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Choosing general practice

A review of career choice determinants

This review takes a narrative synthesis approach – a systematic approach to interpreting complex evidence – to a broad literature review of the complex issue of medical career decision making. Addressing the Australian general practice workforce crisis requires an understanding of career choice motivators. The biggest recruitment losses are those not ever considering general practice as a career. Although flexibility and work-life balance are important motivators, more important is the perceived intellectual challenge of the career. Most career decisions are made in the early postgraduate years when doctors have little general practice exposure and many form incorrect perceptions. The morale and self esteem of the general practice profession has an important impact on choice. Every general practice encounter is an opportunity to showcase the profession as an intellectually stimulating, challenging and interesting career choice.

■ **The general practice workforce is in crisis in Australia. Current estimates indicate a shortfall of 400–500 new general practitioners every year to balance an aging workforce, a diminishing generalist medical workforce, and increasing losses from retirement and disenchantment. The number of medical student places has increased, but there is an urgent need to increase the percentage of doctors choosing general practice. Understanding the motivators of career choice may help the profession market itself to attract those who will enjoy and sustain a general practice career.**

Career determinants

Research has shown that initial career choice consideration requires knowledge of the potential opportunities. Choice is then most strongly influenced by intrinsic individual factors, modified by work or home environment factors; then influenced positively or negatively by experiences and sometimes, serendipitous events.^{1–2} The effect of influences is not always intuitive.

Factors intrinsic to the individual

Self awareness

The most significant single determinant of career choice is the individual's self appraisal of their skills and attributes and how that matches to the intellectual content and other demands of the specialty.^{3,4} Medical graduates primarily look for a career that is stimulating and interesting. The perception that general practice is not intellectually stimulating may result in it being rejected.

Gender

The proportion of female medical graduates is increasing worldwide. Traditionally women have rated flexibility and compatibility with family and domestic responsibilities as highly influential on career choice. Thus the perception more women will choose general practice. Recent evidence suggests lifestyle factors are now equally important to men and women.^{5–6} Although the perceived general practice flexibility is important, incorporating this motivation in career choice may be at the expense of real interest and enthusiasm for the vocation; risking

the sustainability of the career. Other specialties are increasing the availability of flexible training and work practices, contributing to a continued trend for women to reject general practice for specialties.³ After removing the lifestyle factor and flexibility influences, women are probably not more likely to choose general practice than men.

Personality, personal goals and values

Personality traits are not a major influence on career determination when controlled for gender.⁶ A US study found a link between patient centredness and primary care career preference, with an inverse relationship with career rewards and self-reliant relationship styles.⁷ Those choosing general practice may tend to have a social orientation and desire a varied scope of practice.

Evidence does not support the assumption that social values vary across medical craft groups. Personal goals, such as the desire for a good income or to contribute to disadvantaged groups, may be important determinants. Decision making tools may assist young doctors to understand personal goals and consider options in the difficult task of career choice.

Age and generational issues

The Australian medical workforce is older and working fewer hours.⁸ The biggest decrease in full-time medical workforce participation is in younger males. The average age of medical students is increasing. Students and junior doctors are more likely to have relationships, children and carer responsibilities and other significant external influences. They may place more importance on factors such as remuneration and reduced training times. Graduate medical programs mean many graduates have established alternative careers – they can choose not to work in medicine or to work in multiple careers.

New medical graduates are increasingly being drawn from generation Y (born 1980–1994) who appear to have different views on work from their predecessors. Generations X (1965–1980) and Y have a preference for flexible work practices, work-life balance, technology and personal development.⁹

Factors related to the home and the work environment

Family circumstances

A powerful determinant of career choice relates to the need to consider family circumstances. This is a significant reason to reject an initial career option based on job satisfaction and intellectual challenge. Australian and international research confirms family circumstances as a significant reason for rejecting rural practice, even though the intellectual challenge and job satisfaction potential may be high.¹⁰

Quality of life and work-life balance

Concerns about quality of life and working relationships are sufficient to cause many doctors to reject an initial choice of career.² Potential trainees desire a life outside medicine and are concerned about work hours and on-call requirements.

General practice is seen to offer favourable conditions for both family

circumstances and quality of life and has traditionally marketed itself as the lifestyle choice. The problem is that many more doctors are not initially considering general practice. So rather than focus on lifestyle issues, general practice needs to do more to influence that initial choice which tends to be based on a fit with intellectual factors.

Flexibility

General practice has been seen to offer choice and flexibility. Flexibility means different things to different generations. Doctors aged in their 40s and 50s may want part-time options or time off for travel and recreation, generation Y doctors may want the option to work in an emergency department, at a skin cancer clinic, and also in general practice. Doctors may want to qualify, and practice, in more than one specialty. New doctors want work practices that embrace different types of flexibility: 'working time flexibility' – part-time, contracts, job share or extended leave; 'labour mobility' – moving in and out of different jobs, different locations or even completely different occupations; 'earning flexibility' – a choice of different earning options to satisfy intellectual and altruistic pursuits; and 'functional flexibility' – adaptable job descriptions, portfolio careers and transfer of aspects of work to other practitioners. These concepts are challenging for the profession to embrace while fondly reminiscing of a time when a GP served a community for 40 years or more.

This interest in subspecialisation and 'portfolio careers', where a doctor might gain skills in a range of specialties and practise some or all of them at any one time, links to discussions about general practice special interests. Generational issues may force the profession to embrace this debate, although there is clearly much angst that this may result in a deskilled general practice workforce and further workforce problems.

The general practice work environment

Workplace experience and interaction with members of the profession is of great importance. Potential trainees need a good understanding of what the vocation will offer, in terms of peers, work environment and day-to-day tasks, to determine the fit with intellectual satisfaction and enjoyment. There is limited capacity to experience the general practice workplace and to interact with the profession. When prevocational doctors have the opportunity to experience general practice, they may be surprised and attracted by its intellectual rigour, diversity and use of technology.

Closely related to lifestyle is remuneration. In the career decision-making process there should be an opportunity to understand income potential. Some evidence suggests that students who consider income a high priority goal are more likely to choose a specialist urban career path.¹¹ In general practice, it may be important to understand how income is generated from different sources. Research suggests younger doctors will be less motivated by financial considerations than by job satisfaction and lifestyle; however they value making pragmatic and well-informed decisions.

Career advancement, promotion and recognition of excellence are highly valued in the medical cohort. These are not strongly associated with general practice. General practitioners in leadership roles provide role models for doctors aspiring this recognition.

Positive and negative experiences and serendipity

Many studies suggest that most career decisions are made in the 1–2 years after graduation.³ Experience of a speciality is particularly influential in determining career choice, including actually doing the job, observing and interacting with senior doctors involved in that speciality.¹² These highly influential experiences may be serendipitous. A good term, inspirational supervisor and opportunity for further training may occur by chance and result in a career choice. The lack of opportunity to experience general practice, most importantly as a junior doctor, means that many don't actually know what GPs do and there is little chance of life changing experiences.

General practice mentors have been shown worldwide to positively influence career choice for general practice.¹³ Trainees describe being surprised that general practice is so interesting and intellectually stimulating; important when intellectual challenge and perceived skill and aptitude are the most powerful drivers for a career choice. A good general practice prevocational experience has been shown to positively effect general practice recruitment and specifically, rural practice.¹⁴

A poor general practice experience as a student or junior doctor is a powerful influence to reject general practice as a career option. Students are vulnerable to 'bad' advice and experiences, which could confirm their fears and push them further away. Improving these experiences may be one of the most important tasks for the profession. There may be a view that general practice is the career of last resort for those who can't make it in speciality training. This 'bad-mouthing' and stereotyping of general practice has a lasting effect, making it difficult for young doctors to choose it as a career path.

Morale and esteem of the profession

A strong theme in the literature is the effect of the low morale and self esteem of the general practice profession. A sense of hopelessness can be discerned and noted by those considering general practice. General practitioners often publicise the negative aspects; disillusioned GPs may propagate feelings of being undervalued, underpaid and overworked. Many GPs still feel like the poor relations of the profession and struggle to perceive themselves as equal to specialty colleagues. Choosing general practice may occur in the face of the best advice from others that it is a poor choice. Prevocational trainees may feel compelled to justify the general practice choice based on lifestyle imperatives rather than a genuine general practice interest. This is counterproductive when the primary motivation in career choice is intellectual stimulation. It is increasingly recognised internationally that the perception of GPs as the poor professional relations should be actively countered by increasing the role of GPs in teaching throughout training.^{15,16}

Conclusion

The most powerful determinant of career choice is self assessment of skills and attributes and matching that to the perceived intellectual challenge and potential for job satisfaction of available careers. Personal circumstances and attendant lifestyle considerations are then the most powerful reasons to modify that choice. The biggest losses to general

practice recruitment are those not ever considering it – possibly due to lack of opportunity to experience general practice and misconceptions about the intellectual rigor of the work. This perception is fuelled by poor experiences and stereotyping of the profession from both within and outside its ranks.

Although flexibility and lifestyle are positive aspects of a potential career in general practice, generation X and Y need timely, pragmatic and honest advice about the nature of the work and how it will achieve personal goals and aspirations. Flexible work practices mean more than the opportunity to work part time and may challenge the profession.

Getting the right doctor into the right job is likely to create a happier, healthier and more sustainable workforce.

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