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A career in paediatrics? A survey of paediatric senior house officers in England and Wales

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Abstract

A telephone questionnaire was targeted at 189 paediatric senior house officers (SHOs) throughout England and Wales in order to evaluate their attitudes towards paediatrics and gain insight into methods by which recruitment could be improved in future years.

A total of 152 senior house officers were interviewed. The group consisted mainly of general practice trainees, but included 51 career paediatricians. The majority were female (57%) and 44% were married. Our assessment revealed a perceived high workload, but also showed that paediatrics remains a satisfying specialty. Training while in post was perceived as unsatisfactory by 32% of those questioned. Sixty per cent reported a decline in their social life since starting their post.

Paediatrics was seen as the busiest of a number of specialties. This perception persisted, and in fact increased, between SHO and consultant grade. It is foreseen that this may lead to further problems in recruitment.

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Paediatrics is viewed as a specialty with a high level of job satisfaction offset by onerous hours and workload.[1] Problems with recruitment have recently been emerging, with something approaching a crisis reported in the appointment of consultants. Over 20% of vacant consultant posts in 1991 were unfilled.[2] In an attempt to rectify the situation the joint policy advisory committee on manpower recommended that in 1992, 80 new senior registrar posts be created. However, junior doctors of sufficient quality need to be attracted to a career in paediatrics.

Before embarking on specialist training a junior doctor must evaluate the career opportunities available, but factors such as job satisfaction are also important. We therefore attempted to assess paediatric senior house officers' (SHOs) experiences of and attitudes towards paediatrics as a career.

Methods

A total of 189 hospitals throughout all regional health authorities in England and Wales (table 1) were approached with a telephone questionnaire (appendix 1), and SHOs were selected by a request to speak with the resident general paediatric SHO on call. We interviewed doctors who had been in post for at least two months (typically one third into the post). All of the interviews were undertaken by the authors according to a standard proforma (appendix 2) and followed careful practice at question delivery. The initial questions collected general information about the interviewees, who were then asked to rate their post for four criteria: work intensity, job satisfaction, in-post training, and social life since job commencement. These questions were posed as scale ratings from 1–10 where 5 indicated average (questions A–C) or no significant change (question D). We then asked the interviewee to choose two from a list of eight hospital specialties which he/she *perceived* to be the most busy at SHO and consultant grade. Finally we questioned whether SHOs who had not already stated an intention to pursue a career in paediatrics would take another paediatric post.

Interviews were carried out over a four week period. Only one SHO was interviewed from each hospital; this was to reduce any reporting bias that might have arisen from discussion between individuals, as well as consideration of cost. The interviewee was guaranteed anonymity.

Results

Questionnaires were completed by 152 of 189 SHOs contacted (80%); four (2%) declined to be interviewed because they were too busy and 33 (17%) were excluded having been in post for less than two months. Of those interviewed 86 (57%) were female and 66 (43%) male; 67 (44%) were married. The interviewees consisted of 51 (33%) career paediatricians and 88 (58%) general practice trainees, with 13 (9%) doctors specifying other career intentions. Thirty of the 152 hospitals were attached to medical schools.

The overall mean score for perceived work intensity (table 2) was 6·5. There was a noticeable difference between teaching and non-teaching units (mean score of 7·3 *v* 6·3), but this was less apparent between career and non-career paediatricians (mean score 6·7 *v* 6·4). The overall

Table 1 Hospitals approached by health region

	Health region	*No interviewed (contacted)*
1	East Anglia	6 (6)
2	Oxford	6 (10)
3	Mersey	8 (8)
4	Northern	15 (17)
5	North West	13 (15)
6	South West	12 (12)
7	North West Thames	8 (14)
8	South West Thames	5 (12)
9	South East Thames*	14 (19)
10	North East Thames	12 (18)
11	Trent	14 (14)
12	Wales	11 (11)
13	Wessex	5 (9)
14	West Midlands	14 (15)
15	Yorkshire	9 (9)
Total		152 (189)

*Includes two London postgraduate teaching centres.

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Table 2 Comparison of mean scale rating scores among senior house officers in paediatrics

Work related category	Overall score	Career	Non-career	Teaching	Non-teaching
Intensity	6·5	6·7	6·4	7·3	6·3
Satisfaction	6·3	6·5	6·1	6·5	6·3
Training	5·4	5·6	5·3	5·8	5·3
Social life	4·0	3·9	4·0	4·3	4·0

Table 3 Number (%) of senior house officers selecting specialties among two most busy*

Specialty	Most busy at SHO grade (%)	Most busy at consultant grade (%)
Paediatrics	97/150 (65)	102/148 (69)
Obstetrics	94/150 (63)	66/148 (45)
Medicine	71/150 (47)	26/148 (18)
Surgery	14/150 (9)	58/148 (39)
Anaesthetics	13/150 (9)	37/148 (25)
Geriatrics	10/150 (7)	2/148 (1)
Ophthalmology	1/150 (1)	3/148 (2)
Dermatology	0/150	2/148 (1)

*To nearest 1%.

mean job satisfaction score was 6·3 and showed minor differences between teaching/non-teaching and career/non-career groups (6·5 *v* 6·3 and 6·5 *v* 6·1 respectively).

The overall mean score for in-post training was 5·4. Scores varied widely between posts, with 32% (48/152) recording a below average score. Teaching hospital posts scored slightly higher than non-teaching posts (mean score 5·8 *v* 5·3). The social life of paediatric SHOs had deteriorated in 60% (91/152) of cases, with a mean score of 4 for the whole group.

The post of SHO in paediatrics was seen as one of the two most busy posts by 65% (97/150) of interviewees who felt able to answer this question (table 3); this was the highest percentage for any specialty and was followed by obstetrics (63%) and general medicine (47%). However, paediatric SHOs saw consultants in paediatrics as by far the most busy of all specialists, identified as such by 69% (102/148), with the nearest specialty – obstetrics – at 45% (66/148). A high workload was therefore perceived at both SHO and consultant grade, with a relative increase in consultant workload compared with other specialties. Forty per cent of general practice trainees stated that they would consider a further post in paediatrics.

Discussion

The widely held belief that paediatrics is a busy but satisfying speciality has been reinforced. The majority of SHOs saw themselves as being in one of the busiest specialties, and consultant paediatricians were viewed as particularly busy. This must be a concern from the point of view of recruitment into the specialty. Onerous hours and workload at consultant grade are by no means peculiar to paediatrics but the perceived relative increase in workload from SHO to consultant grade is likely to act as a deterrent to junior paediatricians continuing in paediatrics. The high proportion of female doctors in paediatrics might mean that many junior paediatricians may view combining a career and satisfactory family life as unattainable. The number of part time training posts in paediatrics are few, but increasing.

In our group, almost a third reported below average levels of in-post training. Any improvements in this area might increase job satisfaction and affect recruitment to higher grades. The fact that so many general practice trainees commented that they would consider a further post in paediatrics was encouraging. These doctors represent a potentially valuable source of future paediatricians.

Social life scores were low. Paediatric SHOs had generally experienced a decline in their social life since taking up post. Only nine (6%) were currently working a shift system and the situation may improve as more shifts are introduced.

Recent proposals to create junior/senior specialist divisions,[3] while serving to reduce hours at the most junior level, may add to the current perception of consultant paediatrician being a particularly busy post. After working first on-call as juniors, periods at registrar and senior registrar follow when paediatricians are often resident second on-call. Juniors' perceptions of the work intensity required from consultant paediatricians may deter many from pursuing a career in the specialty. Whether an increase in consultant numbers will prevent this remains to be seen.

1 The Standing Committee of Members of the Royal College of Physicians. Training to be a physician ... paediatrics. *J R Coll Physicians Lond* 1986; **20**: 112–3.
2 MacFaul R. Paediatric medical manpower. *Arch Dis Child* 1993; **68**: 70–2.
3 Dillner L. NAHAT urges rethink on medical training. *BMJ* 1992; **305**: 735.

Appendix 1

Questionnaire format
General information:
1. Sex
2. Career paediatrician/general practice trainee/other
3. Married/unmarried

Specific questions:
1. Scale rating questions (see proforma – appendix 2)
   (A) Work intensity
   (B) Job satisfaction
   (C) In-post training
   (D) Social life
2. Specialty comparison questions
   From the following list please select the two specialties you perceive as being most busy at:
   (a) Senior house officer grade
   (b) Consultant grade
   Ophthalmology, anaesthetics, paediatrics, general medicine, general surgery, dermatology, geriatric medicine, obstetrics
3. Are you currently working a shift system or rota?
4. Would you consider another post in paediatrics? (general practice trainees only)

Appendix 2

Proforma for delivery of scale rating questions
(A) Work intensity:
If your perception of an 'average' post rated 5 on a scale of 1–10 (where 1 is extremely quiet and 10 extremely busy) where on that scale would you rate your current post?
(B) Job satisfaction:
How would you rate the level of satisfaction with your post on a scale rating of 1–10 (where 1 is completely dissatisfied and 10 is totally satisfied)?
(C) In-post training:
How would you rate the level of in-post training you are receiving on a scale of 1–10 (where 5 is an average amount, 1 is extremely poor, and 10 extremely good)?
(D) Social life:
Do you perceive any change in your social life since commencing this post? On a scale rating of 1–10 a score of 5 would represent no change, 1 a severe deterioration, and 10 a vast improvement.