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Female GPs and family life — still taboo

The main reasons for females choosing general practice as a career, were, up until now, a short training programme and the prospect of no out-of-hours duties. Before the introduction of mandatory intercalated BSc and foundation years, a female medical student could hope to qualify as a GP aged 27 years. At the Medical Women's Federation London meeting in November 2012, on 'Taboo topics', a medical student had interviewed female GPs to find out how many children they had and how long after completing GP training they had been when they had had their first child. A very small percentage, <10%, had a child during GP training. The vast majority had their families after training. Now, with the 6 years of medical school, 2 years of foundation posts, and 5 years of specialty training, a young doctor would qualify as a GP aged 31 years at the very earliest. The 4 years between 27 and 31 years of age are the core years when a young adult might want to start a family.

Education on family dynamics and social determinants of health studied during GP training is also important. Learning about Balint and Bowlby teaches the GP specialty trainee the importance of attachment for babies leading to good mental and physical health in adulthood. And when (among all the ePortfolio reflections) she reflects on her own mental health, she realises that she is running around helping other people stay healthy without actually looking after her own health. Depending on the child's father's job, she may or may not carry on, for the sake of her mental and physical health.

It could also be that female GPs complete GP training then leave work to have children, with the prospect of returning to it in the future. Imagine the following scenario: a female GP may plan her children soon after receiving her Certificates of Completion of Training. She may find it difficult to get a job if she is obviously pregnant, and/or she may plan a short maternity leave. Once the baby comes, she may find that she actually enjoys looking after it, and as her parents live elsewhere, she doesn't want to leave the child in nursery from a few months old. She may look for a retainer job, but they are few and far between. She may decide to have a second child while she is still young and for the sake of having some more maternity

leave. It then becomes difficult to work, even part-time, with two children, because she has even less time to dedicate per child, let alone to her partner. This cumulative loss of 'me time' takes its toll, analogous to a battery that slowly runs low. If she doesn't have time to recharge, she may be irritable, forgetful, and tired, leading to mistakes, arguments, and unhealthy outlets. By the time that second child is 4-years-old, she has already spent at least 4 years outside of medicine, and she may find she has a) forgotten a lot, b) enjoys being there for her children, c) has lost her self-esteem, and d) now has to pass a refresher scheme. I am not trying to say that the above only applies to mothers who are doctors. In fact any working mother is faced with a similar dilemma.

Ideas to retain more GPs would be to screen for early signs of depression and protective factors for resilience during the foundation years. Perhaps this could be considered on the Specialty Training application form, including factors such as whether individuals consider themselves to have good social support, or if they have strong ties to one deanery. Allowing intradeanery transfers and an increase in the length of time allowed away from medicine before a refresher scheme is allowed, and better pastoral care and supervision after graduation from medical school is essential if the NHS wants to retain its doctors. This can be achieved by ensuring GP educational supervisors have the time to listen and explore the trainee's individual circumstances, and by group sessions exploring their motivations before they decide on a specialty choice.

Increasingly, both men and women wish to participate in their children's lives, but traditionally it has been the woman whose career suffers after bearing children. If the profession wants to continue attracting female doctors, then it needs to recognise the importance of family. If it won't do that, this is an indication that it wishes to change its image from a family-friendly career to one that is more rigid.

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DOI: 10.3399/bjgp14X679813

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