

# General practitioner registrars' views about a career in general practice

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## SUMMARY

**Background.** Current low morale in general practice and the fall in the number of general practitioner registrars (trainees) has led to concern about the decline in popularity of general practice as a career.

**Aim.** A study was performed to evaluate the career intentions of general practitioner registrars and the factors underlying their decisions.

**Method.** An anonymous postal questionnaire seeking both quantitative and qualitative data was sent to 138 registrars during June 1993. All were registrars at practices in the south west region of England. Outcome measures used were the popularity of different types of general practice work and identification of variables and emergent themes considered important in career choice.

**Results.** A total of 101 registrars returned questionnaires (73%). Of the respondents, 96% expressed an interest in general practice as a career. However, registrars expressed considerable uncertainty about the future of general practice and therefore their career. Continuity of care and a holistic approach were considered valued aspects of work in general practice. Increased workload, increased out-of-hours work and erosion of professional autonomy emerged as negative aspects of a career in general practice. Of the respondents, 91% considered time for leisure activities an important factor when considering future career, 72% would have been glad to do away with 24-hour cover and 99% agreed that general practitioners increasingly fear litigation.

**Conclusion.** Although registrars were interested in general practice as a career they had many concerns and expressed uncertainties. The future popularity of general practice is likely to depend on addressing these concerns and on the clarification of the future direction of the profession.

**Keywords:** general practice; career opportunity; trainees; trainees' attitudes.

## Introduction

THERE is widespread concern among general practitioners about low morale in the profession.<sup>1,2</sup> The fall in the number of applications for general practice training posts over recent years has led to concern about a decline in the popularity of general practice as a career.<sup>3</sup> Anecdotal evidence suggests that the

number of doctors applying for general practitioner principal posts has fallen (M J Whitfield, personal communication) and there are predictions of a shortfall in the number of general practitioners in the future.<sup>4</sup> In Avon, where there are seven places on the general practice vocational training scheme each year, applications have fallen from 99 in 1987 to 23 in 1993 (Avon vocational training scheme database); nationally, the number of doctors undergoing vocational training has fallen from 2239 in 1989 to 1704 in 1993 (F Difford, personal communication). It is difficult to make an accurate assessment of trends in the number of applications for general practitioner principal posts although Berwick has predicted a shortfall.<sup>4</sup>

The decline in popularity of general practice as a career is often explained as an effect of the 1990 contract for general practitioners.<sup>5,6</sup> This contract is, however, only a small part of wider changes in the political economy of health care that have occurred at a rapid pace over the last few years.

In order to maintain good quality care in general practice it is essential to attract good quality applicants. Although some research has examined job satisfaction and mental health among general practitioners,<sup>7</sup> little work has been done to examine factors motivating career choice and satisfaction that may explain the decline in the number of applications for general practitioner registrar (trainee) posts. A study set out to explore the popularity of general practice as a career among a group of general practitioner registrars.

## Method

An anonymous postal questionnaire was sent to all general practitioner registrars who were in their training year in the south west region of England in June 1993. Registrars were identified using data from vocational training offices. A covering letter explained the aims of the study. Two weeks after sending the questionnaire a reminder was sent to the whole sample.

The questionnaire design involved three stages: an initial study, a pilot study and the final questionnaire. Answers to open questions in the initial study formed the basis of closed questions for the pilot study. These questions were then further refined for the final survey. None of the registrars sampled in the initial or pilot studies was part of the final sample. The final questionnaire collected both quantitative and qualitative data.

### Quantitative data

Registrars were asked to indicate their level of interest in 13 different types of general practice work on a four-point Likert scale from very interested to not at all interested; choices were not exclusive. Registrars were also asked to rate factors considered important when making career choices on a five-point Likert scale from very important to not important. Registrars' agreement with belief and attitude statements concerning general practice were rated on a five-point Likert scale from strongly agree to strongly disagree. Demographic information was collected in order to examine whether sex of the registrar and other personal factors were related to choice or importance of career-related factors. Results were analysed using the chi square test.

### Qualitative data

Open questions asked registrars about general practice as a

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career and what they enjoyed and what they saw as negative about general practice. Using content analysis,<sup>8</sup> responses to the open questions were transcribed and then coded independently by the authors. The themes emerging from each author's analysis were compared and consensus themes were taken back to the original transcripts which were analysed again for content, rate of occurrence and interconnections. Registrars' comments that particularly illustrate a theme are quoted.

## Results

### Quantitative data

Of 138 registrars surveyed, 101 questionnaires were returned (response rate 73%). Of the respondents, 47 were women and 53 were men; sex was not stated for one respondent. The total survey population comprised 54 women and 84 men (south west regional vocational training scheme databases). The mean age (standard deviation (SD)) of the women respondents was 28.7 years (SD 2.2) and of men was 31.5 years (SD 5.4). The women respondents were significantly less likely to have children than the men respondents (five women (11%) versus 23 men (43%); chi square = 13.26, two degrees of freedom,  $P < 0.001$ ).

The responses to questions exploring registrars' interest in different types of general practice work are shown in Table 1. Significantly more women than men respondents were interested in being a less than full-time general practitioner principal, job share and retainer schemes. Significantly more men than women were interested in being a full-time general practitioner principal. However, 56% of men were interested in less than full-time work in general practice.

Factors considered important when making career choices are presented in Table 2. A high proportion of respondents considered it important to have time for leisure activities. Significantly more women than men were concerned about maternity and paternity leave arrangements. Significantly more men than women were concerned about issues of mobility and location.

Respondents' ratings of their agreement with belief and attitude statements concerning general practice are summarized in

**Table 1.** Women and men general practitioner registrars' interest in different types of general practice work.

Type of work	No. (%) of respondents expressing interest in type of work <sup>a</sup>		
	Women	Men	Total
Being less than full-time principal	38 (86)	25 (56)**	63 (71)
Job share	31 (74)	8 (18)**	39 (45)
General practice work and hospital sessions	33 (73)	31 (67)	64 (70)
Locum work	29 (71)	33 (72)	62 (71)
Working in a non-fundholding practice	25 (69)	32 (74)	57 (72)
General practice work abroad	22 (58)	28 (60)	50 (59)
Working in a fundholding practice	18 (45)	15 (36)	33 (40)
Being a full-time principal	14 (38)	47 (89)***	61 (68)
Being an assistant	13 (33)	8 (18)	21 (25)
Being a salaried partner	11 (29)	9 (20)	20 (24)
Being on a retainer scheme	11 (29)	2 (5)***	13 (16)
Undertaking academic work	12 (29)	16 (39)	28 (34)
Permanent locum work	2 (5)	3 (7)	5 (6)

<sup>a</sup>Indicating very interested/interested on Likert scale.  $\chi^2$  for difference between men and women: \*\* $P < 0.01$ , \*\*\* $P < 0.001$ .

**Table 2.** Factors considered important by women and men general practitioner registrars when making career choices.

Factor	No. (%) of respondents considering factor important <sup>a</sup>		
	Women	Men	Total
Time for leisure activities	43 (91)	46 (90)	89 (91)
On-call rota	39 (83)	45 (85)	84 (84)
Maternity/paternity leave	38 (81)	17 (34)***	55 (57)
Weekend work	37 (79)	40 (78)	77 (79)
Child care	34 (76)	33 (65)	67 (70)
Evening work	34 (76)	35 (69)	69 (72)
Mobility/location	35 (76)	45 (88)**	80 (82)
On-call overnight	33 (72)	37 (73)	70 (72)
Flexible working pattern	32 (71)	32 (67)	64 (69)
Partner's paid work/interests	26 (62)	30 (60)	56 (61)
Salary compared with other medical work	20 (44)	25 (50)	45 (47)
Domestic/household responsibilities	19 (41)	25 (49)	44 (45)
Monday to Friday type job	19 (41)	13 (27)	32 (34)
Care of dependent relatives	13 (29)	15 (29)	28 (29)

<sup>a</sup>Indicating factor very important/important on Likert scale.  $\chi^2$  for difference between men and women: \*\* $P < 0.01$ , \*\*\* $P < 0.001$ .

Table 3. Most respondents indicated that they liked the continuity of care in general practice work and that they preferred a holistic approach to care. Most agreed that general practice was becoming more stressful and that a market-led system may not benefit patients or their general practitioners. Almost all respondents (99%) agreed that general practitioners increasingly fear litigation.

When asked whether they intended to do some sort of general practice work in the future, 97 answered yes (96%) and four did not answer (4%). Of the four not answering, three made a comment expressing uncertainty and stated that they were considering a career in a hospital specialty.

### Qualitative data

The themes that emerged from the analysis of the qualitative data fell into three areas. First, there were comments that conveyed an overall sense of what was enjoyable about general practice; secondly, there were comments that conveyed the negative aspects of general practice; and thirdly, there were comments that revealed a sense of uncertainty about a future career. The first two themes had been asked about directly in open questions while the third area emerged spontaneously from the data. Themes are described with the most frequently occurring themes within the three main themes being cited first.

*Enjoyable aspects of general practice.* Registrars appreciated the continuity of care that a career in general practice offered. Linked to this was an appreciation of the relationship between patients' problems and their family and social circumstances. Registrars valued being able to see patients in their home environment. The opportunity to treat the whole person was also considered important.

'Helping people through difficult problems, seeing different members of a family with their problems in their own environment and the continuity it brings. This is real people and real medicine in the way hospital work can never be.'

The variety of general practice work was attractive to some, one respondent commenting on 'the breadth of clinical challenge'. Independence and responsibility were appreciated by others, for example one registrar valued the 'autonomy with patient man-

**Table 3.** Women and men general practitioner registrars' beliefs and attitudes concerning general practice.

Statement	No. of respondents <sup>a</sup>					
	Women			Men		
	Agree <sup>b</sup>	Neutral	Disagree <sup>c</sup>	Agree <sup>b</sup>	Neutral	Disagree <sup>c</sup>
GPs increasingly fear litigation	46	0	0	52	1	0
General practice is becoming more stressful	43	3	0	45	6	1
I like continuity of care in general practice	43	3	1	47	4	2
As a general practitioner I would be glad to do away with 24-hour cover	36	5	4	35	7	11
Patients think their GP should give lifestyle advice	30	14	1	34	17	2
GP working conditions are worse under market-led system	25	18	2	35	15	3
Patients will benefit from market-led system	5	15	25	10	10	32
I prefer mechanistic model to holistic approach	4	4	38	1	10	41
Patient care better with protocol-based consultation than with free exploration of problems	3	10	32	3	11	38
GPs can organize workload more easily since NHS reorganizations	0	8	36	1	3	41

<sup>a</sup>Not all registrars answered every question. <sup>b</sup>Strongly agreeing or agreeing with statement. <sup>c</sup>Strongly disagreeing or disagreeing with statement.

agement'. Working as part of the community and the 'good working atmosphere amongst [the] primary health care team' were also valued.

*Negative aspects of general practice.* Patient demands and expectations were viewed as a negative aspect of general practice, as illustrated by the comment 'patient expectation of immediate response to minor problems'.

Out-of-hours work and being on call emerged clearly as a negative aspect of the job, one registrar citing 'on call, long hours, constant pressure and stress' and another citing 'being on call between 10 pm and 8 am for the rest of your life'.

There was widespread concern about workload, one registrar commenting on the 'increasing paperwork and demands imposed by new policies'. The value of government directives to the profession, which were seen as clinically dubious, were cited as negative aspects. There was a feeling that politicians were making unreasonable assumptions regarding their demands of doctors. For example, general practitioners were 'being forced to do work that you can't see the point in, for example, certain health checks', and 'politicians may offer the public the moon but GP [general practice and the general practitioner] has its limitations'.

There was a fear of litigation, one registrar commenting on 'the threat of complaints and litigation — this alters my approach negatively'. The fear of litigation and the fear of complaints were linked to a feeling of there being a lack of respect for general practitioners: 'dealing with a demanding public with only occasional thanks' and 'negative attitude of hospital doctors towards GPs'.

Comments were also made about the sense of isolation and lack of social life in general practice compared with hospital posts, and about the lack of a career structure. For example, one registrar commented 'it can be lonely at times with the loss of a hospital-based social life' and another registrar asked 'will I really be doing the same thing in 20 years time?'. Fear was mentioned, for example, 'night visits to inner city or rural areas alone'.

*Areas of uncertainty.* Overall there was a sense of a fear of commitment among the registrars. For some, the fear related to the uncertainty of the future of general practice:

'GPs are fundamentally enthusiastic about their job but fear the erosion of professional autonomy and are worn down by the increasing out-of-hours expectations of their population.'

There was also the perception that the government kept 'changing the goal posts'. For others the fear was of long-term commitment, that is, taking on a practice for life, and was related to personal factors or perceived lack of readiness for the role.

Others clearly weighed up the relative merits of a hospital career as opposed to a career in general practice:

'The government has made an effort to sort out working conditions/stress of hospital doctors but very little in the way of helping the GP.'

Fear of commitment was commonly cited as a reason for wishing to delay the decision about taking up a general practitioner principal post. For some there was a sense of inevitability, rather than a positive choice, about pursuing a career in general practice, having invested at least nine years in the training.

For some registrars there was a feeling of general disillusionment with medicine as a career:

'I honestly wish I had left medicine after my house jobs. I don't feel we're rewarded financially or in kind for the hassle and stress we are constantly under — in GP [general practice] and hospital things need to change desperately if we're going to recruit good candidates into medicine and have GPs [general practitioners] in future.'

Respondents commented that would-be general practitioners were 'waiting in the wings' to see what would happen to general practice as a career following 'the immense number of changes in a short period to general practice organization and politics, leading to instability and stress for existing general practitioners'.

## Discussion

The study found that registrars enjoyed many aspects of general practice, including continuity of care, a whole-person approach, the social aspects of medicine (sociological aspects and community aspects) and professional autonomy. However, registrars perceived as negative the increasing demands and expectations of patients and the government, long hours, on-call responsibility (72% of respondents would have been glad to do away with 24-hour cover) and increased administration. What emerged was that registrars' enjoyment of general practice was being eroded because of an overwhelming workload. There was concern about the value of government directives to the profession and about

litigation. The desire to protect time for leisure and family were important factors affecting career choice for registrars.

The finding that men were more likely than women to consider full-time principalships is consistent with other studies.<sup>9,10</sup> The finding that 56% of men were interested in part-time work has not been reported before. The ability of general practitioners to determine their own style of work was identified by Cooper and colleagues as one of the greatest sources of job satisfaction for general practitioners.<sup>7</sup> Data presented here would support this finding. Further work by Sutherland and Cooper showed that following the 1990 contract for general practitioners, job satisfaction declined and anxiety and depression increased.<sup>6</sup> The reasons for this are likely to be complex and result from an interaction of work, home, personal and social factors.

Research has shown that general practitioner job dissatisfaction has considerable implications for patient care: general practitioners' increased frustration and lack of time in consultations with patients has been linked to increased prescribing and poor communication.<sup>11</sup> Job satisfaction was linked to general practitioners' increased attention to the psychosocial aspects of illness.<sup>11</sup> Job satisfaction is thus of immense importance to both doctors and their patients.

It is usually assumed that general practitioner registrars have decided upon a future career in general practice. The major factor motivating this study, however, was the lack of interest in a career in general practice among the peer group of two of the authors who were themselves registrars at the start of the study. The results do not necessarily provide the reasons for the fall in the number of registrars but do provide some data that begin to explain why doctors who have already made some degree of choice about their career become uncertain when they experience its working reality. It is somewhat surprising that 96% of respondents indicated that they were intending to do some sort of general practice work in the future given the uncertainty that emerged from the qualitative data. Studies have highlighted the need to consider an alternative option to general practitioner partnership immediately after training.<sup>9,10</sup> Data from this study support the value of such an option.

The combination of quantitative and qualitative methods in this study was intended to provide a broader understanding than would have been achieved with one method alone.<sup>12-14</sup> This decision may have led to less clear conclusions. However, the combination of methods and a judicious consideration of results ensures a cautious interpretation of the meaning of the data.<sup>13</sup> A cautious interpretation of the data is necessary in a study of this type which sought to examine attitudes; attitudes may not always be in keeping with actions.

A survey of trainers' views of general practice as a career would provide data that examine whether the issues are related to a change in the nature of general practice work, to the attitudes of a younger generation of doctors or to a combination of these. With the reported disillusionment with medicine as a career, it would be interesting to survey preregistration house officers to investigate whether the issues are about choice of general practice as a specialty or whether they are fundamental to all specialties, for example lifestyle and pay issues. This may also provide a more valid examination of the issue of the declining number of general practitioner registrars. It is possible that registrars feel less pressured to apply for a large number of general practitioner registrar posts compared with a few years ago as there is less competition for places.

The data show that when considering a career in general practice, general practitioner registrars weighed up carefully the impact of work on their personal lives. Some registrars expressed a desire to wait until the future of general practice became more clear, whereas others expressed a feeling of inevitability about a

career in general practice because of the long training rather than a career in general practice being a positive choice.

Although registrars were interested in general practice as a career, they had many concerns and expressed uncertainties. The future popularity of general practice is likely to depend on addressing these concerns and on the clarification of the future direction of the profession. This is essential if the profession wishes to maintain the highest standards of practice.

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## Food for thought...

*'...those who misuse drugs by injection carry a burden of physical and psychological problems which can be effectively submerged in the frantic daily search for money, drugs and veins. These problems will emerge [among patients on methadone maintenance programmes who are] in regular contact with health services... It is therefore not surprising that the prescription of methadone alone without the provision of other forms of support is likely to be ineffective.'*

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