

Reasons why doctors choose or reject careers in general practice:

national surveys

Abstract

Background

Less than one-third of newly qualified doctors in the UK want a career in general practice. The English Department of Health expects that half of all newly qualified doctors will become GPs.

Aim

To report on the reasons why doctors choose or reject careers in general practice, comparing intending GPs with doctors who chose hospital careers.

Design and setting

Questionnaire surveys in all UK medical graduates in selected qualification years.

Method

Questions about specialty career intentions and motivations, put to the qualifiers of 1993, 1996, 1999, 2000, 2002, 2005, 2008, and 2009, 1 year after qualification, and at longer time intervals thereafter.

Results

'Enthusiasm for and commitment to the specialty' was a very important determinant of choice for intending doctors, regardless of chosen specialty. 'Hours and working conditions' were a strong influence for intending GPs [cited as having had 'a great deal' of influence by 75% of intending GPs in the first year after qualification], much more so than for doctors who wanted a hospital career [cited by 30%]. Relatively few doctors had actually considered general practice seriously but then rejected it; 78% of the doctors who rejected general practice gave 'job content' as their reason, compared with 32% of doctors who rejected other specialties.

Conclusion

The shortfall of doctors wanting a career in general practice is not accounted for by doctors considering and rejecting it. Many do not consider it at all. There are very distinctive factors that influence choice for, and rejection of, general practice.

Keywords

career choice; general practice; medical education; workforce, medical.

INTRODUCTION

Up to 10 000 GPs in the UK may retire over the next 5 years and this will contribute to a shortfall of practising GPs.¹⁻³ Additionally, it has been difficult to recruit doctors to general practice in adequate numbers,^{4,5} as is also the case for some other specialties such as psychiatry and emergency medicine. The English Department of Health has set a target that at least half of specialty training posts in medicine should be in general practice.⁶ Other countries, too, have difficulty in recruiting enough GPs.⁷⁻¹¹

This article reports on some of the factors that influence junior doctors' choice for a career in general practice in the UK. It also reports on reasons why some junior doctors gave serious consideration to a career in general practice but then decided against it.

METHOD

For many years, the UK Medical Careers Research Group has undertaken surveys of all newly qualified doctors from all UK medical schools in selected year-of-qualification years. Questionnaires were sent at specific years after graduation (at year 1, 3, 5, and longer time intervals thereafter) to all UK medical graduates in selected years of qualification between 1974 and 2009. The methods have been described in detail elsewhere.^{12,13} Non-responders received several reminders. Each cohort comprised all UK graduates from that year. The General Medical Council provided addresses, and this information was updated regularly by the responders.

The paper reports on the qualifiers of 1993, 1996, 1999, 2000, 2002, 2005, 2008, and 2009. In their first year after qualification, graduates were asked 'What is your choice of long-term career?', and were asked to give their chosen specialty (or, if applicable, their non-medical career choice). All graduates, except those of 2005 and 2009, were also asked to indicate whether each factor from a list of 11 had influenced their choice of specialty 'not at all', 'a little', or 'a great deal'. The graduates of 2009 were given a subset of four of the 11 factors. Three years after qualification, a follow-up questionnaire was sent to each of the graduates of 1993, 1996, and 2002, asking them again to specify their choices of career and the factors influencing their decision. A further follow-up questionnaire was sent 5 years post-qualification to the graduates of 1993, 1996, 1999, 2000, and 2002.

The doctors who qualified in 2002, 2005, and 2008 were also asked 1 year after graduation: '*Is there a choice of long-term career which you have seriously considered but have now decided not to pursue?*' If they answered yes, they were asked '*What was that choice?*' and '*What are your most important reasons for rejecting that choice?*' This was an open-ended question to which some responders provided one reason for rejection and others gave several reasons. A coding scheme was developed, which reflected the main themes within the answers. Two coders independently categorised each reason into a theme. Any differences between coders were resolved through discussion. Reasons for rejection

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How this fits in

The NHS needs about 50% of medical school graduates to become GPs, but a much smaller percentage of doctors leave medical school wanting careers as GPs. Lifestyle factors are important determinants of a positive choice for a career in general practice. So, too, is enthusiasm for general practice. Some doctors are put off general practice because of their view of its job content.

given by doctors who had considered and rejected general practice were compared with reasons given by doctors who had rejected other clinical specialties.

Standard summary statistics and confidence intervals are reported. To test statistical significance, Mann-Whitney U tests and χ^2 statistics (reporting Yates's continuity correction where there was only one degree of freedom, and Mantel-Haenszel linear-by-linear χ^2 test for linear association between two variables) were used.

RESULTS

Response

One year after graduation, surveys containing questions about career choice and factors affecting career choice, were

sent to 33 986 doctors from seven cohorts (the graduates of 1993, 1996, 1999, 2000, 2002, 2008, and 2009). A total of 20 250 (60%) replied. Three years after qualification, a follow-up survey containing the same questions was sent to 11 975 UK doctors from three cohorts (the graduates of 1993, 1996, 2002): 8246 (69%) replied. Five years after qualification, a further follow-up survey containing the same questions was sent to 20 626 doctors from five cohorts (graduates of 1993, 1996, 1999, 2000, 2002): 13 166 (64%) replied.

Choices for general practice

The data from all doctors from these cohorts who gave a first preference for a career in general practice or a hospital specialty were analysed. Combining cohorts, in the first year after qualification (in which seven cohorts were surveyed), 29% of responders expressed a preference for general practice (5675 doctors specified general practice as their first choice, and 13 800 specified one of the hospital specialties); in the third year after qualification (in which three cohorts were surveyed), 31% specified general practice (2361 chose general practice, 5294 the hospital specialties); and in the fifth year after qualification (five cohorts surveyed), the corresponding figures were 35% (4419 and 8132). Many doctors who do not initially opt for a career in general practice do so after a few years and, as few intending GPs switch from general practice to other specialties, the percentage of doctors who want a career in general practice increases with increasing time from qualification.

Factors influencing career choice

Considering factors that influenced doctors' choice of specialty 'a great deal', in year 1, 63% of intending GPs and 73% of intending hospital doctors specified 'enthusiasm for and commitment to the specialty' (Table 1). The corresponding figures in year 3 were 57% and 67%; and those in year 5 were 63% and 80%. Considerations of 'hours and working conditions' had a great deal of influence on 75% of intending GPs and 30% of the doctors who wanted a hospital career in year 1, 82% for GPs and 36% for intending hospital doctors in year 3, and 88% and 42% in year 5. Thus not only is there a difference between intending GPs and intending hospital doctors in relation to the influence of hours and working conditions on their career choice, but also the influence of hours and working conditions on career choice becomes more important for both intending GPs and hospital doctors as the post-qualification

Table 1. Doctors who specified each factor as influencing their choice of long-term career a great deal: graduates of 1993, 1996, 1999, 2000, 2002, 2008, and 2009

Influencing factor	Year 1, %		Year 3, %		Year 5, %	
	GP n=5675	Hospital n=13800	GP n=2361	Hospital n=5294	GP n=4419	Hospital n=8132
Domestic circumstances	49.2 ^a	16.0 ^e	48.7 ^b	15.8 ^e	68.5 ^a	27.7 ^e
Hours/working conditions	75.4 ^a	30.4 ^e	81.6 ^a	35.7 ^e	87.7 ^a	41.5 ^e
Eventual financial prospects	15.0 ^a	11.8 ^e	22.8 ^a	11.1 ^e	17.7 ^a	9.4 ^e
Promotion/career prospects	16.2 ^a	24.3 ^e	22.8 ^a	24.8 ^h	20.7 ^a	25.1 ^e
Self-appraisal of own skills/aptitudes	47.8 ^b	50.4 ^f	50.0 ^d	51.1 ^h	52.6 ^b	59.3 ^e
Advice from others	15.5 ^d	16.6 ^h	16.6 ^d	17.2 ^h	11.5 ^d	15.0 ^e
Student experience of subject	38.3 ^d	48.7 ^e	20.8 ^d	27.7 ^e	19.8 ^d	25.3 ^e
Particular teacher/department	13.2 ^d	32.1 ^e	11.3 ^d	32.3 ^h	5.9 ^d	29.1 ^e
Inclinations before medical school	15.1 ^d	14.3 ^h	14.8 ^d	12.6 ^g	13.0 ^b	10.1 ^e
Experience of jobs so far	46.8 ^b	53.5 ^e	54.2 ^b	69.7 ^e	53.2 ^b	71.9 ^e
Enthusiasm/commitment	63.2 ^a	73.3 ^e	56.5 ^d	67.2 ^e	63.2 ^a	80.3 ^e

Year 1 includes the cohorts of 1993, 1996, 1999, 2000, 2002, 2008, and 2009; year 3 includes the cohorts of 1993, 1996, and 2002; year 5 includes the cohorts of 1993, 1996, 1999, 2000, and 2002. Significant differences between males and females within the group that chose general practice are denoted as follows: ^aP<0.001. ^bP<0.01.

^cP<0.05. ^dNot significant. Significant differences between hospital practice and general practice within each year are denoted as follows: ^eP<0.001. ^f0.001<P<0.01. ^g0.01<P<0.05. ^hP≥0.05.

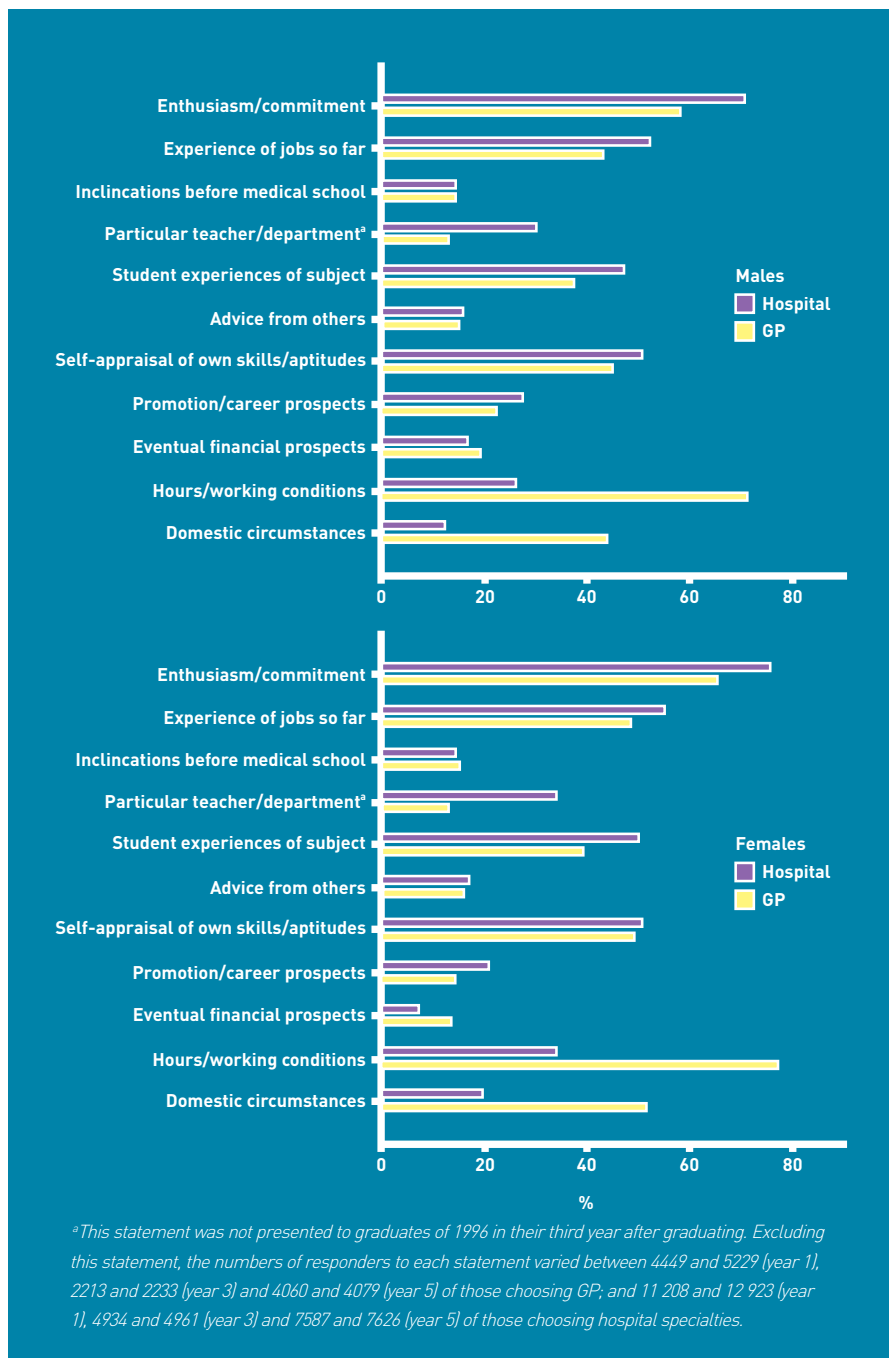


Figure 1. Percentage of doctors who specified each factor as influencing their choice of long-term career a great deal in year 1: graduates of 1993, 1996, 1999, 2000, 2002, 2008, and 2009.

time interval increases. There were also very striking differences between intending GPs and other doctors in relation to their views on the importance of 'domestic circumstances' as a factor influencing career choice. 'Student experience of the specialty' and 'a particular teacher or department' were strong influences for a smaller percentage of intending GPs than others. 'Inclinations before medical school' were strong influences for only a small minority of doctors, with little difference between GPs and others. The scoring of

other factors is shown in Table 1.

Comparisons between males and females, as well as between doctors who chose general practice or the hospital specialties, in factors influencing career choice 1 year after qualification are shown in Figure 1. Of the female doctors who chose general practice 1 year after qualification, 77% of the intending GPs rated 'hours/working conditions' as having influenced their choice a great deal, compared with 34% of females intending to be hospital doctors. 'Domestic circumstances' were rated as very important by 51% of the intending female GPs, compared with 19% of females intending to be hospital doctors (χ^2 tests, $P < 0.001$). Males who intended to be GPs were also much more influenced by 'hours/working conditions' than those who intended to be hospital doctors (71% compared with 26%) and by 'domestic circumstances' (44% compared with 12%), both $P < 0.001$.

At both 3 and 5 years after graduation, 'hours/working conditions' was still rated as the most influential factor in deciding upon a career in general practice, and this factor had more influence on females than males ($P < 0.001$).

The data were re-analysed separately for the cohorts of 1993–2002 and 2008–2009, to see whether any important differences emerged when comparing later with earlier qualifiers (Figure 2), using data gathered 1 year after qualification. Of the females who chose general practice, 78% of the 2008–2009 graduates rated 'domestic circumstances' as having influenced their choice a great deal, compared with 39% of 1993–2002 graduates (χ^2 tests, $P < 0.001$). The corresponding figures for males were 67% in the 2008–2009 cohorts, up from 35% in the earlier cohorts. Other differences are shown in Figure 2.

Doctors who considered general practice as a career and then decided not to pursue it

Questionnaires were sent to the qualifiers of 2002, 2005, or 2008, 1 year after their graduation, asking them if there was a specialty that they had seriously considered but decided not to pursue. The proportions of responders who specified such a specialty were 29% (797/2778) of the qualifiers of 2002, 27% (843/3128) of 2005 qualifiers, and 29% (933/3249) of 2008 qualifiers. After excluding statements that could not be coded, and doctors whose switches of specialty were within the same broader specialty group,¹⁴ there were 2267 responders (811 males, 1456 females) who

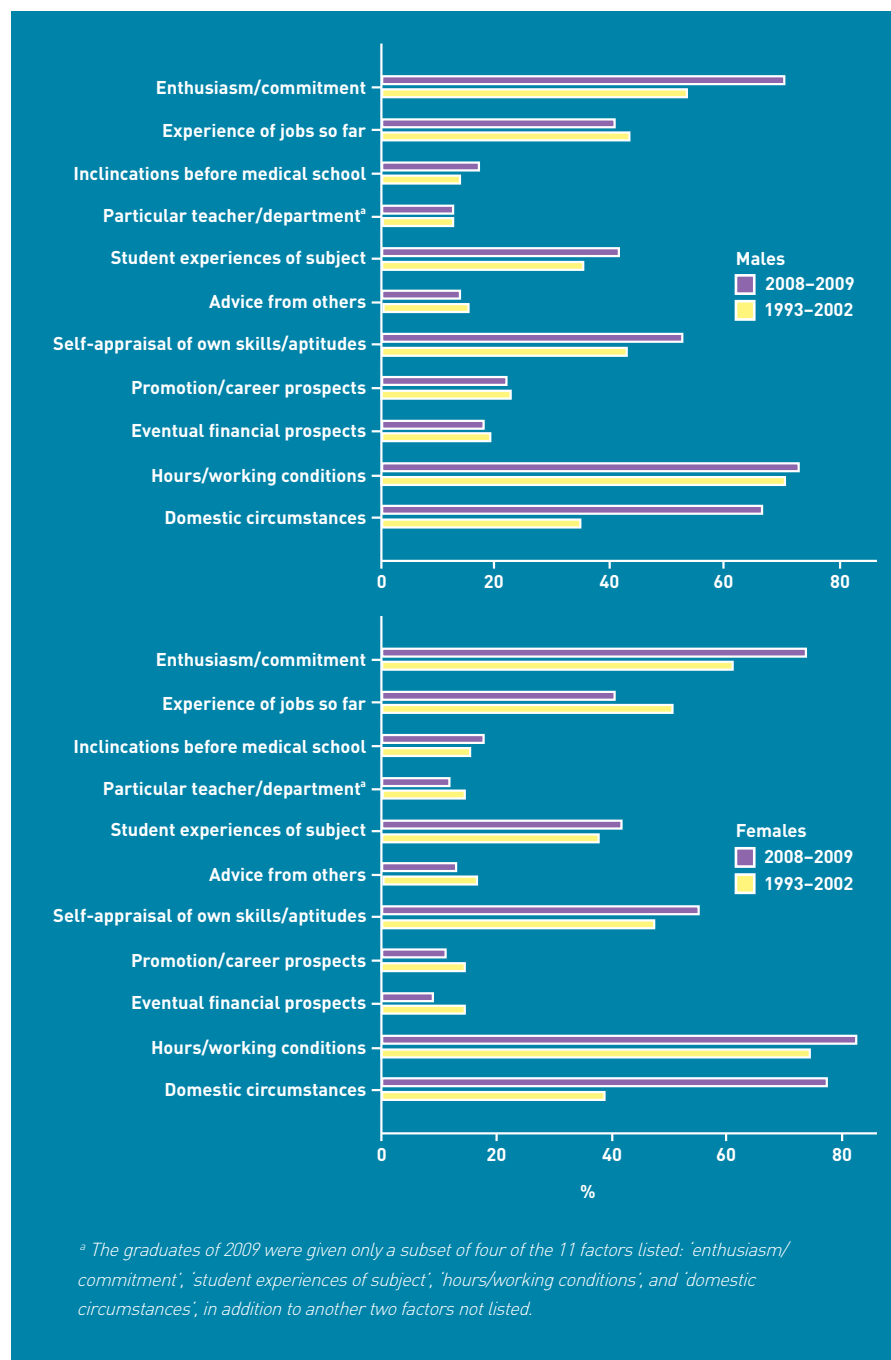


Figure 2. Percentages of doctors who specified each factor as influencing their choice of long-term career a great deal in year 1: 1993-2002 and 2008-2009^a graduates compared by sex.

had considered and rejected a specialty and who gave at least one classifiable reason for doing so (25% of the total number of responders).

Only 5.6% (127/2267) of these responders specified that they had considered and rejected general practice (3.8% of males, 6.6% of females). There was no significant upward or downward trend across the cohorts in the percentage that considered and rejected general practice: it was 5.5% in the 2002 cohort, 5.5% in the 2005 cohort, and 5.8% in the 2008 cohort.

Reasons for rejecting general practice, after having seriously considered it as a career

The reasons given by the 127 doctors who rejected general practice were compared with those given by the 2140 doctors who rejected all other specialties combined. Statements that were classified as 'job content' were given by 78% of the doctors who rejected general practice and by 32% of doctors who rejected other specialties (Table 2). Some of the categories in Table 2 contain very small numbers and percentages for general practice but are included so that factors that have influenced rejection of hospital specialties can be seen. Doctors who rejected general practice were the most likely of all doctors rejecting a specialty to cite 'job content' as their reason for doing so. Illustrative examples of such statements about general practice (quoted as written by the doctors) were 'too dull and monotonous', 'not practically challenging', 'too many "social" patients', 'I found it lonely/isolating'. Other illustrative comments on job content, precisely as written, are reproduced in Box 1.

Doctors who rejected general practice were also significantly more likely to mention too much paperwork and administrative work (mentioned by 7% of doctors rejecting GP, compared with 1% of doctors who rejected all other specialties; $P < 0.001$). All other reasons (including competition for posts, training, and working relationships) were mentioned by very small numbers of the doctors who rejected general practice. 'Work-life balance' was the most frequently mentioned reason given by those rejecting specialties other than general practice (43%), but was mentioned by only one of the 127 doctors who rejected general practice.

Choosing general practice, following rejection of another specialty

Of the doctors who had considered and rejected a specialty other than general practice, 30.4% (690/2267) subsequently chose general practice, making general practice the most popular choice among those who had rejected an alternative. This is similar to the percentage of doctors overall (27%), who, from the same cohorts, chose general practice as their first preference in their first post-qualification year.¹⁴ Doctors who rejected a specialty for reasons related to work-life balance, stressful working conditions, length of training, or competition were more likely to favour general practice over other specialties, whereas doctors who rejected a specialty for reasons related to job content

Table 2. Distribution of doctors' reasons^a for rejecting general practice and all other specialties combined, comparing males and females

Reason for rejecting specialty	All, %		Male, %		Female, %	
	GP	All other	GP	All other	GP	All other
Job content	78.0	32.4	71.0	38.3	80.2	29.0
Content of rejected specialty	33.1	11.0	29.0	14.0	34.4	9.3
Positive preference for another specialty	29.1	10.3	25.8	12.2	30.2	9.3
Bad experience of the rejected specialty	11.0	11.5	9.7	12.4	11.5	11.0
Too much administration/ bureaucracy	7.1	0.8	6.5	1.3	7.3	0.6
Work-life balance	0.8	42.6	0.0	29.4	1.0	50.2
Training	5.5	8.2	0.0	11.7	7.3	6.3
Poor training	4.7	7.4	0.0	11.0	6.3	5.3
Too much requirement for research	0.8	1.1	0.0	1.3	1.0	1.0
Competition	3.1	12.7	6.5	14.1	2.1	11.9
Competitive specialty	3.1	7.4	6.5	8.3	2.1	6.9
Too few training posts/competition for training posts	0.0	5.0	0.0	5.3	0.0	4.9
Exams — too many/too difficult	0.0	1.2	0.0	1.4	0.0	1.0
Stressful/lack of support/working conditions	6.3	10.5	9.7	11.8	5.2	9.7
Training too long	0.8	5.4	0.0	5.6	1.0	5.2
Future of the specialty uncertain/unstable	7.1	1.7	6.5	3.2	7.3	0.8
Inadequate salary	0.0	1.3	0.0	2.3	0.0	0.7
Self-appraisal	3.9	4.5	3.2	4.7	4.2	4.4
Advice	2.4	1.4	0.0	1.5	3.1	1.3
Working relationships within the specialty	0.8	5.3	3.2	5.5	0.0	5.2
Fear of litigation	0.8	2.5	0.0	1.4	1.0	3.1
Change in personal circumstances	0.0	1.6	0.0	0.8	0.0	2.1
Lack of exposure and opportunities so far	1.6	2.1	3.2	1.9	1.0	2.2
Number of doctors rejecting specialty	127	2140	31	780	96	1360

^aSome doctors gave more than one reason and each reason was counted. Significance tests, comparing those rejecting general practice and those rejecting other specialties: job content ($\chi^2_1 = 107.2, P < 0.001$), work-life balance ($\chi^2_1 = 85.5, P < 0.001$), training ($\chi^2_1 = 0.8, P = 0.36$), competition ($\chi^2_1 = 9.4, P < 0.01$), self-appraisal ($\chi^2_1 = 0.01, P = 0.93$).

were less likely to favour general practice over other specialties (Table 3).

DISCUSSION

Summary

Distinctive factors that influence doctors towards a career in general practice, besides enthusiasm for the specialty, include their expectations about working hours and working conditions, and considerations of their domestic circumstances. These factors — their preferences for a way of life — were particularly important for females but were also important for many of the male doctors who chose general practice. They also seem to have become increasingly important for the most recently qualified doctors.

The percentage of doctors who seriously considered but then rejected general practice is quite small. Given that somewhere between one-quarter and one-third of all doctors choose general practice, it is striking that only about 1 in 20 who considered but then rejected a specialty

did so for general practice. By contrast, the surgical specialties were the chosen career preference of 20% of responders (32% of males, 12% of females); and, of all who considered but decided not to pursue a specialty, 32% considered but decided not to pursue surgery (37% of males, 29% of females¹⁴). Many doctors simply do not consider general practice as a career option in the first place. Of those who do, but who later decide against it, the overwhelming reasons are to do with their perceptions of job content. Reasons for considering and rejecting other specialties have been reported elsewhere.¹⁴

Strengths and limitations

The strengths are that the surveys are large scale, have spanned many years, are confidential, and are undertaken by a team that is independent of organisations that might inhibit responders from giving honest answers. Response rates are good for this type of study. However, non-responder bias

Box 1. Sample job content comments about changing choice from general practice, showing sex (male, female), year of qualification, and new career preference

Content of rejected specialty

- *'Lack of acute problems.'* (female, 2002, hospital medicine)
- *'Was choosing it for lifestyle reasons but don't find it interesting.'* (female, 2002, paediatrics)
- *'Too dull and monotonous. Not practically challenging. Too many "social" patients.'* (male, 2002, surgery)
- *'I would like to know a lot about one specialty in depth than a little surface knowledge of everything in medicine.'* (female, 2005, obstetrics and gynaecology)
- *'No acute medicine. Lifestyle too relaxing.'* (female, 2005, hospital medicine)
- *'Patients not taking responsibility for their own health and the wish to blame doctor for their health problems.'* (female, 2005, obstetrics and gynaecology)
- *'I feel that I would be drifting into it for the "lifestyle" choice. I would like the variety but not such managing chronic conditions.'* (female, 2008, emergency medicine)
- *'The lifestyle appeals to me but I find general practice very slow and extremely boring.'* (female, 2008, hospital medicine)
- *'Lonely specialty.'* (female, 2008, anaesthetics)
- *'I did not find it challenging, exciting or enjoyable. I found it lonely/isolating.'* (f, 2008, hospital medicine)

Positive preference for another specialty

- *'Enthusiasm for acute care.'* (female, 2002, surgery)
- *'Found I enjoyed hospital medicine much more as a PRHO [pre-registration house officer] than I had expected to.'* (female, 2002, anaesthetics)
- *'I like psychiatry more than I like GP.'* (male, 2005, psychiatry)
- *'An overwhelming passion for paediatrics! Reasons for doing GP [including working hours, a family-friendly career path] were not strong enough to convince me [that I should do general practice]'* (female, 2008, paediatrics)

Bad experience of the rejected specialty

- *'Did not enjoy medical school GP placement.'* (male, 2005, hospital medicine)
- *'I no longer want to deal with every single issue — emotional, physical, mental, social for all my patients and then still get slagged by patients for not doing a good job.'* (female, 2008, hospital medicine)

Too much administration/bureaucracy

- *'Pressures on time keeping, that is, only 5–10 mins for each patient.'* (female, 2002, hospital medicine)
- *'Do not like financial/running a business aspects.'* (female, 2002, hospital medicine)
- *'All the targets being introduced for GPs and advice on healthy lifestyle etc. Not using medical training.'* (female, 2005, obstetrics and gynaecology)
- *'Not wishing to be involved in running a business and probably providing only 9–5 Mon–Fri care.'* (female, 2005, hospital medicine)

is possible, as with all voluntary surveys.

Comparison with existing literature

Reasons for choosing general practice reported in other UK studies include the challenging variety of work, continuity of care and the one-to-one patient relationship, work-life balance, and compatibility with family life.^{15–17} This study also found that doctors who chose general practice attached importance to their enthusiasm for the work, working hours, working conditions, and their own domestic circumstances (the study did not ask specifically about variety of work or continuity of care). A study in Switzerland found that doctors who chose primary care tended to be less career-oriented and placed more importance on life outside work.⁷ Two studies in Canada found doctors who chose general practice were more likely than others to be older and in a long-term relationship at the time when they made their choice,¹⁸ or to enter family medicine in preference to hospital medicine

in order to have higher earning potential early in their careers.¹⁹

Implications for practice and research

The careers that doctors eventually pursue are determined, collectively, by a balance between their career preferences and the availability of training posts and career opportunities. Medical school intakes in the UK have expanded considerably in recent years, and there are restrictions on the numbers of training and career posts in hospital specialties. It seems likely that, even more in the future than has been the case in the past, doctors who initially hope for a career in a hospital specialty will eventually work in general practice. The present findings relating to year 1 preferences must substantially reflect the aspirations of junior doctors when they leave medical school and soon after. It is imperative that medical schools manage medical students' expectations about likely future needs for hospital specialists and GPs.

Table 3. Percentage distribution of chosen specialties, by reasons for having rejected an alternative specialty

Chosen specialty	Reason for rejection								
	Work-life balance	Job content	Competition and exams	Stressful environment/ working conditions	Training content and quality	Training too long	Lack of exposure so far	Career development/ career stability	Inadequate salary
Medical specialties	16.6	21.9	17.8	13.2	14.2	16.4	29.8	26.7	17.9
Paediatrics	3.8	6.2	2.9	8.1	6.0	4.3	6.4	2.2	0
Emergency medicine	3.2	5.4	5.4	1.7	3.3	2.6	4.3	0	3.6
Surgery	5.0	19.4	7.2	11.1	6.0	0	6.4	11.1	17.9
Obstetrics and gynaecology	2.4	4.7	3.3	3.8	3.3	0.9	4.3	0	3.6
Anaesthetics	11.2	14.6	9.4	12.0	21.9	9.5	8.5	4.4	10.7
Radiology	3.4	1.8	6.2	2.6	3.8	5.2	2.1	11.1	7.1
Clinical oncology	1.5	1.3	0.7	1.7	2.2	1.7	2.1	4.4	3.6
Pathology	1.9	2.4	3.3	3.8	2.7	0.9	0	2.2	3.6
Psychiatry	4.2	3.7	4.7	6.0	4.9	1.7	4.3	4.4	3.6
General practice	44.4	16.0	35.9	32.5	26.8	50.9	25.5	24.4	25.0
Community medicine	0.3	0.1	0	0	0	0	0	0	0
Public health	0.9	1.3	0.4	0	1.6	2.6	2.1	0	0
Other medical specialties	0.7	0.5	0.7	0.9	1.6	0	0	2.2	0
Non-medical careers	0.5	0.8	2.2	1.7	1.6	3.4	4.3	6.7	3.6
Total (n)	913	793	276	234	183	116	47	45	28

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Ethical approval

This study was approved by the National Research Ethics Service, following referral to the Brighton and Mid-Sussex Research Ethics Committee in its role as a multicentre research ethics committee (ref 04/Q1907/48).

Provenance

Freely submitted; externally peer reviewed.

Competing interests

The authors have declared no competing interests.

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The fact that, for many, choices for general practice are heavily influenced by considerations of lifestyle is expected but nonetheless very important. It seems that lifestyle considerations are becoming more important, as evidenced in responses from the most recent cohorts, which may reflect a more general shift in young people's societal attitudes.

Some responders said that they turned away from general practice because they considered it to be too concerned with minor ailments, chronic illness, and

'social' content. These were minority views that may also be misconceptions about the realities of modern general practice; and, in any case, the social dimensions of medicine, continuing care of chronic disease, and the satisfaction of successfully dealing with minor ailments are elements of general practice that particularly attract many doctors to it. Nonetheless, important work could be done to investigate how to increase the appeal of general practice to doctors who have not yet been drawn to it.

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