

## Motivation and satisfaction in GP training:

a UK cross-sectional survey

### Abstract

#### Background

Recruitment to general practice has had periods of difficulty, but is currently going through a phase of relative popularity in the UK.

#### Aim

To explore motivators for career choice and career satisfaction among UK GP trainees and newly qualified GPs.

#### Design and setting

Cross-sectional web-based questionnaire of GP trainees and GPs within the first 5 years of qualification in the UK.

#### Method

All 9557 UK GP trainees and 8013 GPs who were within the first 5 years of qualification were invited to participate by email. Further publicity was conducted via general practice publications and the internet.

#### Results

Overall, there were 2178 responses to the questionnaire (12.4% response rate, 61.5% women, 61.8% trainees). Levels of satisfaction were high, with 83% of responders stating that they would choose to be a doctor again; of these, 95% would choose to be a GP again. The most frequently cited reason for choosing general practice was 'compatibility with family life', which was chosen by 76.6% of women and 63.2% of men ( $P < 0.001$ ). Other reasons given were: 'challenging medically diverse discipline' (women 59.8%, men 61.8%,  $P = 0.350$ ), 'the one-to-one care general practice offers' (women 40.0%, men 41.2%,  $P = 0.570$ ), 'holistic approach' (women 41.4%, men 30.1%,  $P < 0.001$ ), 'autonomy and independence' (women 18.0%, men 34.8%,  $P < 0.001$ ), 'communication' (women 20.6%, men 12.2%,  $P < 0.001$ ), 'negative experiences in hospital' (women 12.8%, men 9.8%,  $P = 0.036$ ), and 'good salary' (women 7.8%, men 14.9%,  $P < 0.001$ ).

#### Conclusion

The most important reason for both women and men choosing general practice as a career in the UK is its compatibility with family life. As such, changes to UK primary care that decrease family compatibility could negatively impact on recruitment.

#### Keywords

career choice; family practice; job satisfaction; medical education; motivation; questionnaires.

### INTRODUCTION

There have been many changes to postgraduate medical training in the UK over recent years, which have meant that many doctors have had to choose their specialty earlier in their careers than before.<sup>1</sup> Many choose general practice as a career, but for various reasons.<sup>2,3</sup>

With the specialty being negatively portrayed, recruitment to general practice has, at times, been difficult. Choosing a career in general practice may occur for lifestyle, rather than professional aspirations.<sup>2,3</sup> A survey of UK medical graduates of 2002 showed that only 22.7% expressed a preference for a long-term career in general practice, fewer than in previous years,<sup>4</sup> despite the fact that around 50% of UK medical graduates will become GPs.<sup>5</sup> Similar findings were shown in a recent survey of 1780 medical students in France, in which only 20% expressed an interest in general practice.<sup>6</sup>

Since these studies were performed there have been major reforms in postgraduate medical education in the UK, with the introduction of a 2-year foundation programme for all newly qualified doctors. General practice training in the UK has also changed, with the recent introduction of the Royal College of General Practitioners' (RCGPs') curriculum<sup>7</sup> and compulsory MRCGP (Member of the RCGP) examination. The distribution of training placements has also changed, with an

increasing amount of time spent in the general practice environment. As well as changes to training, there have been changes to general practice working patterns, including the new General Medical Services contract. Introduced in 2004, this allowed GPs to opt out of 24-hour care while, at the same time, increasing remuneration for most practitioners.

Surveys of GP trainee satisfaction and motivation for career choice have not been performed since these changes to working patterns and GP training were introduced. General practice specialty training in the UK currently has around two applicants to each vacancy;<sup>8</sup> reasons for choosing general practice as a specialty among current trainees and newly-qualified GPs have not been explored. This is of particular relevance given that changes to the working practices of UK GPs are likely in the near future, following publication of the NHS White Paper, *Equity and Excellence: Liberating the NHS*.<sup>9</sup> These changes may impact on GP recruitment and retention in the UK. The aim of this questionnaire was to explore:

- reasons for choosing general practice; and
- satisfaction with that choice among GP trainees and GPs within the first 5 years of practice after having completed their training.

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## How this fits in

Recruitment to general practice has had periods of difficulty in the past. Previous studies looking at motivation revealed a perception that general practice had inferior clinical content but a superior lifestyle than hospital medicine, with the choice of general practice as a career often based on negative judgements. Current GP trainees and newly qualified GPs choose general practice primarily for its compatibility with family life. Levels of career satisfaction among trainee and newly-qualified GPs are high.

The questionnaire was performed as part of a Europe-wide Vasco da Gama Movement survey of GP training, which was distributed in seven European countries (Czech Republic, Denmark, Germany, Italy, Norway, Portugal, and the UK).<sup>10</sup>

## METHOD

### Participants

All GP associates in training (AiTs) and all GPs within the first 5 years of qualification (First5s) in the UK were approached to participate in the study.

### Questionnaire design

The questionnaire was developed in English by the education and training theme group of the Vasco da Gama Movement in 2006. It was then modified in 2007, following discussion and feedback from members of the European Academy of Teachers in General Practice (EURACT) and European General Practice Research

Network. In 2008, a panel test using structured feedback forms was performed by 30 trainees and young GPs from five European countries for further refinements; in the same year a feasibility pilot was performed with 204 GP trainees from 14 European countries.<sup>11</sup> The UK group then made further minor linguistic modifications to the questionnaire, which had been originally developed by non-native English speakers. This UK version of the questionnaire was locally piloted using a focus group of 10 GP trainees from the Bristol GP speciality training programme.

The questionnaire was structured in two parts: the first focused on questions regarding motivation and satisfaction with GP training, the second looked at the satisfaction and coverage of the EURACT educational agenda within the GP training scheme.<sup>12</sup> The survey materials used in this study are available from the authors.

### Recruitment

Recruitment was carried out between May and July 2010. As of 2007, all GP trainees in the UK are registered with the RCGP as AiTs; all were invited to participate via email, as were all RCGP-registered First5s. A second reminder email was sent 2 months after the first. Other routes of publicity were used, including articles in general practice publications (*RCGP News*, *InnovAiT*, the AiT journal); electronic methods (Twitter, doctors.net postings, Google groups, and the RCGP Seven Days e-bulletin); and via a link on the RCGP ePortfolio login page. Members of the RCGP Junior International Committee and AiT local representatives also promoted publicity in their local areas. An incentive of RCGP bookstore vouchers to the value of £100 was offered as a prize to one randomly selected participant.

### Analysis

Anonymous data were collected by researchers at the Department of General Practice, University Hospital Heidelberg, Germany. Analysis was performed using Stata (version 10).

## RESULTS

Overall, there were 2178 responders to the questionnaire, giving a response rate of 12.4%. Table 1 shows the characteristics of these responders compared with the overall characteristics of the target population. The demographics of the sample are broadly representative of the AiT and First5s population.

Satisfaction with career choice was high,

**Table 1. Sample and responders' characteristics**

Characteristics		Total population n (%)	Responders n (%)
<b>AiTs (GP trainees)</b>		9557 (54.4)	1345 (61.8)
Sex	Women	5868 (61.4)	864 (64.2)
	Men	3689 (38.6)	481 (35.8)
Age, years	<29	4197 (43.9)	679 (50.5)
	30–34	3423 (35.8)	428 (31.8)
	35–39	1288 (13.5)	147 (10.9)
	≥40	649 (6.8)	91 (6.8)
<b>First5s</b>		8013* (45.6)	833 (38.2)
Sex	Women	4612 (57.6)	489 (58.7)
	Men	3401 (42.4)	344 (41.3)
Age, years	<29	253 (3.2)	73 (8.8)
	30–34	4412 (55.1)	487 (58.5)
	35–39	2197 (27.4)	185 (22.2)
	≥40	1151 (14.4)	88 (10.6)
Total		17 570	2178

\*Information about total population of First5s only includes those newly qualified GPs who are registered with the Royal College of General Practitioners. AiT = GP associates in training. First5 = GPs within the first 5 years of practice after completing their qualification.

**Table 2. Motivators for choosing general practice as a specialty (n = 2178)**

Reason	Men		P-value	AiTs		P-value
	n = 825, n (%)	Women n = 1353, n (%)		n = 1345, n (%)	First5s n = 833, n (%)	
Compatibility with family life	521 (63.2)	1037 (76.6)	<0.001	1003 (74.6)	555 (66.6)	<0.001
Challenging medically diverse discipline	510 (61.8)	809 (59.8)	0.350	781 (58.1)	538 (64.6)	0.002
The one-to-one care general practice offers	340 (41.2)	541 (40.0)	0.570	534 (39.7)	347 (41.7)	0.370
Holistic approach to patients	248 (30.1)	560 (41.4)	<0.001	472 (35.1)	336 (40.3)	0.014
Autonomy and independence	287 (34.8)	244 (18.0)	<0.001	320 (23.8)	211 (25.3)	0.420
Emphasis on communication skills	101 (12.2)	279 (20.6)	<0.001	253 (18.8)	127 (15.2)	0.033
Negative experiences in hospital	81 (9.8)	173 (12.8)	0.036	168 (12.5)	86 (10.3)	0.130
Good salary	123 (14.9)	105 (7.8)	<0.001	147 (10.9)	81 (9.7)	0.370

Values are absolute numbers (percentages). Reasons not shown (those chosen by <10% of responders) were: 'it was the specialty left after I ruled out other options' (5.0%), 'good chance to find work' (4.7%), 'role models (for example, parents)' (3.7%), 'private reasons (unemployment, pregnancy)' (2.5%), 'opportunity to get/inherit a practice' (1.0%), 'did not get specialty training because of my grades' (0.3%), 'other reasons' (7.0%). No differences for sex or stage of training were seen for these options. AiT = GP associate in training. First5 = GPs within the first 5 years of practice after completing their qualification.

with 83% of responders answering that they would choose to be a doctor again; of these 95% said they would choose to be a GP again. In terms of satisfaction with career choice, no sex differences or differences between AiTs and First5s were observed (data not shown).

Participants were asked 'why did you choose to specialise in general practice?' and were asked to pick the three most important reasons out of a list of 16 options (including a free-text option for 'other reasons'). Results for all options chosen by over 10% of responders are shown in Table 2, broken down by sex and stage in training.

Significant sex differences in six of the top eight reasons for choosing general practice as a career were found, with 'family compatibility', 'holistic approach', and 'communication' being more frequently chosen by women, and 'autonomy and independence' and 'good salary' more frequently chosen by men. Although only 11.7% of the sample chose general practice because of negative experiences in hospital, this was more common among women than men (12.8% versus 9.8%).

Qualified GPs were more likely to cite 'challenging medically diverse discipline' as a motivator than GP trainees (64.6% versus 58.1%) and less likely to cite 'compatibility with family life' (66.6% versus 74.6%).

## DISCUSSION

### Summary

In this large survey into motivation and satisfaction with UK GP training, the most popular reason for choosing general practice as a career was its compatibility with family life. Although this reason was cited by more women than men (76.6% versus 63.2%), it was the most popular reason given by men. Of interest is the fact that more GP trainees were motivated by family compatibility than qualified GPs (74.6% versus 66.6%), perhaps suggesting that this motivator might be even more important to qualified GPs in the future.

Other common reasons for choosing general practice as a specialty included:

- the challenge and diversity it provides;
- the one-to-one care involved;
- holistic care;
- autonomy and independence; and
- communication aspects.

All these reasons are strongly 'positive' motivators for making this career choice; 'negative' reasons such as 'did not get specialty training because of my grades' and 'it was the specialty left after I ruled out other options' were chosen by few. Interestingly, only 7.8% of women and 9.7% of men were motivated to opt for a career in general practice because of a good salary; this challenges the notion that a rise in the number of applicants to general practice has been driven by increases in GP wages.

High levels of satisfaction were found with general practice as a career choice in all the groups studied.

### Strengths and limitations

To the authors' knowledge, this is the largest survey of GP trainees and newly-qualified GPs that looks at motivators for choosing general practice as a career, and satisfaction with it. The sample of over 2000 people is broadly representative of the demographics of the population of GP trainees and First5s in the UK. The response rate of 12.4% is reasonable for an email questionnaire, but it may well have given non-response bias, with both satisfied and disaffected groups more likely to respond than those who are neutral; it is, therefore, difficult to know whether any overall bias is likely to be towards positive or negative viewpoints.

A further limitation was having email addresses for RCGP-registered GPs only. Although other methods of recruitment

were used to include non-RCGP registered GPs, it is probable that they are under-represented in this sample. It is possible that RCGP members represent a group who, as a whole, are more supportive of general practice as a discipline; as such, the under-representation of non-RCGP members introduces a possible source of bias to the current results.

#### **Comparison with existing literature**

Previous studies looking at the motivators for choosing general practice as a career have been mostly qualitative.<sup>2,13,14</sup> Interviews with junior doctors in 1997 revealed a perception that general practice had inferior clinical content but a superior lifestyle to hospital medicine; as such, choosing general practice as a career was often based on negative judgements.<sup>2</sup> This finding differs from the current results, which show that negative reasons for choosing general practice are relevant to only a minority of current trainees and newly qualified GPs.

The importance of lifestyle factors has been highlighted previously<sup>2,13,15</sup> but not as the main motivator for this career choice. A

1995 survey of GP registrars found that 91% considered having time for leisure activities to be an important factor when choosing a future career, and that 72% would have been glad to remove the requirement for 24-hour patient cover.<sup>16</sup> The recent changes in general practice working patterns that allow GPs to opt out of 24-hour cover may, therefore, have played an important role in the current relative popularity of general practice as a career choice.

Satisfaction levels were high in this survey, contrasting with a questionnaire from 2000, which showed that 70% of GP registrars expressed regret about choosing a career in medicine.<sup>15</sup>

#### **Implications for future research**

There are currently some two applicants to each vacancy for GP specialty training in the UK.<sup>8</sup> These data suggest that any politically driven changes to UK primary care that decrease the family compatibility of general practice, such as an increase GPs' out-of-hours commitments, have the potential to impact negatively on GP recruitment. Further qualitative studies to explore this may aid workforce planning.

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#### **Provenance**

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#### **Competing interests**

The authors have declared no competing interests.

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