouraging practices to achieve requisite standards for training so as to increase the numbers of trainees given an opportunity to experience work in this location, by developing primary care services generally in inner London and by creating more flexible working arrangements for women partners. In this way the future of general practice in London will be better secured.*

**Keywords:** *vocational training; career choice; trainees; training practices.*

## Introduction

CONCERN continues to be expressed in the medical press about the fall in numbers of general practice vocational trainees in the United Kingdom.<sup>1</sup> In addition, there are difficulties in attracting young general practitioners into inner city prac-

tices, particularly into central London. This will have important implications for the future of primary care services in London. A survey has been undertaken of doctors completing vocational training in the north west Thames region of England in order to identify those factors that influenced trainees in their choice of future practice and practice area.

North West Thames Regional Health Authority extends from inner city Westminster and Hammersmith, through the suburbs of greater London to the shire counties of Hertfordshire and Bedfordshire. Almost 2000 general practitioners provide primary medical care services to a population of just over four million people. There is considerable diversity in the type of practice in the region with single handed and two doctor partnerships predominant in London, often based in cramped premises, and with a higher proportion of well equipped group practices in the shire counties.<sup>2</sup>

This paper explores the characteristics of trainees working in general practice in the region during May 1991, the features of their training practices and the factors that influence their future career choices.

## Method

In June 1991 a questionnaire was sent to all 90 general practitioner vocational trainees who were in the final general practice component of their training in North West Thames Regional Health Authority on 1 May 1991. Information was sought about demographic data, the trainees' medical training and postgraduate qualifications, the training practices in which they were working and their career intentions. A list of factors which might influence choice of future practice was drawn up following a literature search<sup>3</sup> and discussion with both trainees and general practitioners. Respondents were asked to indicate the importance of the factors using an analogue scale, from five, a high level of importance to one the lowest level. Non-respondents received a reminder telephone call after one month, followed by a letter of reminder after a further two weeks.

The results were input onto computer using an SPSS software package from which frequency tabulations and cross tabulations were made.

## Results

A total of 75 trainees completed the questionnaire, a response rate of 83%.

### Trainees

Most of the 75 trainees (71%) were aged between 27 and 29 years (the remainder were older) and the majority were women (47, 63%). Almost two thirds (63%) of trainees were married, with a slightly higher percentage of the 47 women being married (66%) than of the 28 men (57%). A third of all trainees (33%) had children. Seventeen per cent of the respondents belonged to an ethnic minority group.

Forty eight trainees (64%) had graduated from London University but only 11 of the 75 (15%) had been medical students at a medical school in the north west Thames region. Fifteen (20%) had been trained at medical schools in the UK out-

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side London and 12 (16%) had received their medical education overseas (nine of these 12 doctors belonged to an ethnic minority group).

Forty one trainees (55%) were members of an organized three year vocational training scheme and 75% had spent more than six months in general practice at the time of the questionnaire. For 70 trainees (93%) their general practice component of training had been based in only one practice.

### Training practices

The distribution of training practices in the region and their partnership size in 1991 was obtained from information held in the regional adviser's office. Of all 800 practices in the region 498 (62.3%) were single handed or two doctor practices. Of the 800 practices 106 (13.3%) had at least one partner who had been approved as a general practitioner trainer. The larger the partnership size the greater the likelihood of involvement in training — only 1.6% of the 318 single handed practices in the region contributed to training whereas 49.2% of the 63 practices with six or more partners participated in this work. There were important differences between the family health services authority areas in the region with 21.3% of the 150 practices in Hertfordshire being involved in training, compared with only 7.5% of the 186 practices in Ealing, Hammersmith and Hounslow and 7.6% of the 105 practices in Kensington, Chelsea and Westminster (the remaining areas were between these extremes).

Eleven of the 75 trainees (15%) were working in a single handed or two doctor partnership, 30 (40%) were in three or four doctor practices, 26 (35%) were in practices with five or six partners and eight (11%) were in a practice with seven partners or more. The location of training practices was described as inner London by 13 (17%) trainees, outer London by 24 (32%), semi-urban by 30 (40%) and rural by seven (9%) (one trainee did not respond).

Four trainees (5%) were working in a fundholding practice and a further 13 (17%) were working in practices that had applied to become fundholding in the second wave.

### Trainees' choice of future practice

Only 21 (28%) of the 75 trainees said they would consider working in inner city London and 36 (48%) stated that they definitely would not want to work in this location (Table 1). The most popular areas were outer London, a large town or an urban area. Men

**Table 1.** Willingness of trainees to work in practices in different locations and of different sizes.

	% of trainees willing to work in area/practice size (n = 75)		
	Yes	No	Unsure
<b>Area</b>			
Inner London	28	48	5
Inner city (not London)	11	53	11
Outer London	73	15	1
Urban area	65	8	8
Large town	69	12	4
Rural area	51	17	8
<b>Number of partners in practice</b>			
1	12	87	—
2	28	72	—
3-4	89	9	—
5-7	71	29	—
8+	37	63	—

n = total number of trainees. Not all trainees responded to these questions.

were more likely than women to be willing to practise in inner city London (32% of 28 compared with 26% of 47). Of the 48 trainees who had been medical students in London, 35% were willing to work in inner London, compared with only 15% of the 27 trainees who had trained elsewhere.

Table 1 also shows that only nine trainees (12%) were willing to undertake single handed practice, and of these eight were men. Sixty five trainees (87%) stated definitely that they would not consider working in a single handed partnership and 54 (72%) did not wish to work in a two doctor partnership. Most trainees wished to work in a moderate sized group practice (three or four doctors), although partnerships of five to seven were also attractive.

### Factors influencing choice of future practice

Good working relationships with partners and staff were identified as the most important factors when choosing a practice (Table 2). Most trainees gave a score of five to each of these. Other high scoring factors included the employment of a practice nurse, opportunities for postgraduate education, good relation-

**Table 2.** Importance given by trainees to factors that might influence their choice of future practice.

Factor	Mean score <sup>a</sup>		
	Overall (n = 75)	Men (n = 28)	Women (n = 47)
Good working relationship with partners	4.9	4.9	4.9
Good working relationship with staff	4.9	4.9	4.9
Practice has a practice nurse(s)	4.8	4.7	4.8
Opportunity for postgraduate education	4.6	4.5	4.6
Good relationship with local hospitals	4.6	4.4	4.8
Access to all diagnostic facilities	4.6	4.5	4.7
Practice has a practice manager	4.5	4.5	4.5
Practice has attached health authority staff	4.4	4.1	4.5
Practice is computerized	4.3	4.4	4.2
Working schedule that can fit into social life	4.3	4.1	4.5
Screening targets achieved <sup>b</sup>	4.2	4.3	4.1
Easy parking	4.0	3.8	4.1
Good access/facilities for hobbies	3.8	3.8	3.7
Safe area	3.7	3.6	3.8
Good local schools	3.7	3.8	3.6
In same area as you are living now	3.5	3.4	3.6
Deputizing service used for night calls	3.5	3.3	3.7
Opportunity for involvement in hospital work	3.5	3.4	3.7
In area where spouse works	3.4	2.9	3.7
Training practice	3.3	3.2	3.5
Local transport is good	3.3	3.2	3.5
Large list size	3.0	3.4	2.9
Low cost of housing	2.9	2.7	3.0
Low cost of living	2.8	2.6	2.9
Premises owned by practice	2.8	3.0	2.7
Rented premises	2.7	2.3	2.9
Small list size	2.7	2.3	3.0
Close relatives live nearby	2.5	2.6	2.4
Fundholding practice/interested in fundholding	2.4	2.8	2.2
High deprivation allowance	2.3	2.4	2.3
Opportunity for private work	2.1	2.7	1.8
Dispensing practice	1.9	2.0	1.8
In area where you spent childhood	1.8	1.8	1.9
In area where you were a medical student	1.6	1.6	1.6

n = total number of trainees in group. <sup>a</sup>Mean score on scale from five, a high level of importance, to one, the lowest level. <sup>b</sup>Cervical cytology and childhood immunization.

ships with local hospitals and access to diagnostic facilities. Practice organization also scored highly in the form of computerization and the employment of a practice manager. Factors of more moderate importance included work surroundings (parking and safety) and social considerations such as availability of schools and the location of spouse's work. The involvement of a practice in fundholding was not felt to be important; neither was opportunity for private practice. Opinion was sharply divided for only two factors, for which low scores were balanced by high scores — low cost housing and premises being owned by the practice.

Overall, there was little difference between men and women in their scoring of the factors influencing choice of future practice. However, women scored the location of spouse's work more highly than did men, and whether a deputizing service was available.

Respondents were also given the opportunity to identify other important factors not included on the questionnaire. Respondents highlighted the importance of commitment to high standards of patient care (four trainees), equity of workload and practice income (four), opportunity for flexible working with facility for maternity leave (three) and a friendly atmosphere with good communication between practice staff and common goals (two). Other issues identified included standard of premises, commuting distance from London, democratic decision making, opportunity for minor surgery, psychologist attachment, leave arrangements, not having private patients, and not considering fundholding.

#### *Immediate intentions*

Of the 75 trainees, 46 (61%) intended or hoped to work on a full-time basis (six (8%) said they would definitely not consider this option while 23 (31%) were unsure), 22 (29%) intended or hoped to work on a part-time basis, eight (11%) to job share and five were willing to consider employment as an assistant. The differences between men and women were marked for this question, with 25 of the 28 men (89%) intending or hoping to work full time compared with only 21 of the 47 women (45%), while 45% of women indicated that they intended or hoped to work part time compared with 7% of men. No men indicated that they were willing to work as an assistant.

Forty trainees (53%) indicated that they intended entering general practice immediately they completed training, whereas 21 (28%) indicated that they did not wish to do this (10 were not sure and the remaining four did not respond). Of the 31 trainees not planning to enter general practice immediately or who were uncertain, 14 indicated that they intended or hoped to take up a general practitioner locum post or to travel abroad, or both, while 10 had already organized or were interested in other posts in the health service. Three trainees were pregnant and intended to take maternity leave and two had no specific ideas about what they would do. Only two respondents stated that they had no intention of becoming principals in general practice — one wished to seek an alternative career outside medicine and the other to work in psychiatry.

#### **Discussion**

General practice does not appear to be as popular a career choice for young doctors as it has been in recent years. The number of applicants to general practitioner training schemes nationally has fallen.<sup>1</sup> According to general managers of the North West Thames Family Health Services Authority and local medical committee representatives to the regional advisory subcommittee the number of doctors applying for vacancies as principals in general practice has also fallen. Inner city areas, most notably in London, have been particularly badly affected and there is some

evidence that established general practitioners are also leaving the capital for an easier life elsewhere.<sup>4,5</sup>

There is a lack of information about the factors that determine where young doctors decide to settle as principals in general practice. This study set out to describe a cohort of general practitioner trainees in one region, their experience of different types of practice and their aspirations for their future choice of practice. Although the findings relate to the north west Thames region, the trends identified are of more general interest and application. They are particularly relevant to those planning primary health care services in London, which are recognized as lagging behind those of the rest of the country.<sup>6-8</sup>

Almost two thirds of the 800 practices in the north west Thames region are single or two doctor practices (62%); an even greater majority in the London initiative zone (74%).<sup>8</sup> The majority of the trainees in this study indicated that they would not consider working in such practices and almost a half were not willing to consider working in inner London. A multiplicity of problems is associated with small practices including poor quality premises, a lack of attached ancillary staff and lower income,<sup>7-10</sup> yet the primary health care needs of the population are greatest in the inner city parts of the region<sup>11</sup> where small practices predominate.

Many of the factors considered of importance by young doctors when choosing a practice are features lacking in small or inner city practices and reflect the recognized characteristics of group and training practices.<sup>7</sup> Since most were working in group practices outside London, it is hardly surprising that this was their preferred type of practice for the future.

The results of this survey present an immediate challenge to find ways of making general practice in inner London more attractive to young doctors on completion of vocational training. Unless this is achieved, there must be doubts about the survival of many inner city practices into the next century. Recruitment can and should be encouraged in a number of ways:

- Priority should be given to increasing the number of training practices in inner London. If trainees are exposed to the challenges and opportunities such practices pose, they may be more willing to stay. This will require the investment of resources so that more practices can achieve the criteria for trainer selection, and can improve the quality of premises to allow space for training and for the development of primary health care teams.
- Young doctors are attracted to practices that have good working relationships both within the practice and with local hospitals, that have access to diagnostic facilities and that provide opportunities for continuing medical education. Inner London practices are deficient in many of these factors.<sup>7,8</sup> This imbalance must be addressed as a matter of urgency by local family health services authorities and district health authorities if the recruitment of good quality young doctors to inner London is to be achieved.
- The majority of those who complete general practice vocational training in the study region are women, and almost a half of the women trainees in this study indicated that they intended or hoped to work part time. A greater degree of flexibility in working arrangements within practices needs to take account of this if the potential of women doctors is to be fully realized.

On a more positive note, it should be acknowledged that the doctors undertaking general practice training in the north west Thames region are enthusiastic and committed to general practice. Most of those in this study had high expectations of the practices within which they would like to work in the future. Priority in planning needs to be given to meeting these expecta-

tions in inner London if young doctors are to be encouraged to work in this location. In the short term much will depend upon developing good quality premises within which forward looking practices can be based, providing not only good quality services to patients but also a high standard of training for the inner city doctors of tomorrow.

Since this study was carried out, a 'teach the trainers' programme has been organized, specifically for the inner city part of the region. Twelve young principals have participated, four of whom have been appointed as trainers and two are in the process of trainer selection. London family health services authorities are allocating money specifically to enable practices to achieve the requisite standards for training. In this way the future of general practice in London can be secured.

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