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What influences young doctors in their decision-making about general practice as a possible career? A qualitative study.

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Abstract

Background : Recruitment to General Practitioner (GP) training programmes in the United Kingdom is poor. Colleagues' negative comments about general practice could contribute to this.

Aim : To investigate what influences Foundation Year 2 (FY2) doctors in their decisions to choose general practice as a career, and how colleagues' comments about GPs might affect those decisions.

Design and Setting : A qualitative study in Southwest England.

Method : Thematic analysis of interviews with FY2 doctors.

Results : Twenty-four doctors participated. They thought that GPs worked hard and had very varied clinical work. The effect on their career choice depended on their personalities. GP placement experiences significantly influenced their career intentions. The loneliness of working in general practice was a key concern. FY2 doctors thought colleagues' criticisms of GPs did not reflect reality and were outdated. 'Banter' had little effect on career choices. Whichever specialty they were choosing, FY2s experienced support from colleagues in their career choices.

Conclusion : Person-specialty fit and FY2 doctors' experiences of GP work have a significant effect on career choices. Loneliness in their GP work placements is a particular problem that should be addressed. While colleagues' derogatory comments about GPs may affect medical students' views on their career choices, they appear to have little effect on the career decision-making of qualified doctors.

Word count

2737

Introduction

The United Kingdom's National Health Service (NHS) has a rising workload which is increasingly moving from secondary to primary care [1]. However, the proportion of Foundation Year 2 (FY2) doctors appointed to general practitioner (GP) training programmes has not increased in the last five years (36.1% in 2012, 35.8% in 2017) [2], and in 2017 only 84% of available GP training programmes were filled after the first round of applications [3].

Many influences affect young doctors in their career choice. In the Bland-Meurer model, the major factors are student characteristics, speciality characteristics and medical school influences [4]. While some students have already decided on their future careers before they start medical school [5], for others the factors that affect their career choice include the curriculum content, the quality of student placements in specific specialities, the number of those placements, the influence of individual faculty members, and special studies modules [5–7]. Recent systematic reviews suggest that exposure to a speciality while at medical school is important, as well as its perceived status [8] and that trainees match perceptions of speciality characteristics with their own personal needs [9]. For general practice, the presence [10] and quality [11,12] of students' primary care placements and the length of time spent in them [13], longitudinal placements (recurrent placement in the same GP setting over a period of time) in primary care [13], having GPs as role models [14], and the medical school's culture with respect to primary care [15] are known to be significant.

Researchers have observed a perception of a hierarchy between different specialities [16,17], professional stereotypes associated with particular specialities [18], and clinicians 'badmouthing' or 'bashing' other specialties [12,19–21], part of a 'hidden curriculum' in which the norms and values that students observe undermine the formal medical school curriculum [22]. While comments that students hear about different medical careers can be positive as well as negative [12,14], medical students' thoughts about suitable career choices are known to be influenced by hearing comments

that criticise different specialities. This affects all specialities [20,21], but is thought to be a larger problem for general practice [12,18,19,21] and psychiatry [12,19,21,23]. Such 'banter' is perceived to be exacerbating the NHS's shortage of GPs and psychiatrists and, by belittling the importance of mental health care, having an adverse impact on patient care [24]. In one study, 17% of students reported that 'badmouthing' had made them alter their career choices [20], and in another study that figure rose to 27% [19]. Students have reported that there is a 'fine line' between 'harmless' and 'damaging' banter [19]; however, while banter shows biases and distortions, analysis of other data from our study suggests that it may still help young doctors in their career choices [25].

In one recent qualitative study of Foundation Year 1 doctors' thoughts about a GP career, the lack of respect for GPs from other doctors was found to be important, with the 'stigma' of being a GP that some experienced in medical schools and hospitals seen as a deterrent to a career in general practice [26]. In another study, negative attitudes of others were reported to lead to hesitation and uncertainty about general practice or psychiatry as a career choice [12]. Some Foundation doctors who were thinking about a GP career stated that that they were reluctant to mention this in the hospital environment [12,26], and that a perceived lack of respect was an important deterrent to a career in general practice [26]. These attitudes have resulted in calls for a 'zero-tolerance' policy for negative comments towards GP as a career choice [11,14]. However, doctors in the United Kingdom (UK) often make their final career choice in their second Foundation year, and there is evidence that over a quarter of recently qualified doctors who had seriously considered a career choice did not subsequently pursue that career [27]. Thirty-seven per cent of doctors reported that their choice of speciality training programme had changed during Foundation training [3], the choice being made more difficult because of lack sufficient medical experience and career advice [28].

This study is part of a larger project investigating influences on FY2 doctors as they choose which specialty to enter. We have previously reported on the how much they had experienced 'banter' about different specialities, and whether they believed that this had affected their career choice [25].

In this paper we report what influences FY2 doctors in their decisions on general practice as a possible career, and the extent to which colleagues' comments about GPs had affected those decisions.

Method

Design

We interviewed 24 doctors who were in the first half of their second Foundation year. We used a qualitative approach with individual semi-structured interviews, so that we could explore personal views and experiences.

Recruitment of participants

The study was conducted in the Severn region of South West England. Administrators e-mailed an invitation to all doctors who were in their second Foundation year (n=262). Potential participants contacted the researchers for more information, and all those who made contact participated after having given their informed consent.

Data collection

A topic guide was used to prompt breadth and depth. The semi-structured interview questions were designed following a review of the existing literature on what influences trainee doctors' career choices, discussion among the research team, and input from two pilot interviews. The participant information sheet and the interview schedule (see Appendix) were designed in a way that participants were not aware that one of the researchers' focuses of interest was general practice. All participants agreed to be interviewed by telephone, at a time and place convenient to them. Interviews lasted an average of 40 minutes. An open, narrative style of interviewing approach was used to encourage the participants to reflect on how their training experiences had shaped their career plans. With their consent, interviews were digitally recorded to create an accurate record for data analysis. Interviews were transcribed verbatim.

Data analysis

We used inductive thematic analysis [29], an approach in which codes and themes are suggested by the data rather than by a theoretical framework. The phases of analysis started with coding, using an inductive approach, followed by the identification and clustering of themes and sub-themes, and finally the production of a descriptive thematic summary. Before coding, the researchers read and reread the interview transcripts, then documented their interpretations. All transcripts were coded by at least two members of the research team. The research team reviewed and refined themes and sub-themes, discussing differences until they reached a consensus. The interviews took place over two months, and the transcript were coded sequentially; recruitment ceased when no new codes emerged in the final four interviews, indicating saturation. All three researchers are experienced in qualitative research; MH was an experienced GP; EW and DW are both healthcare services researchers studying aspects of primary care such as trainee doctors' experiences of career decisions and ameliorating work stress.

Results

Twenty-four doctors in their second postgraduate year were interviewed. Of these, 17 were female. Demographic details are given in the Table 1. Eight had experience of a GP placement in their FY2 rotations. Seventeen had already chosen their preferred training pathways: surgery (n=6), core medical training (n=4), anaesthetics (n=3), psychiatry (n=2), general practice (n=2), critical care (n=1); 6 were undecided.

Themes and subthemes are described below, with participant quotations identified by participant number and intended speciality.

The influence of medical school

Most participants' perceptions of general practice as a career had been influenced by their medical school experiences. Sometimes this was positive:

'I think at medical school I enjoyed everything. I liked a lot of things. So, maybe at medical school I thought that GP was more for me, just because of the variety.' (FD19, undecided)

Some had experienced adverse views of general practice:

'I think GP has always been thought of, definitely in my medical school anyway, as kind of the bottom of the pack, so to speak.' (FD15, surgery)

However, there was a perception among some participants that this was because most student medical school experience was in secondary care:

'Even though 50% of doctors will eventually become GPs, it certainly didn't make up 50% of the curriculum.' (FD20, Core Medical Training, CMT)

While some thought that negative comments at medical school might have had an effect on their views, others disagreed:

'I'm not saying it's not detrimental, I'm sure especially to medical students as well it probably does have an impact.' (FD5, CMT)

'I think even going from medical school, because we spend so much time in a hospital, experiencing hospital medicine, GP and kind of psychiatry and all the other community specialties sometimes get neglected a little bit, and they're associated with a stigma almost. But I'm happy to do GP, so I guess I wasn't that influenced.' (FD3, GP)

Different personalities fit different specialties

While many participants had heard negative comments about general practice at medical school, this seemed less important to them than how closely they perceived themselves to fit, or not fit, the essence of what it is to be a GP. Different specialties were thought to attract different personalities:

'I think every kind of specialty attracts a slightly different type of person and I think someone who would be amazing at one thing wouldn't necessarily be good at another.' (FD7, anaesthetics)

Some felt an innate attraction to GP work:

'I felt that I would maybe prefer the style of work of the GP. There you get to diagnose and manage and treat, you know, immediately' (FD8, GP)

'But I think I am just someone who would never have suited acute medicine so I would inevitably find specialties like general practice or psychiatry.' (FD9, GP or psychiatry)

However, the same work could be perceived quite differently by others, making them feel that their personalities were unsuited for general practice:

'I would say my personality; I don't think would necessarily suit there. I think I'd probably be somebody who would like to know a lot about a smaller subject area than being a very generalist, because I don't like the uncertainty that comes with general practice. And probably the risk, as well.' (FD23, undecided)

'I know in my head that I'd quite like to specialise, the idea of being a generalist would terrify me I think.' (FD18, undecided)

'I find continuing care of people who are mostly well quite boring, and I'm not particularly interested in building relationships with those patients the way a GP does. It sounds not very nice but I'm just not that interested in it as a job.' (FD11, anaesthetics)

Effect of FY2 experience in a GP placement

About half of FY2 doctors spend time working in a GP practice [30,31]. Many of those that had already done this found it to be a powerful experience. Some interviewees had positive views on their experience of GP work:

'I am doing it now as a job and it's great, I really, really like it.' (FD8, GP)

'I mean, I just enjoyed going into work every day and never knowing what was coming in through the door, and I kind of liked that.' (FD3, GP)

For some, the realities of their experience of their GP placement made them realise that it was not the right career for them:

'I sort of thought that it would be something that would be well suited to me, in terms of what I like about medicine and I do like the kind of holistic care […] Doing it now as a doctor has confirmed it to me but I just don't like it, it doesn't ... it doesn't have everything for me if that makes sense.' (FD21, CMT)

'GP was sort of maybe still on the table. It's not that I haven't enjoyed this placement, but it has definitely made me sure that core medical training is the right thing.' (FD20, CMT)

Criticism of GPs from other doctors

None of the participants were themselves critical of GPs. However, many participants had heard negative comments about GPs from secondary care colleagues. This was particularly the case in relation to GP referrals:

'It happens across surgery where they will kind of look at their GPs referrals and say: "Oh GPs don't know what they are doing".' (FD4, surgery)

'A lot of the surgical registrars were dismissive of GP referrals and what they thought of GPs in general was very negative.' (FD9, GP or psychiatry)

One participant noted that criticisms could be two-way:

'In the same way a GP will say their patient came back from an operation last week and they don't even know what operation they had.' (FD4, surgery)

Some participants' hospital colleagues perceived that life as a GP was easy, or unchallenging:

'But I think that's another thing that's perpetuated a little bit, this idea of, "Oh, it's a bit of a cushy, easy life for people who don't want to be proper doctors".' (FD18, undecided)

'They just get the kind of patients that don't really have anything wrong with them.' (FD19, undecided)

'There are certainly some people who are fairly derogatory about GPs in terms of it being a bit more wishy-washy, particularly the communication, I suppose.' (FD20, CMT)

There was, however, a feeling that secondary care doctors' views were changing:

'I think it's not seen as the easy route anymore, whereas maybe it used to be.' (FD3, GP)

Many interviewees thought that their colleagues' criticisms of GPs were unfair:

'But equally, there might be a GP who has sat there and seen lots of sort of chronic patients coming back and there's lots of paperwork to do and things that they take home with them a bit more. So, I think it's impossible to compare.' (FD5, CMT)

'I don't think that the acute medics in particular and medics anyway in hospital work really appreciate how tough it is to be a GP.' (FD15, surgery)

'But it's very easy to say that when you're in a hospital environment, and very difficult to say that when you're trying to know a little bit of everything, and manage everyone without tests in the community. So, I fundamentally disagree with the idea that GPs are lesser good doctors than people [in other specialties].' (FD18, undecided)

For some participants, GP and hospital work were seen as equally challenging, but in different ways:

'…you're not comparing like for like, I think the stresses and the importance of different things for each different job and that is so different'. (FD5, CMT)

Most of these criticisms had been made by junior doctors' colleagues. Negative comments from consultants were rare:

'I remember one consultant said that he'd got to where he was after 10, 15 years of training, whereas a GP only had three years of training post-foundation, implying that they were much more inexperienced and less medically able than that person. But that was just a one-off.' (FD3, GP)

Senior colleagues could be very supportive of their varied juniors' career plans:

'No senior would ever say, "Don't do that. That's a terrible specialty." If you show interest in anything, they'll support that regardless of what that specialty is.' (FD2, surgery)

However, some doctors felt that GP work would be a natural progression for many colleagues either because it was the 'fall-back option' (FD1, psychiatry) or because of the demand for such work:

'It's just natural that the majority of our year, 50-60%, will become GPs just because that's where the demand is.' (FD2, surgery)

Difficulties of GPs' work

Before their GP attachments, some participants had expected to find that GPs had a better lifestyle, more enjoyable work and a less stressful life:

'I've always been in the back of my mind, maybe I would enjoy general practice. Because it's a nicer lifestyle, compared with most medical jobs. Again, you get very, very varied conditions, patients coming in ... I thought maybe I would enjoy that.' (FD17, undecided)

'I'm looking forward to it [GP placement]. Mainly one of the factors is that I'm hoping it's going to be a bit more relaxed than where I've been at the moment [acute medicine].' (FD22, undecided)

However, some participants felt that, in reality, GPs' work was becoming increasingly challenging:

'GP is pretty grim and, my God, they work extremely hard.' (FD13, critical care)

'I actually think they have one of the hardest jobs, being a general practitioner. […] But I'm very conscious of lots of people telling me that general practice isn't what it used to be. [...] It sounds like a much higher-pressure specialty than it used to be.' (FD23, undecided)

The need to rely on clinical skills, and the unpredictability of the work, could be attractive:

'You have a very short amount of time with your patient. You don't have all the investigations and things that you have when you're in hospital. […] And I think that, coupled with the, kind of, immediate uncertainty of what's going on, I think I'd find that enjoyable. (FD23, undecided)

However, some of those interviewed felt that the pressure of GP life made the career less appealing:

'And it's the idea of the stresses of GPs that would put me off it, it sounds like a horribly stressful career in this day and age.' (FD18, undecided)

This could be exacerbated by negative comments about general practice in the news media:

'I think actually what puts me and most of my peers and colleagues off about general practice is the stress and workload and the negative press that general practice is getting right now.' (FD9, GP or psychiatry)

'Then, yeah, I think especially in the media nowadays with GP and primary care being so negatively perceived, you know, just news articles all the time, GPs overworked, and how primary care is going down the drain, and things like that.' (FD3, GP)

One participant thought that there was a cognitive dissonance in some of their colleagues' views about general practice:

'I think GP particularly suffers from a kind of 'double bind' stigma because, not only is it seen as a fluffy easy option to some extent, but it is also a really difficult option, as we all know how hard GPs work and how little time they have and actually how stressful it is.' (FD1, psychiatry)

Some participants voiced concern that GPs consult alone, without the close medical teamwork that participants were used to:

'They say stuff like that you're just in a room on your own, and that you're not part of a team really.' (FD19, undecided)

'Everybody works independently, there's no meeting up in the morning for a coffee and a discussion about any difficult cases, it's very much work on your own in a room, and you don't really see a lot of people.' (FD17, undecided)

Banter and hierarchy of specialties

Although many interviewees had heard banter about general practice as a career, they also heard it about other specialties, and they saw it as good-humoured and not something that affected their own opinions:

'I think most of it is pretty light-hearted and I don't think it's impacted on me.' (FD5, CMT)

'It wouldn't matter to me about a reputation or what people think of a certain specialty. If something interested me, it wouldn't bother me what other people thought about it, I'd just do it.' (FD17, undecided)

Banter was seen as a natural consequence of passion for one's own speciality. One participant felt it inevitable that doctors said affirmative things about their own chosen specialties, and derogatory things about others:

'Typically, and more in a jokey colloquial way [they] will say their specialty is the best. Of course they will, of course they are going to be biased. They do that because they love it. So it is much easier for someone to pick out a wide spectrum of positive attributes about their specialty and not mention any of the negatives. And pick out one or two supreme negatives of others as counter examples...' (FD13, critical care)

Banter itself could be seen as enjoyable and useful:

'They are a consultant in that, and that gives them the freedom to give a quick fizzy answer which reflects of what they have done over the long time and why they are content with that. I mean they are useful…' (FD13, critical care)

'I like the banter, I like the jokes and things like that.' (FD15, surgery)

Participants felt it unlikely that their thoughts about career choice had been affected by banter:

'I think there are certain specialties that get made fun of. It hasn't really had any impact on my decision making. I think probably because they get made fun of, partly, because people are jealous.' (FD24, anaesthetics)

'So, I think I'm not the kind of person who thinks, "Oh, I don't fit into that stereotype, so I wouldn't try a specialty," 'cause I think I'm quite individual. So, I would do a specialty I enjoy, and bring my own element to it, if that makes sense.' (FD23, undecided)

While many interviewees downplayed the concept of a 'hierarchy' of specialties, some perceived that there was a hierarchy based both on the complexity of the work and how much competition there was for different training posts:

'Inasmuch as there is a hierarchy in terms of how hard you have to work to succeed, well I think that is just a product, well I guess that at the end of the day that is about the technical complexity of the job but also about the number of people who want to do that. (FD1, psychiatry)

However, not all agreed that there was a hierarchy:

'The good thing about medicine is that everybody's very different and you can find your own niche and your own interest. And so at this stage, I don't think there is a hierarchy and everybody supports everyone no matter what they want to go into.' (FD2, surgery)

Discussion

Summary

Participants believed that GPs worked hard and had very varied clinical work, and that this was generally appreciated by their colleagues. Whether this attracted or put off FY2s from choosing it as a career depended on their own personalities, with some enjoying the specific challenges of life in primary care, and others finding themselves unsuited for it. Participants' experience of their FY2 GP placements could confirm or change their career intentions. A commonly expressed concern was about the loneliness of working in general practice, due to lack of interaction with peers during day-to-day work.

While FY2 doctors had been exposed to negative comments about GPs when they were medical students, they believed that this had not affected their own career choices. Since qualification, many had heard criticism of GPs, almost always from junior doctors who were training for secondary care specialties. However, the FY2 doctors themselves thought that these comments were being made less often than before, and that they did not reflect reality and were out of date. Banter about different medical careers was seen as light-hearted and a result of doctors' passion for their own specialities. There was no evidence that it had affected the FY2s' own career choices. There was little perception of a hierarchy of specialties: FY2s experienced support from their peers and from senior colleagues in their career choices, whichever specialties they were choosing.

Strengths and limitations

The study took place at a time that most participants were applying for specialty training, so the interviews were well timed to assess their views on what had affected their career choices and the effect of colleagues' comments on their own actual career plans. Between them, the participants had chosen six different preferred careers. Only two of the sample aimed to be GPs, so the sample was unlikely to have been biased towards doctors who had an especially high regard for general

practice. The use of telephone interviews proved highly successful in this study, as it has in previous research with Foundation doctors [32].

While we continued the interviews until there was data saturation, we cannot know if those doctors who participated are similar to those who did not. This study was based in one region, and interviews with Foundation doctors working in other areas may identified additional themes. However, the doctors had graduated from a variety of medical schools in different parts of the UK. While 17 of the 24 participants were female, in 2016 a smaller proportion, 54%, of FY2 doctors were female [33]. It may be that the factors we identified influence male trainees in a different way.

Comparison with existing literature

Our finding that many FY2 doctors had experienced negative comments about general practice when at medical school is consistent with a study which found that 67% of medical students had received non-constructive criticism about their preferred specialty [21]. While 81% of the medical students condemned this behaviour as being unprofessional, none of the FY2s felt the same way, suggesting that their attitudes to negative comments change and become more nuanced after graduation. Their views were, however, in concordance with another study that suggested that young doctors' perceptions of general practice resulted from a hospital-centric culture [34]. In spite of this, none of the FY2s interviewed felt that general practice was inferior to other specialties, supporting a call for GPs to avoid regarding themselves as 'underlings' who are being denigrated by others [35].

Our finding that some participants were concerned about the lone working aspect of being a GP is consistent with previous research. A previous study noted that hospital clinicians perceived general practice to be lonely work, without a team [14]. Another study found that GPs felt increasingly isolated in their work, and that this was a factor in decisions to leave general practice [36].

Our participants' lack of enthusiasm for the concept of a hierarchy of specialties fits with the findings of a study that found that, in developed countries, the prestige of a specialty has relatively little influence on medical students' career aspirations [37].

Implications for research and practice

Person-specialty fit and FY2 doctors' own experience of working in general practice are of key importance in influencing their career choices. Some FY2s report feeling lonely in their GP placements: this needs to be addressed, perhaps by organising pairs of FY2s to work in practices at the same time, by increasing the number of joint consultations (either with a peer or with a clinical supervisor), or by regularly releasing FY2s to meet their peers informally. Research is needed to assess whether this feeling of loneliness is also a problem for GP Specialist Trainees and established GPs, and if so, how it should be addressed.

While a perception that GPs are under pressure has led to increasing respect from other specialists, for some FY2s it has adversely affected the attractiveness of general practice as a career. Attempts to recruit more young doctors to GP training will be hampered until this has been addressed.

Although there have been calls for banter about general practice to be banned, we found no evidence that it alters the decisions of young doctors on their career choices.

List of abbreviations

CMT   Core Medical Training

FY2   Foundation Year 2

GP   General Practitioner

NHS   National Health Service

UK   United Kingdom

Declarations

Data sharing

The data that support the findings of this study are available from the corresponding author on reasonable request, but to avoid the risk that individuals could be identified by their colleagues, they are not publicly available.

Disclosure of interest

The authors report no conflicts of interest.

Ethical approval

Ethical approval was granted by the Research Ethics Approval Committee for Health, (REACH), Department for Health University of Bath. Written informed consent was obtained from all participants prior to interview.

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Appendix. Semi-structured interview schedule.

1.   Tell me a bit about your medical career so far – the medical school that you went to, the jobs you've done so far etc.

2.   Thinking back to when you were a medical student, or even before that – did you have any thoughts then as to what specialty you would eventually like to go into? What do you think influenced that?

3.   How have your ideas on the specialty you'd like to go into changed over time? What has caused that change?

4.   Have you already made a final decision about the speciality that you'd like to enter? When did you make that decision, and what triggered it? Are there any other specialties that you seriously considered? What made you decide not to go for those?

5.   How much have other people's ideas and comments affected the way you think, or thought, about the different specialties? Can you give me some examples?

6.   It has been suggested that there is a hierarchy of specialties, have you encountered that viewpoint? [Prompts: who from: patients, trainees, senior health professionals].

7.   Do you yourself feel that some specialties deserve to be more prestigious than others? [Prompts: Why? Demands, pressures, complexity?]

8.   [Only ask if answered yes to 6 and/or 7] Can you give me some examples of the experiences that made you aware of this hierarchy of specialties? [Prompts: comments by patients/trainees/others; experiences on rotations; experience of learning their knowledge base].

9.   [Only ask if answered yes to 6 and/or 7] Which specialties are at the top of the medical hierarchy and which are at the bottom? [Prompts: where would you place general practice?]

10.   [Only ask if answered yes to 6 and/or 7] Has the hierarchy of specialties influenced your preferences regarding specialist training and career path? [Prompts: How?].

11.   Have you ever heard particularly positive, or negative, comments from your more senior

colleagues about other specialties? How did people react to those? How much have they affected

your own thinking?

Table 1. Participant demographics

Participant code	Gender	Has already had Foundation GP placement	Intended speciality
FD1	M	No	Psychiatry
FD2	F	Yes	Surgery
FD3	F	No	General Practice
FD4	F	No	Surgery
FD5	F	Yes	Core Medical Training
FD6	F	No	Psychiatry
FD7	F	No	Anaesthetics
FD8	F	Yes	General Practice
FD9	F	No	General Practice or Psychiatry
FD10	F	No	Surgery
FD11	M	No	Anaesthetics
FD12	F	No	Surgery
FD13	M	No	Critical care
FD14	M	No	Surgery
FD15	F	Yes	Surgery
FD16	F	Yes	Core Medical Training
FD17	F	Yes	Undecided
FD18	F	No	Undecided
FD19	F	No	Undecided

FD20	F	Yes	Core Medical Training
FD21	M	Yes	Core Medical Training
FD22	F	No	Undecided
FD23	M	No	Undecided
FD24	M	No	Anaesthetics