

The career outcomes for doctors completing general practice vocational training 1990–1995

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SUMMARY

Background. While much has been published about the career outcomes of doctors who completed general practice vocational training prior to 1990, no evidence is currently available about those who have qualified since that time.

Aim. To obtain information about the career paths of doctors who had completed general practice vocational training since 1990, and to compare the results with previously published data.

Method. Postal questionnaire survey of all doctors completing vocational training during the period 1990–1995 in three regions of the United Kingdom. The study examined current work status, career path since completion of training, desire for and experience of part-time training, degree of difficulty in choosing and following a career, and the degree to which certain factors impeded career choice.

Results. The overall response rate was 64.8%, although there was a significant difference between the response rates for men and women. While virtually all responders were employed, with the majority working in general practice, women were significantly less likely than men to be working as principals in general practice, for all cohorts. These results were very similar to those cohorts described in earlier studies. The career paths of doctors only became stable after about four years. Of those working in general practice, about 20% found it difficult to choose their career, and about 10% found it difficult to follow their career. Out-of-hours work was the major factor impeding career choice.

Conclusion. Although they are taking longer to reach, the final career destinations of doctors completing vocational training since 1990 are no different from those of earlier cohorts.

Keywords: career choice; vocational training.

Introduction

IN the late 1980s and early 1990s, a number of studies about the career outcomes of doctors completing general practice vocational training were published.^{1–5} Although two studies were

national,^{1,2} and three^{3–5} were undertaken on a regional basis, the results were remarkably consistent, with about three-quarters of doctors eventually becoming principals, 5–10% working as non-principals, 10–15% working in other specialties, and about 5% having left medicine.

However, in the early 1990s, considerable concern was being expressed about potentially catastrophic difficulties in recruiting doctors to general practice.⁶ Although studies have since been published that looked at doctors' career intentions,⁷ and movement into and out of general practice,⁸ there is no evidence yet available that demonstrates whether doctors who have completed vocational training since 1990 are ultimately more or less likely to enter general practice.

The primary aim of this study was to obtain information about the career paths of doctors who had completed vocational training since 1990, and to compare the results with those available on previous cohorts. We wanted to obtain information about the degree of difficulty that doctors felt in choosing or pursuing their career, and the factors that might have influenced their career choice. In addition, we wished to assess the desire for, and provision of, part-time training, and establish the proportion of doctors who eventually practice in the area in which they were trained.

To improve the generalizability of the results, this study was conducted in three deaneries.

Methods

This study was undertaken by means of a postal questionnaire survey. The questionnaire was based on that used in one of the previous studies, with additional questions based on the results of that study.⁴ The questionnaire contained a career diary, followed by questions examining career choice, factors that may have impeded career choice, and the desire for and experience of part-time training. The last part of the questionnaire sought demographic data about the responders.

The study was based on all doctors who were recorded as having completed their general practice vocational training in the Mersey, North West, or Oxford regions of the United Kingdom during the period January 1990 to December 1995. Questionnaires were sent initially in October 1996, and on up to two further occasions (at six-weekly intervals) to non-responders; their addresses having been cross-checked with their entries in the Medical Register for 1996.⁹

Of 1520 doctors eligible for the study, the available addresses for 19 were incomplete; 1501 questionnaires were therefore sent. Of these, 52 were found, from the questionnaire, to have completed training outside the study period, 16 had not completed their training at all, four had died, and one address was a duplicate. This left 1428 doctors who were eligible for inclusion in the study.

Statistics

Data were analysed using the EPI-INFO software. Confidence intervals for proportions and differences were calculated using the Confidence Interval Analysis software package,¹⁰ which calculates the range within which there is a 95% likelihood of the true result lying.

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Results

Responders

Nine hundred and twenty-six legible questionnaires were returned, resulting in a response rate of 64.8%. Four hundred and sixty-three responders were male, and 458 female (5 did not indicate their gender). Reliable information was available on 445 of the 502 doctors who did not respond; of these 271 were male and 174 female. The possible range of response rate for men was consequently 58.5% (if all unidentified non-responders were male) to 63.8% (all unidentified non-responders female) and 66.5% to 73.3% for women. Because of these differences, all results are presented separately for men and women.

There was no significant difference between responders and non-responders in the interval between qualification as a doctor and completing the questionnaire (10.6 years for responders, versus 10.9 years for non-responders).

Current work status

The work status of responders at completion of the study are shown in Table 1. Responders are separated into cohorts based on the year in which they completed their vocational training, and by sex. For all cohorts, of those working in general practice, the proportion of women working as principals was significantly smaller than the proportion of men.

Of 720 doctors who were working in general practice at the end of the study, and for whom data on their current place of work was available, 414 (57.5%) were working in the counties of the region in which they were trained.

Career paths

To obtain details of the career paths taken by doctors, the career diaries were analysed to see what work each responder was undertaking one, two, three, four, five, and six years after completion of vocational training. These results are presented in Figures 1 and 2.

The results demonstrate that, while about 90% of men and 70–75% of women will ultimately be working in general practice, it takes about four years before the proportion of both men and women becoming principals remains stable. Very few doctors of either sex are unemployed at any stage in this six-year period, while the proportion of women who are on maternity leave appears to reach a peak, again after about four years, of around 8%.

The gradual increase in the proportion of men and women entering general practice appears to be reversed at the sixth year; the results shown in Table 1 suggest that this has occurred because the only cohort included at six years is the cohort of 1990, and that this cohort had a particularly low proportion of responders entering general practice. Review of the career diaries of these doctors suggested that this cohort was less likely to enter general practice; there was no evidence that these doctors entered general practice and subsequently left it.

Part-time versus full-time

Based on a definition of full-time work as doctors who have work commitments for nine or more sessions per week, of those working at the end of the study, 95.8% of men and 70.5% of women were working full-time. There were no significant trends across the cohorts for either men or women.

Twenty-five men (5.3%) and 77 women (16.3%) had wished for part-time training at some stage during their vocational training; one man (0.2%) and 49 women (10.4%) had undertaken part-time training.

Choosing and following a career

Of those working in general practice at the end of the study, 23.1% of men and 19.9% of women had found it difficult or very difficult to choose their career, and 9.9% of men and 11.8% of women had found it difficult to follow their career. The differences between men and women were not statistically significant.

The extent to which certain factors had impeded career

Table 1. Employment status of responders at end of 1996.

| | Year training was completed | | | | | | | | | | | |
|--|-----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 1990 | | 1991 | | 1992 | | 1993 | | 1994 | | 1995 | |
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Number of responders | 55 | 54 | 94 | 76 | 88 | 88 | 82 | 82 | 68 | 77 | 61 | 73 |
| Number working in general practice (%) | 45 (81.8) | 33 (61.1) | 87 (92.6) | 60 (78.9) | 75 (85.2) | 67 (76.1) | 69 (84.1) | 59 (72.0) | 56 (82.4) | 48 (62.3) | 46 (75.4) | 47 (64.4) |
| Number working as principals (%) | 43 (95.6) | 24 (72.7) | 83 (95.4) | 47 (78.3) | 70 (93.3) | 51 (76.1) | 61 (88.4) | 41 (69.5) | 46 (82.1) | 31 (64.6) | 37 (80.4) | 22 (46.8) |

Table 2. Proportion of responders working in general practice at completion of study experiencing a 'great deal of impedence' to their career choice (rating of three on scale of zero to three) from difference factors.

| | Men (%) | Women (%) | Difference (%) | 95% CI of difference | |
|---|---------|-----------|----------------|----------------------|-------|
| Gender | 0.8 | 8.6 | -7.8 | -11.1 | -4.5 |
| Children | 1.7 | 22.1 | -20.4 | -25.4 | -15.4 |
| Partner's employment | 2.8 | 12.5 | -9.7 | -13.8 | -5.6 |
| Availability of posts in local area | 10.7 | 9.9 | 0.8 | -3.9 | 5.4 |
| Recent changes in general practice | 8.2 | 4.0 | 4.2 | 0.6 | 7.8 |
| Recent changes in hospital practice | 4.7 | 2.0 | 2.7 | -0.03 | 5.4 |
| Out-of-hours work | 14.2 | 27.2 | -13.0 | -19.2 | -6.8 |
| Inability to change post once established | 8.3 | 10.4 | -2.2 | -6.7 | -2.3 |
| Inflexibility of hours demanded | 8.5 | 18.8 | -10.3 | -15.5 | -5.0 |

choice is indicated in Table 2. To allow comparison with previous data, this table only includes those doctors working in general practice at the end of the study. For none of the nine factors shown in Table 2 was there a significant trend across the cohorts for either gender, and so all cohorts are combined. This table shows that, in absolute terms, the major factors affecting career choice for men were out-of-hours work, and the availability of posts in a local area; for women the major factors were out-of-hours work, their children, and the inflexibility of hours demanded. When men and women were compared, five factors were significantly more likely to have affected women (their sex, their children, their partner's employment, out-of-hours work, and the inflexibility of hours demanded); one factor was significantly more likely to have affected men (recent changes in general practice).

For one of the 10 factors considered (other family demands) there was a significant trend across the cohorts for women, but not for men. Of men, 2.5% responded that other family demands had impeded their career choice a great deal. For women, the percentage fell from 10.0% for the 1990 cohort to 0.0% for the 1995 cohort.

Comparison with previous studies

Comparison with previous data¹⁻⁵ suggests that the overall career destinations are no different from previous cohorts. Although directly comparable data are not available for the time taken to becoming a principal, the results from Figure 2 suggest that doctors may be taking considerably longer to become principals than previous cohorts (the median time to becoming a principal for four cohorts in a previous study ranging from one to four months for men and three to 8.5 months for women⁴).

While the proportion of men working full-time is not significantly different from the previous cohort, the proportion of women has risen significantly (70.5% versus 51.7%, a difference of 18.8% [95% CI = 11.3–26.4%]).

The proportion of those entering general practice who found it difficult or very difficult to choose a satisfying career was similar to the previous cohorts for women, but continued the trend of increasing difficulty found in the previous cohorts of men.⁴

Discussion

This study provides the first information on the career paths of doctors who completed general practice vocational training after the changes in 1990 in the Contract for General Practitioners, and allows comparison with studies of doctors completing their training prior to 1990.

Methodological considerations

Although the response rate is comparable to that achieved in a similar study,⁵ there are some implications for the interpretation of the data that result from the response rate achieved. First, because the rates were significantly different for men and women, it is important that results are presented separately for the two sexes, and that it is recognized that the results on the men should be considered less reliable than those for the women. It might have been expected that it would be more difficult to contact women doctors (because it is not currently possible to track doctors who change their name; e.g. as a result of marriage, on the Medical Register); it may be that the response rate for men was low because men often go abroad early in their careers.⁴ Secondly, because it is more difficult to trace doctors no longer working in medicine, or those working abroad, the estimates of the proportions of doctors falling into these categories may be underestimates.

Principal findings

The first major finding of this study is that the final careers pursued by doctors completing vocational training since 1990 are not substantially different from previous cohorts. Virtually all doctors do continue to work; about 95% of men and 75% of women will eventually work in general practice, and, of these, about 95% of men and 75% of women will eventually be working as principals. Of those working in general practice, just over half remain in the deanery in which they were trained. It is not clear whether, having completed their training, the doctors in this study actually wished to follow traditional career paths or whether they aspired to more flexible options that remain elusive.¹¹ If workforce planning for general practice is to be better informed, detailed information about the decisions that underlie the relationship between the aspirations and the final career paths of doctors entering general practice is needed as a matter of some urgency.

The second major finding is that, for this cohort, it took about four years before the proportion of doctors working as principals in general practice became stable. This suggests a 'loop' effect, in which doctors completing training undertake other employment before entering principalship. A number of suggestions have been made about why this may occur:¹² doctors may feel that they have 'landed in a void' at the end of training, being ill-prepared for the transition to independent practice. This study suggests that a substantial proportion will use this time to work in general practice as a non-principal. It may be that this career stage could prove more constructive for a greater number if the number of formal opportunities to work in general practice without the commitment of principalship were to be increased, and if educational opportunities aimed to meet the needs of doctors undertaking such a transition were more widely available; e.g. by expanding the initiatives that combine non-principal posts with specific plans for further education.^{13,14} Again, further information that details the decision processes on which such choices are made would be useful in clarifying the likely demand for such posts.

About 20% of responders had difficulty choosing, and 10% following, their career. Male doctors seem to be continuing to find it increasingly difficult to choose a satisfying medical career, although female doctors do not appear to be having any more difficulty in choosing their career than previous cohorts. The main impeding factor for both sexes was out-of-hours work (a factor that impeded career choice a great deal for one in seven men), with family-related factors as the next most important for women. Both of these findings are consistent with other studies.^{15,16} Indeed, Lambert *et al* found that the 'hours or working conditions', and 'domestic circumstances' were considerably more important factors for doctors who chose general practice than for those choosing other medical career paths.¹⁶ It is to be hoped that the initiatives on alternative ways of providing out-of-hours care may help to reduce this hindering force.

Unfortunately, it is not possible to be certain that the increase seen in the proportion of women working full-time is real, simply because this may be a cohort effect (i.e. that the current cohort has had less time to have settled into a stable work pattern).

A substantially smaller proportion of the cohort who completed vocational training in 1990 have become principals, a finding consistent with a study that examined the career preferences of recently qualified doctors.⁷ Although the reasons for this finding are not clear, it does demonstrate that, while difficulties in recruiting may exist from time to time, overall there has not been a substantial shift in the ability of the profession to retain vocationally trained doctors within general practice in recent years.

The finding that one in 20 men and one in six women expressed a wish for part-time training is likely to become

increasingly important in the planning of training. This study shows that fewer doctors undertook part-time training than wanted it — this may reflect under-provision, lack of publicity, or a combination of the two. If these figures did reflect national needs, then, for every 100 doctors entering vocational training each year with equal numbers of men and women, approximately 11 part-time programmes would be needed.

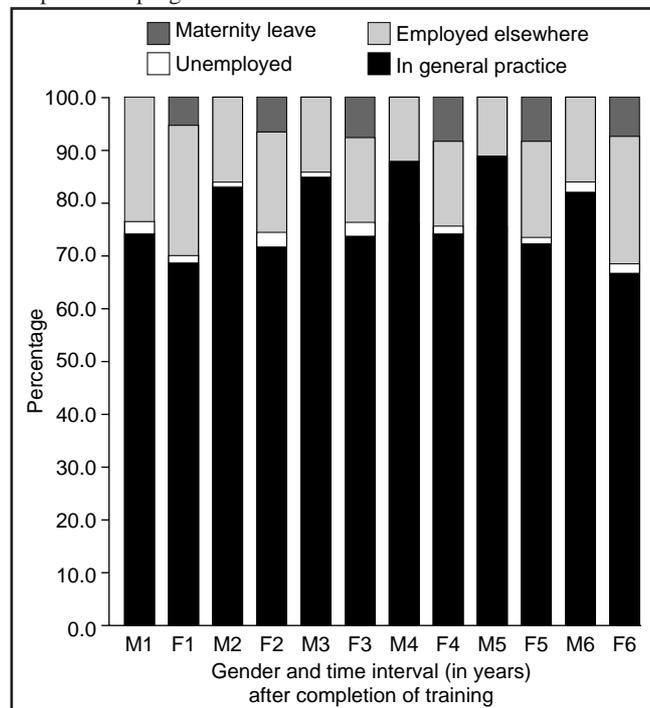


Figure 1. Employment status at intervals after completion of general practice vocational training.

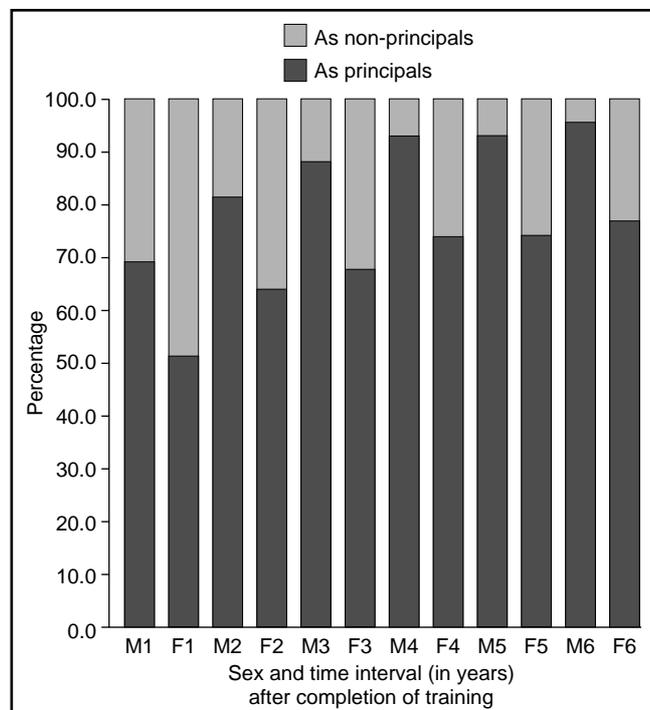


Figure 2. Employment status, of those working within general practice, at intervals after completion of general practice vocational training.

Conclusions

Although many doctors have expressed a wish for more flexible working conditions within general practice,¹⁶ the results of this study suggest that the final career destinations of doctors who completed vocational training after 1990 are, in fact, no different from earlier cohorts, although they are taking some time to reach these destinations. If the processes of training and workforce planning are to be better informed, and the early career aspirations of vocationally-trained doctors are to be matched with appropriate posts, we need to undertake studies that examine in detail the decision processes that underlie career choices made in the early years after the completion of vocational training.

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