

Going forth:

The career aspirations of general practice trainees 2000–2003

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ABSTRACT

Aim

Those entering general practice do so with expectations about how this career will meet their needs for a rewarding profession and a satisfying lifestyle. Determining the career aspirations of new general practitioners is important in understanding possible workforce trends and in meeting vocational and educational needs. This paper explores the perceptions of trainee general practitioners in relation to the structure of their future careers and the factors likely to influence their career decisions.

Method

A survey of four cohorts of trainees completing the RNZCGP Stage I General Practice Education Programme was carried out for the years 2000–2003. Trainees were surveyed on their perceptions of the future choices they would make in relation to their career in general practice and the factors likely to influence these choices.

Results

The survey was distributed to 305 trainees with a response rate of 208 (68%). One hundred and twenty-one respondents were female (58%) and 87 (42%) were male. Most respondents (157 [75%]) saw themselves choosing flexible working options in the first 12 months after training. Female respondents (51 [42%]) were more likely than their male counterparts to see themselves continuing in locum, salaried and sessional work long term. Male respondents (36 [41%]) were more likely to see themselves as buying into a practice/being self employed, or becoming an associate, five years out from training.

Over 80% of respondents clearly identified New Zealand as their preferred practice location. Family considerations (98 [59%]), on-call demands (39 [23%]), income (30 [18%]), professional support available (23 [14%]),

and lifestyle (31 [19%]) were important considerations in the choice between rural or urban general practice. Female respondents rated family, on-call, the level of support of colleagues and lifestyle as the factors most likely to influence that choice, whereas male respondents rated family considerations and income as the most important factors. Family, financial and lifestyle considerations were rated as most likely to influence the choice of full, or part-time work.

This study suggests that a range of factors could determine whether graduates of the training programme remain in general practice or choose another career. Respondents rated job satisfaction (79 [48%]), financial considerations (41 [25%]) as priority considerations. Some respondents (14 [8%]) mentioned the New Zealand political environment and its impact on general practice; others mentioned practice conditions and stress.

Conclusion

This research highlights diverse factors that influence the career choices of trainee general practitioners. Workforce planning requires creative solutions that acknowledge gender differences, the need for flexibility in careers and the changing context in which general practitioners work. To meet the expectations of a new generation of general practitioners, general practice must provide job satisfaction, flexibility to accommodate family requirements, have manageable on-call demands and stressors and an adequate level of remuneration. All of this should take place in a supportive, political environment.

Key words

General practice career structure, vocational education, gender and career decisions

(NZFP 2004; 31:155–160)

Introduction

Issues

There is international recognition that medicine is no longer predominately staffed by men working for 40 years in one speciality.¹ Vaughan² notes that increasing numbers of young doctors are wanting flexible career paths rather than long-term commitments. She suggests that this is indicative of new work ethics driving career structures where flexibility is valued over traditionally rigid medical careers. Whilst it is common for women to fit their working commitments into lives filled with other competing priorities, such as caring for a family, men are also increasingly attracted to more flexible work options. A recent survey indicates that a growing number of Australian general practice registrars have a preference for flexible working arrangements including part-time, contract and salaried employment allowing them more time for other interests and hobbies.³ Golby et al.⁴ note that an increasing number of general practitioners in the United Kingdom are choosing to work part-time.

Research into the career experiences of New Zealand general practitioners suggests that many GPs are experiencing high levels of stress and low morale in their careers.⁵ Retaining and recruiting general practitioners in rural areas in New Zealand are seen as major challenges for general practice.⁶ Janes et al.⁷ note that there is an undersupply of rural general practitioners and suggest that changing work expectations of a new generation of male and female medical graduates may be contributing to this shortage.

RNZCGP vocational education pathway

The Royal New Zealand College of General Practitioners (RNZCGP) of-

fers an educational pathway for doctors wishing to gain Fellowship of the College and vocational registration as a general practitioner in New Zealand. The initial part of this education is the Stage I General Practice Education Programme which provides two training options. The registrar option is a 40-week programme based on two, 20-week attachments in accredited teaching

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practices. Registrars receive one with one teaching and attend workshops and seminars. They also receive a Clinical Training Agency funded bursary. Trainees may choose a second

option of working in general practice and attending the seminars and workshops which form part of the registrar programme. These trainees are identified as 'seminar attenders'. The trainees in this study were enrolled in either the registrar or seminar option of the Stage I General Practice Education Programme.

Objectives of the study

The purpose of the study was to gain an understanding of the career aspirations of general practitioners completing the RNZCGP Stage I General Practice Education Programme. The study aimed to identify factors which are likely to influence the vocational choices of newly trained general practitioners and to determine ways in which Stage I vocational education had influenced trainee career plans.

Method

A prospective study of four cohorts of trainees who enrolled as registrars or seminar attenders in the RNZCGP Stage I General Practice Education Programme was carried out towards the end of the training year in 2000, 2001, 2002 and 2003. Trainees were asked to complete a

questionnaire about their intended career plans within 12 months, three years and five years of having completed the training programme. The questionnaire was expanded from 2001 to include questions related to the trainees' intended location of practice, i.e. urban, rural, New Zealand or overseas, their choice of full or part-time work and the factors which would influence their remaining in general practice or choosing another career option. Trainees were also asked about factors likely to influence their career choices and ways in which the training programme had impacted on their career decisions. They were also asked about their intentions to continue in vocational education and achieve Fellowship.

The questionnaires were distributed by regional directors and local coordinators of the Stage I General Practice Education Programme and completion of the surveys was voluntary with respondents having the choice of remaining anonymous.

Results

Table 1 shows the response rate for each year the questionnaire was distributed to trainees.

Of the 166 respondents to the additional questions in the 2001, 2002 and 2003 questionnaires, 94 (57%) were female and 72 (43%) were male.

Career intentions

Trainees were asked to identify their career plans 12 months, three years and five years on from the completion of the Stage I training. Some respondents identified more than one career option.

The majority of respondents (157 [75%]) saw themselves working in locum, sessional, or salaried positions in the first 12 months after completing the training programme. One hundred and nineteen respondents (57%) saw themselves in these types of positions three years on from training. Over a third of respond-

ents (79 [38%]) saw themselves working in these positions five years out from training.

Buying into a practice/being self employed, or becoming an associate were career options which (66 [32%]) respondents saw themselves taking up five years out from training. Thirty-seven (18%) of the respondents did not respond or were uncertain about the shape of their future career five years hence.

There were some clear gender differences in work preferences. Female respondents were more likely than their male counterparts to see themselves remaining in locum, sessional or salaried positions after five years (51 [42%]) compared with 26 (30%) males. Female respondents (28 [23%]) were also less likely than their male counterparts (36 [41%]) to see themselves buying into a practice/becoming self-employed or taking on an associate position, five years out from training.

Location of practice

When asked about choice of practice location, 180 (87%) of the respondents saw themselves practising in New Zealand within the next 12 months. One hundred and seventy-four (84%) respondents considered that they would remain in New Zealand after three years and 171 (82%) after five years. There was little gender difference in preference of New Zealand as a practice location. Some respondents indicated that they may work both in New Zealand and overseas.

The 2001, 2002 and 2003 cohorts were asked to identify factors which were likely to influence their remaining in New Zealand, or practising overseas. A number of respondents indicated multiple factors. Female respondents (42 [45%]) rated family considerations as likely to be the most important factor influencing their decision to stay in New Zealand followed by lifestyle (15 [16%])

Table 1. Response rate for each year the questionnaire was distributed to trainees

Year	Number distributed	Number returned	Response rate %
2000	68 41 female 27 male	42 27 female 15 male	62%
2001	73 45 female 28 male	50 32 female 18 male	68%
2002	89 47 female 42 male	57 34 female 23 male	64%
2003	75 37 female 38 male	59 28 female 31 male	79%
TOTAL	305 170 female 135 male	208 121 female 87 male	68% 58% female 42% male

and financial considerations (15 [16%]). Male respondents identified lifestyle (19 [26%]), financial considerations (16 [22%]), family issues (15 [21%]), and employment opportunities (11 [15%]) as the most important factors for them. Other factors noted by respondents were the New Zealand political environment and its impact on general practice (14 [8%]), employment and study opportunities available (15 [9%]) and feeling settled in New Zealand having chosen to come here from another country (18 [11%]).

Examples of comments respondents made about choosing New Zealand or overseas locations to practise were:

'I have settled here with my family and I don't see any reason to go overseas.'

'I love New Zealand and will stay here unless practising is untenable.'

'Money will influence where I practice as I have the cost of my medical training to recover.'

'I prefer New Zealand but I'll work overseas if the pay and conditions are good.'

'I've already been overseas and returned for the family and lifestyle advantages.'

Urban or rural practice

The 2001–2003 cohorts were asked to identify whether they planned to work in rural or urban environments. Of the 94 female respondents, 71 (76%) indicated that they were likely to work in an urban environment in the 12 months following training. Fifty (69%) of the 72 males indicated that they were likely to work in urban areas during this period. However, over a third of the male respondents (25 [35%]) and 14 (15%) of the female respondents indicated that they may work in rural general practice in the 12 months following training. (The introduction of rural scholarships attached to the Stage I training programme in 2002, and the requirement of a period of three or six months rural service at the end of the training programme, may have influenced these results.)

When looking five years on, 15 (16%) female respondents and 20 (28%) males indicated that they may work in rural general practice with some respondents indicating that they may choose to work in both rural and urban locations. Twenty-six (16%) respondents either did not respond to this question or were unsure of their intentions.

Table 2 shows the factors which are most likely to influence respondents' choice of rural or urban gen-

eral practice. (Some respondents identified multiple factors).

Examples of comments respondents made in relation to choosing rural or urban locations were:

'I prefer to work in a rural environment but would only work as a locum to control the level of after hours commitments.'

'I would consider rural practice if I had colleagues in a group practice, limited on call, a vehicle and remuneration of more than \$140k.'

'I will choose rural because the people are nice, the working environment is good and because of the beauty of the rural area.'

'I will choose an urban location to access good schooling and opportunities for my child, to be close to friends and to be able to practise with others.'

'I will definitely choose an urban environment because of family ties and I like city life.'

Part-time or full-time work

The 2001–2003 cohorts were asked to identify factors likely to influence how they would structure their careers in relation to full or part-time work.

Table 3 shows the factors which are most likely to influence choice of full or part-time practice. (Some respondents identified multiple factors and 24 (14%) of the respondents either did not respond or were unsure of factors which would influence their full or part-time status.)

Examples of comments respondents made in relation to choosing part-time or full-time work were:

'I will choose whichever opportunities arise at the right time for the needs and stages of my family.'

'I will work full-time for financial reasons.'

Table 2. Factors which are most likely to influence respondents' choice of rural or urban general practice.

	Family		On-call		Lifestyle		Income		Colleague support	
	n	%	n	%	n	%	n	%	n	%
Female	63	67	24	26	15	16	7	7	14	15
Male	35	49	15	21	16	22	23	32	9	13

Table 3. Factors which are most likely to influence choice of full or part-time practice.

	Family		Income		Lifestyle	
	n	%	n	%	n	%
Female	68	72	19	20	12	13
Male	22	31	33	46	12	17

'I will choose part-time work for the lifestyle it provides.'

'I want a balanced life so will work part-time.'

'I have always worked full-time and see it as part of my commitment to patients knowing you are there.'

Choosing general practice or another career

The 2001–2003 cohorts were asked to identify factors likely to influence their decision to remain in general practice, or choose another career. A number of respondents identified multiple factors. Job satisfaction was identified by 79 (48%) of the respondents as likely to be the most important factor in their remaining in general practice followed by income (41 [25%]).

Table 4 shows the factors most likely to influence respondents' choice whether to stay in general practice or choose another career.

Respondents noted a range of issues under the category of 'practice conditions' including the level

of paperwork, patient complaints, flexibility of work options, hours of work and on-call requirements. A number of respondents (14 [8%]) noted that the 'political environment' i.e. government policies and actions and their impact on general practice were likely to influence their future career choice. Twenty-two (13%) of the respondents either did not respond or were unsure of factors likely to influence whether they would remain in general practice.

Examples of comments respondents made about whether they would remain in general practice or choose another career in the future, were:

'Issues such as burnout, complaints from patients and financial rewards will influence whether I stay in general practice.'

'I will stay in general practice for the good working environment, good colleague support, good lifestyle, continuing education and variety.'

'Government regulations, PHOs, overregulation, and the general at-

Table 4. Factors most likely to influence respondents' choice whether to stay in general practice or choose another career.

	Job satisfaction		Income		Practice conditions		Job		Stress opportunities		Family	
	n	%	n	%	n	%	n	%	n	%	n	%
Female	52	55	19	20	15	16	15	16	12	13	10	11
Male	27	38	22	31	11	15	6	8	8	11	4	5

mosphere of the health professions will influence my career decisions.'

'I enjoy the patient contact and the flexibility of hours in general practice.'

'Job satisfaction, i.e. am I doing a good job, do I make a difference and do I have sufficient time for family and sufficient remuneration?'

Influence of vocational education on career plans

Almost three quarters of respondents from the 2001–2003 cohorts (119 [72%]) indicated that the training programme had influenced their career plans in relation to general practice. The programme confirmed respondents' career choice (43 [26%]), expanded their knowledge of what general practice had to offer as a career (33 [20%]) and assisted in the gaining of confidence to do general practice (27 [16%]).

Examples of comments respondents made were:

'The training programme made it more likely that I will enjoy general practice. The knowledge and confidence gained have been invaluable.'

'I have learned so much in terms of a patient centred approach and when to refer.'

'The programme has made me more enthusiastic about remaining in general practice long-term.'

'This training programme has taught me how to become a good GP. I like that.'

'I feel less likely to do general practice in New Zealand – not because the course was bad; I don't feel personally suited to general practice.'

'The training programme has been very informative and worthwhile and would be very beneficial for all graduates wanting to go into general practice to do.'

'Intentions to gain Fellowship of the RNZCGP'

The 2001–2003 cohorts were asked whether they intended to continue their vocational education and gain Fellowship of the RNZCGP. One hun-

dred and forty-seven (89%) respondents indicated that they would work towards Fellowship with 17 (10%) indicating that they were unsure about their intentions. Two (1%) respondents indicated that they did not intend to seek Fellowship.

Examples of comments respondents made about Fellowship were:

'Fellowship as soon as possible – it is a good platform for further education...'

'I suspect Fellowship is going to be a requirement in the future as far as general practice is concerned.'

'I'd like to do things properly and have recognition, opportunities and support of a college.'

'I would like to finish and be vocationally registered in a short time so that I am able to work part-time in the future.'

'I hope to start but if I have a family that will take priority.'

Discussion

No definitive conclusions can be drawn from this study as the data are based on respondents' predictions of how they may structure their future careers. The data cannot, therefore, be treated as predictors of workforce trends. However some insight can be gained

into how newly trained general practitioners perceive general practice as a career within the context of their personal and professional lives.

The study indicates that the majority of respondents (171 [82%]) expect to be pursuing general practice as a career in New Zealand five years on from completion of training. This suggests that New Zealand benefits both from the Government's financial investment in training general practitioners and from the personal and professional investment made by general practitioners who teach and support trainees.

Many of the respondents saw themselves spending a number of years in short-term, salaried or locum positions. This was particularly marked for female respondents (51 [42%]), five years out from training, compared with 26 (30%) males.

Lawrence et al.⁸ noted gender differences in career structures in their study of factors influencing the career decisions of women medical graduates in New Zealand. Their study confirmed the frequently observed phenomenon of women seeking medical careers that are compatible with family responsibilities. They noted that a woman's partner's job impacts on her career decisions. They note also that flexible and regular working hours, lack of on-call duties, the ability to work part-time and take time off were priorities for many women in medicine. Ease of re-entry after taking time off was also identified as an issue for women.

Ogden and Schofield⁹ in their 1998 study of the values and career aspirations of United Kingdom GP registrars, noted that working full-time and financial reward, a competitive working environment and variety in day-to-day work were career values associated with being male. In contrast flexibility and part-time work were associated with being female.

The preference of GP trainee respondents for work flexibility and the apparent low level of interest in buying into a practice, becoming self employed or becoming an associate may impact on the capacity of the general practice workforce in future years. Buying into a practice, being self employed or being an associate were career options which 66 (32%) of the respondents saw themselves taking up five years out from training. It can be argued that self-employed general practitioners have historically provided considerable stability to the gen-

It can be argued that self-employed general practitioners have historically provided considerable stability to the general practice workforce

eral practice workforce. A more mobile, salaried and part-time general practice workforce is likely to provide a new range of workforce planning challenges.

This study indicates that respondents prefer urban practice. However a proportion of respondents were not ruling out spending at least some time in rural practice five years on from training. Fifteen (16%) female respondents and 20 (28%) males indicated that rural general practice may be an option for them. This study supports Hill et al.¹⁰ in identifying that

the choice of rural or urban location is influenced by partner and family issues, the level of on-call work and lifestyle issues. Family was identified as an important priority for both female (63

[67%]) and male respondents (35 [49%]) in the GP trainee survey. Income was identified as an important priority for almost a third of male respondents (23 [32%]). Support of colleagues was also identified as an issue for 23 (14%) of respondents. Elley¹¹ notes from her study that there are difficulties for rural female general practitioners managing on-call whilst raising a family, finding locums, coping with medical emergencies without immediate back-up and accessing vocational education and CME.

The issues that GP trainee respondents raise in this survey suggest that creative solutions need to

be found to address shortages of general practitioners, particularly in rural areas. Whilst financial incentives may assist, other strategies which recognise the changing career priorities of new general practitioners need to be considered. Respondents' desire for flexibility, mobility and feeling professionally supported both practically and personally require workforce strategies which effectively acknowledge these needs.

There has been concern in recent years about the attrition rate in general practice. It is worth, therefore,

considering the factors which lead people to exit a career in which they have made considerable personal and financial investment. Not surprisingly this study suggests that job satisfaction is

the major factor likely to influence career longevity. Further research into what constitutes 'job satisfaction' for general practitioners may be fruitful. Other factors impacting on general practitioner careers such as employment opportunities, flexible career options, meeting remuneration expectations and the political climate, are clearly also important areas to consider in planning a work environment which is attractive and supportive of general practitioners.

Conclusion

This study suggests that to meet the expectations of a new generation of

general practitioners, general practice must provide job satisfaction, flexibility to accommodate family requirements, have manageable on-call demands and stressors and an adequate level of remuneration. All of this should take place in a supportive, political environment.

The data from this research are a useful reminder of the individuals behind the professional role of general practitioner. Pragmatic approaches to workforce planning aimed at meeting the health needs of New Zealanders must also meet the diverse vocational needs of those providing primary care services. Workforce planning also needs to acknowledge gender as an important determinant in career choice and structure. Initiatives, now common place in the public sector, which recognise the importance of family friendly policies, flexibility and appropriate leave provisions need to be considered as important elements in the careers of general practitioners. Important also is ensuring that vocational education for general practitioners takes into account the changing environment in which general practice occurs. This includes preparing general practice trainees for the considerable professional and personal challenges associated with meeting the primary health care needs of New Zealanders.

Acknowledgements

Thanks to Sarah Talboys and John Pearson for their helpful comments on an earlier draft of this paper.

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