

# General practice careers: changing experience of men and women vocational trainees between 1974 and 1989

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**SUMMARY.** *The aim of this study was to consider the careers pursued by men and women general practitioner trainees following the completion of their training, and to assess changes since 1974. It was based on a postal questionnaire survey involving 995 doctors who had completed general practice vocational training in the Oxford region between 1974 and 1989. A total of 796 doctors replied to the questionnaire (498 men and 298 women, overall response rate 80%). The vast majority of ex-trainees were working in general practice at the time of the survey (men 87%, women 71%). Women were less likely to have become principals than men (75% versus 97%). Most women (71% of those completing training before 1988) reported at least one period of non-employment. While the duration of maternity leave dropped only slightly during the 15 years studied, the length of voluntary and involuntary unemployment experienced by women fell markedly. Men experienced little unemployment with no change in length of unemployment over time. Considerably fewer women than men (6% versus 13%) had become involved in teaching or training. The degree of difficulty in choosing and following a general practice career remained constant over time for women. In contrast there was a significant increase in the difficulties experienced by men. The proportion of men and women completing training in 1984–89 who found following a general practice career 'difficult or very difficult' was similar (10% of men, 13% of women). The possibility of improving these experiences, particularly by encouraging flexibility in the early years after completion of training, is discussed.*

**Keywords:** *career choice; career opportunity; general practitioners.*

## Introduction

VOCATIONAL training for general practice is now well established in the United Kingdom. Legislation was passed

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in 1979 requiring such training from 1981 onwards but many vocational training schemes began well before that time. Vocational training in the Oxford region began in the early 1970s and this paper describes the career experience of the men and women who completed their training in the Oxford region between 1974 and 1989.

Two decades ago vocational training was considered to be an expensive gamble. It is now generally accepted that the gamble paid off – general practice vocational training has attracted able applicants and has had a major influence on the development of primary medical care in the UK.<sup>1</sup> However, there has recently been a fall in the number of applicants for general practice vocational training, and it has been suggested that this reflects uncertainty about career prospects in general practice.<sup>1</sup> There is particular anxiety about the ability of women to find practice partnerships in general practice.<sup>2</sup> This issue has become increasingly important as the proportion of women trainees has increased (in the Oxford region from approximately 30% in the 1970s to 50% in the 1980s; Hasler J, personal communication).

Although there have been a number of reports on the experiences of ex-trainees, only three have considered large samples. North surveyed a national sample of trainees over a period of up to 18 months after training was completed.<sup>3</sup> He reported that at the end of the period 63% of ex-trainees were principals in general practice and a further 17% were working in general practice in another capacity. More recently, Kelly and Murray reported on the experiences of over 600 doctors who had completed their training in the west of Scotland over a period of 20 years.<sup>4</sup> They reported that 85% were working in general practice at the time of the study and that one third had been unemployed at some stage. Finally, in 1989 Osler studied the experiences of trainees from one region of England (East Anglia) who had completed their training between 1981 and 1987.<sup>5</sup> She found that 89% of men and 71% of women were working in general practice posts, with 6% of the women either on maternity leave or caring for children while being without paid employment.

The study presented here took place at a similar time to that of Osler and also considers the experience of trainees from one region in England. This study was designed to examine whether changes in the experiences of vocational trainees over a period of 15 years could provide useful information for the planning of training in the future.

## Method

The study was carried out between June 1990 and March 1991 and was based on those doctors who were recorded at the postgraduate medical school offices in Oxford as having completed their general practice vocational training in the Oxford region between 1974 and 1989. All 1047 doctors were sent a questionnaire to their last recorded address. Questionnaires were sent on up to two further occasions to non-respondents, the address having been crosschecked with the entry in the *General medical register* for 1990.

The questionnaire contained a career diary asking for information up to December 1989 along with five short questions about factors that might have affected their career choice. Respondents were also invited to make free text comments about their training or subsequent careers.

Of the 1047 doctors identified, 49 were found from the questionnaire to be ineligible for the study — 37 because they had not completed their training by December 1989, 11 because they had left without completing their training and one who had not been a vocational trainee. This left 998 doctors who were eligible for inclusion in the survey. Of those who had moved abroad three doctors could no longer be contacted leaving 995 who were both eligible for the study and potentially contactable. Respondents were defined as those who completed the career diary part of the questionnaire. A total of 796 replies were received that fulfilled this criterion (response rate of 80.0%). A number of respondents did not complete all the additional questions about career choice.

The results are presented separately for men and women. When analysed the data showed that more than 90% of trainees who become principals do so within two years of completing their training and that many women trainees take maternity leave and voluntary unemployment at this stage. Therefore trainees who completed their training within two years of the end of the survey period (1988–89) are presented as one group while those completing their training prior to 1988 are divided into three approximately equal groups of five, five and four years, respectively.

Statistical significance of differences between proportions was assessed using the chi square test. The Mantel Haenszel chi square test was used when stratified populations were compared and the Kruskal Wallis test when median values for time intervals were compared between cohorts. Confidence intervals were calculated using the confidence interval analysis programme.<sup>6</sup>

**Results**

There were no significant differences between respondents and non-respondents in terms of age or sex. The mean age of respondents at December 1989 was 36.3 years; 498 were men and 298 women. There were small differences in the response rate according to year of qualification, which varied from 72.6% of the 95 doctors qualifying before 1971 to 86.6% of the 254 qualifying in the period 1971–75. The proportion of women trainees rose from 28.0% of the 164 trainees completing their training in 1974–78 to 48.6% of the 142 trainees completing their training in 1988–89.

*Employment status*

The employment status of respondents in December 1989 is

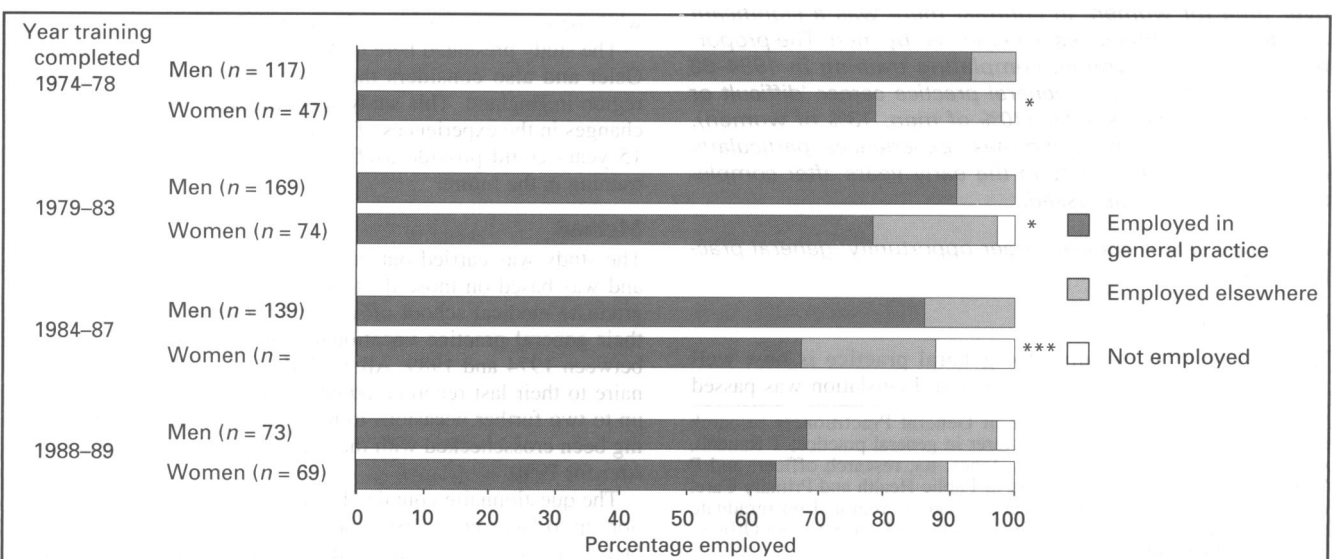
shown in Figure 1. The not employed category includes voluntary or involuntary unemployment and maternity leave; employed elsewhere includes other branches of medicine, non-medical employment and employment abroad. The vast majority of trainees enter general practice. When the employed elsewhere and not employed categories were combined and compared with the employed in general practice category there were significant differences between the men and women for all the cohorts except the 1988–89 group (Figure 1).

The percentage of men employed elsewhere was significantly higher in the 1988–89 cohort than in the earlier cohorts combined (28.8% versus 9.9%; difference 18.9%, 95% confidence interval (CI) 8.1% to 29.6%,  $P < 0.001$ ), but no such difference was seen for the same cohorts of women. Very few men or women were not employed; although 12.0% and 10.1% of women in the 1984–87 and 1988–89 cohorts, respectively, were not employed this was mainly for reasons of childbirth and child care (free text comments) and only one woman from the 1974–78 cohort was not working in December 1989.

Of those defined as employed elsewhere, one man and one woman were so defined because they completed their vocational training in December 1989. This left 62 men (12.4%) and 62 women (20.8%) who had completed their training and were working outside UK general practice. Twenty three of the 62 men (37.1%) and 21 of the 62 women (33.9%) were working in hospital medicine; three men (4.8%) and two women (3.2%) were working in community medicine; one man (1.6%) and 16 women (25.8%) were working in community health and 20 men (32.3%) and 13 women (21.0%) were working overseas. Fifteen men (24.2%) and 10 women (16.1%) were working in the UK in work not related to the provision of health care, for example, the pharmaceutical industry.

*Non-employment*

Table 1 records periods of non-employment lasting for one month or more for all the respondents, irrespective of their employment status in December 1989. Overall, 93 men (18.7%) reported at least one period of non-employment, almost all of which was voluntary. The majority of women (185, 62.1%; 162, 70.7% of the 229 women completing training before 1988) had had at least one period of non-employment, mainly as maternity leave or voluntary unemployment. The percentage of women experiencing involuntary unemployment was significantly higher



**Figure 1.** Employment status of respondents in December 1989 (n = number of respondents in group; \*\*\* $P < 0.001$ , \* $P < 0.05$  for men versus women when employed elsewhere and not employed were combined and compared with employed in general practice).

than in men (9.4% versus 3.2%; difference 6.2%, 95% CI 2.5% to 9.8%,  $P < 0.001$ ).

For those doctors experiencing at least one period of voluntary or involuntary unemployment the median number of months absent was virtually constant for the four cohorts of men (1.9, 2.0, 2.0 and 2.0 months, respectively) while for the four cohorts of women the median number of months absent showed a steady decline (12.0, 7.0, 6.0 and 3.9 months, respectively). However, the median number of months taken by women for maternity leave dropped only slightly (6.6, 6.1, 5.6 and 4.1 months, respectively).

*Status in general practice*

The employment status of those working primarily in general practice in December 1989 is shown in Figure 2. Figure 2 excludes one man (1974–78 cohort) and one woman (1979–83 cohort) who were working exclusively in academic general practice without a formal practice appointment. The vast majority of men (96.8%) were principals; 74.9% of women were principals. When the non-principal categories were combined and compared with the principal category there were significant differences

between men and women for all the cohorts (Figure 2).

Of those doctors who had become principals, the median times between completion of training and becoming a principal were 1.0, 3.0, 4.0 and 3.0 months for the four cohorts of men, respectively and 5.5, 8.5, 4.5 and 3.0 months for the four cohorts of women. There was a significant difference between cohorts for both men and women (Kruskal Wallis test  $P < 0.01$  for both men and women) but no significant trend across the cohorts.

*Part time and full time employment*

Based on their employment status in December 1989, 487 of the 498 men (97.8%) were working full time (defined as nine or more sessions per week), nine (1.8%) were working part time (defined as up to eight sessions per week) and two (0.4%) were not employed. Of the 298 women 154 (51.7%) were working full time, 121 (40.6%) part time, and 23 (7.7%) were not employed.

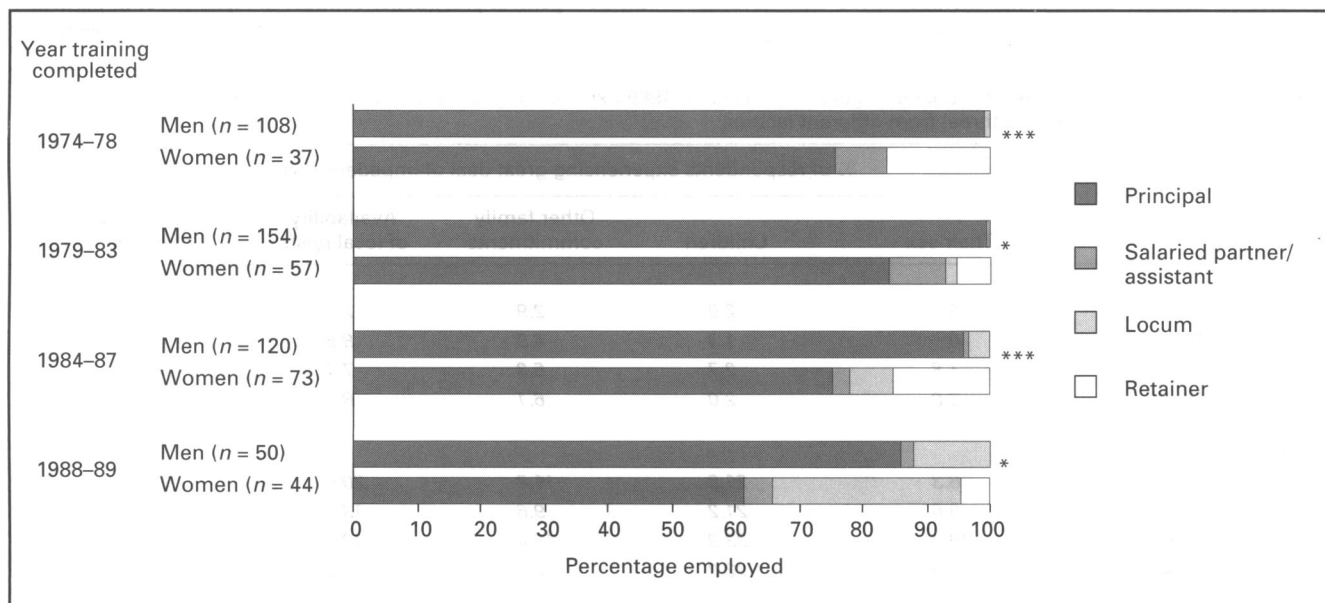
*Choice and satisfaction*

Four questions were asked about ease of choosing and following a career and the extent of current job satisfaction. The first question asked the respondents to rate the degree of contentment felt

**Table 1.** Periods of non-employment and maternity leave, lasting at least one month, since completion of training.

Year training completed	% of respondents reporting:			
	Maternity leave <sup>a</sup>	Voluntary unemployment	Involuntary unemployment	Any non-employment
<i>Men</i>				
1974–78 (n = 117)	–	8.5	1.7	10.2
1979–83 (n = 169)	–	20.7	4.1	23.7
1984–87 (n = 139)	–	12.2	4.3	15.8
1988–89 (n = 73)	–	24.7	1.4	26.0
<i>Women</i>				
1974–78 (n = 47)	55.3	38.3	12.8	68.1
1979–83 (n = 74)	54.1	25.7	13.5	68.9
1984–87 (n = 108)	50.0	32.4	10.2	73.1
1988–89 (n = 69)	18.8	15.9	1.4	33.3

n = number of respondents in group. <sup>a</sup>Paid or unpaid.



**Figure 2.** Employment status of respondents working in general practice in December 1989 (n = number of respondents in group; \*\*\* $P < 0.001$ , \* $P < 0.05$  for men versus women when all non-principal categories were combined and compared with principal category).

for their present post using a scale of one, very content, to five, very discontent. Of the 772 doctors responding to this question 10.0% felt discontent or very discontent with their present post. There were no significant trends across the cohorts in men or women whether they were employed in general practice or outside general practice.

The second question asked the respondents whether or not they were doing the job that they would most like to do using a scale of one, yes completely, to five, not at all. Of the 770 doctors responding 10.6% stated that they were not doing the job they would like to do (four or five on the scale). Again there were no significant trends across the cohorts in men or women whether they were working in general practice or outside general practice.

Table 2 presents the results for the other two questions regarding career choice and career satisfaction (scale of one, very difficult, to five, very easy). The results, presented solely for those who were working in general practice in December 1989, demonstrate that many respondents faced problems in making a career choice. The only significant trends with time were that increasingly more men in general practice found it difficult both to choose their career and to follow it. For women there was no significant change in the proportion finding difficulty in choosing and following a career with time. Overall, significantly more women found it difficult to follow their chosen career than men, although the proportions of men and women from the two most recent cohorts combined (1984–89) were similar (10.4% of men, 13.0% of women).

Significantly more of the 124 doctors working outside general practice in December 1989 than of the 645 working in general practice had difficulty in choosing (37.6% versus 12.7%; difference 24.9%, 95% CI 16.5% to 33.3%,  $P < 0.001$ ) and following their career (21.6% versus 9.4%; difference 12.2%, 95% CI 5.0% to 19.4%,  $P < 0.001$ ).

Table 3 shows the extent to which specific factors had impeded the career choice of respondents and again presents data only for those working in general practice in December 1989. Significantly more women than men experienced a great deal of impedance for all the factors cited. There were no significant trends across the cohorts for any of the factors for either men or women. Because no direct question was asked about family structure or size, the denominator includes those who have no children. Thus, the estimate of the difficulties associated with

**Table 2.** Percentage of respondents working in general practice in December 1989 finding it difficult or very difficult to choose a satisfying medical career and to follow their chosen career.

Year training completed	% of respondents finding it difficult or very difficult	
	Choosing career	Following career**
<i>Men</i>		
1974–78 (n = 107)	6.5	1.9
1979–83 (n = 150)	10.7	7.3
1984–87 (n = 116)	14.7	11.3 <sup>a</sup>
1988–89 (n = 50)	16.0*	8.2 <sup>b*</sup>
<i>Women</i>		
1974–78 (n = 37)	13.5	16.2
1979–83 (n = 55)	20.0	14.3 <sup>c</sup>
1984–87 (n = 71)	15.5	16.9
1988–89 (n = 44)	11.4	6.8

n = number of respondents in group. <sup>a</sup>n = 115. <sup>b</sup>n = 49. <sup>c</sup>n = 56. \*\* $P < 0.01$  (Mantel Haenszel chi square test for men versus women). \* $P < 0.05$  (trend).

children is an underestimate.

#### Teaching and academic careers

Of those working in general practice in December 1989, 56 men (12.9%) and 13 women (6.1%) had become a tutor, trainer or course organizer, or had worked in a university department of general practice at some stage during their careers.

#### Spontaneous comments

Of the respondents working in general practice in December 1989, 202 made a total of 211 spontaneous comments about their experience of training or of general practice. A further 76 comments were made by 75 respondents who were not working in general practice or were not employed.

Of the comments made by those working in general practice the issue most frequently mentioned (42 comments) was the extent of difficulty experienced as a result of the imposition of the new general practitioner contract in April 1990, in particular the increased paperwork. The second most frequently mentioned

**Table 3.** Percentage of respondents working in general practice in 1989 experiencing a great deal of impedance to their career choice (rating of three on scale of zero to three) from different factors.

Year training completed	% of respondents experiencing great deal of impedance owing to:				
	Their sex	Children	Other family commitments	Availability of local posts	Inflexibility of hours
<i>Men</i>					
1974–78 (n = 101–103)	0	2.0	2.9	2.9	2.0
1979–83 (n = 140–143)	0	1.4	4.9	8.5	2.1
1984–87 (n = 112–113)	1.8	2.7	5.3	7.1	4.5
1988–89 (n = 48–49)	2.0	2.0	6.1	8.3	4.2
<i>Women</i>					
1974–78 (n = 31–34)	6.3	21.9	11.8	20.6	16.1
1979–83 (n = 52)	9.6	21.2	9.6	13.5	17.3
1984–87 (n = 66–67)	10.4	33.3	13.4	13.4	20.9
1988–89 (n = 41–42)	9.5	22.0	12.2	14.3	21.4
Chi square	24.4***	77.6***	9.1**	9.7**	40.2***

n = range of number of respondents in group. \*\*\* $P < 0.001$ , \*\* $P < 0.01$  (Mantel Haenszel chi square test for men versus women).

the increased paperwork. The second most frequently mentioned issue (35 comments) concerned the conflicts between career and family life, particularly in moulding a career to fit in with that of a spouse or with a family — 20 similar comments were made by those working outside general practice, and five by those not employed in December 1989.

Twenty of those working in general practice stated that they had had no problems finding their initial practice partnership, 18 commented that they had experienced problems with a practice partnership during their career, 15 that they found their workload onerous and 12 made comments about experiences of sexual discrimination (all but one of the 12 were women doctors). Of those working outside general practice 12 commented that they planned to return to general practice in the long term. No other comments were made by more than 10 respondents.

### Discussion

The 80% response rate achieved in this study is high and it compares favourably with other studies.<sup>3,4</sup> The results are broadly consistent with previous studies in terms of overall employment levels and career outcome.<sup>3,5</sup> In particular, the proportions of men and women working in general practice and who are principals found here are almost identical to those reported by Osler.<sup>5</sup> This suggests that the career experiences reported are representative of the UK as a whole rather than being peculiar to the Oxford region.

In line with other reports<sup>4,5</sup> the vast majority of ex-trainees from the Oxford region continue in general practice. Those not following a career in general practice pursue mainly medically related careers outside hospital or general practice. Few apparently return to a hospital career, perhaps reflecting satisfaction with community based work or the feeling that once they have left they cannot return.

This study has shown that once in general practice women were somewhat less likely than men to become principals. However, approximately 80% of the women completing their training before 1988 did become principals. This is higher than the 65% reported by Osler,<sup>5</sup> a level which is similar to that achieved by the 1989–90 cohort in this study. Thus, it may well be that some of the difference between these two studies is simply a cohort effect — the overall proportion of women becoming principals being reduced by a number of women taking time out early in their careers.

In contrast to the report of Wakeford and Warren<sup>2</sup> many women in this study had experienced periods of voluntary or involuntary unemployment. However, the duration of such unemployment has gradually decreased over the past 15 years. This may be caused by a simple cohort effect. Alternatively it may represent a true reduction in the amount of unemployment experienced by women — perhaps because general practice itself has become more adaptable to child care and other family commitments or because child care facilities in the community have improved thus allowing women to return to unadaptable work at an earlier stage.

A far smaller proportion of men had experienced unemployment; most of those who had done so had taken it on a voluntary basis. Furthermore, over the 15 years there had been no significant change in the likelihood of unemployment for men, nor any increase in the time taken to become a principal. Despite these findings men reported increasing difficulty over the 15 years in choosing and following a general practice career; no such trends were seen for women. Part of the explanation for this may lie in women being increasingly successful in the competition for posts. This is an area that deserves further examination particularly as it may have a bearing on the recent decline in applicants for vocational training.<sup>1</sup>

Women did however, have more difficulty following their career than men. This was highlighted by the finding that women felt significantly more impeded in their careers by all the factors considered. This is consistent with Allen's report,<sup>7</sup> based on personal interviews, that there are more external constraints on women doctors. It is perhaps, therefore, surprising that women found no more difficulty in choosing their careers than men. It may be that the factors considered only begin to impede the careers of women after they have made their career choice. In addition, some women may choose general practice because it is perceived as being more flexible to the demands of having and bringing up children, but the reality of following general practice as a career may be somewhat different. The high proportion of those working outside general practice who reported difficulty in choosing a career suggests that their difficulties started early on and this may reflect a different problem altogether. Once again this is an area worthy of further examination.

Young doctors appear to face many problems after completion of training. Men appear to find it difficult to follow their careers and women are likely to take time out or take on posts that are less than ideal to prevent unemployment. Flexibility of employment may well be the key to solving many of their problems. The present general practitioner contract is open to flexible working arrangements — it is up to general practitioners and family health services authority managers to interpret the contract to encourage flexibility, both in terms of working hours and of the need for some doctors to move on to other posts.

Perhaps the time has come to look again at the concept of immediate partnership. Its main advantage is security for both parties. However, there are disadvantages. First, some doctors may feel that they are forced to commit themselves, and their families, to long term contracts with large financial commitments before they are sure that the post is right. Secondly, the contracts agreed to may make it difficult for doctors with other commitments to be flexible, both in the hours worked and in geographical mobility. It is interesting that no other profession offers immediate partnership. A possible alternative would be short term associate principal posts, allowing principal status to be achieved but with no large financial input by the incoming principal. Such posts would allow the degree of flexibility that seems to be needed until all parties feel ready to commit themselves.

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