MEDICAL PRACTICE

Medical Education

Career preferences of doctors qualifying in 1975

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Career preferences of doctors graduating in 1975 were investigated in the same way as for 1974 graduates.¹ As with earlier reports^{1 2} the figures and percentages shown include a weighted allowance for tied choices—for example, medicine bracketed with another specialty as first choice of career would contribute half a first choice for medicine; when bracketed with two other specialties it would contribute one-third. The actual number of doctors expressing a particular preference, alone or tied with an alternative, cannot therefore be derived directly from the tables.

Variations from the study of 1974 graduates

NAMES AND ADDRESSES

For this study names and addresses were not obtained directly from medical schools but were derived from the GMC's fortnightly lists of provisionally registered doctors. These lists give the university of graduation (or specify the conjoint diploma) but do not distinguish individual London medical schools. Responders were asked to give their preclinical and clinical schools but 37 replies did not include this information. At the conclusion of the study figures were obtained from the University Grants Committee (UGC) for graduates from each medical school during 1975. There were slight differences from our figures, particularly in relation to London-based clinical students graduating at Oxford or Cambridge. The total UGC figure for graduates was 2752; the number of questionnaires sent out was 2734, and we received 2218 replies (81%). The response rates for individual

medical schools (table I) are based on UGC figures and are therefore slight underestimates.

It was clearly less satisfactory to get names and addresses in this way, for the above reasons and because only home addresses were obtained. The overall response rate was lower than previously. Nevertheless, the saving in effort to the medical schools and ourselves was considerable.

TABLE I—Response rates of graduates of various medical schools and proportions of responders known to be women

Medical school	Response rate (%)	% Women (of responders of known sex)	Medical school	Response rate (%)	% Women (of responders of known sex)
Aberdeen	78	32	Belfast	86	41
Birmingham	79	35	Charing Cross		20
Bristol	93	36	Guy's		24
Dundee	82	35	King's College		26
Edinburgh	81	33	The London	76	22
Glasgow	73	29	The Middlesex		25
Leeds	78	28	Royal Free		49
Liverpool	74	36	St Bartholomew's		17
Manchester	86	30	St George's		23
Newcastle	83	32	St Mary's		24
Nottingham	100	35	St Thomas's		15
Oxford	64	19	University College		34
Sheffield	80	24	Westminster		14
Wales	79	34			

SCOPE OF STUDY

The Queen's University of Belfast was included, and Nottingham contributed its first graduates.

LOCATION OF CURRENT POST AND METHOD OF ALLOCATION

Responders were asked where they were doing their present post (in 72% of cases the second preregistration post) in relation to their medical school. There were 709 responders holding posts outside the region of their medical school, 1132 in the city of their medical school, 351 in the NHS region of their medical school, and 26 unknown. In

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answer to the question "Did you take a post outside the region from choice?" 853 replied "yes" and 121 "no" (total 974). Presumably the excess replies (see above) referred to previously held posts outside the region. Responders were also asked their views on the best method of allocating preregistration posts.

CHANCES OF SUCCESS

The question as to chances of success was omitted, since the replies to the previous inquiry revealed confusion about the definition of "success"; we felt this to be reasonable and thought the resultant information would not justify elaborating the question.

USE OF EXAMPLES

The questionnaire to 1974 graduates stated, "You may be as specific as you like about your career preferences—for instance, if you are determined to be a paediatric neurologist or a cardiac surgeon. If it is more appropriate for you to express your preferences in broad terms, it would help us if you would use these 'mainstream' headings: medicine, surgery, obstetrics and gynaecology, general practice, psychiatry, community medicine, pathology, anaesthetics, radiology, and radiotherapy. To these you may, of course, add academic work, medical work in the armed Forces, mission work overseas, etc. etc."

The questionnaire for the present study was worded: "Be as specific or as general as you like—for instance, paediatric cardiology, mission work abroad, general practice with hospital sessions, etc."

Conclusions

There was a slightly greater proportion of women among the responders (29.4%) than in 1974 (table II). The number of responders born in Northern Ireland was considerably greater, but graduates of the Queen's University of Belfast were included for the first time. A considerably greater number of responders (14.6%) did not disclose their country of birth (table III). There were less married than single responders (table IV).

Of the responders, 22.5% indicated that they had made a definite choice of career and 47.8% said "probably."

There was a very large increase in the number of responders giving general practice combined with some other work as a first choice of career (268 responders compared to 29 in 1974 (tables V and VI). The most popular combinations were general practice "with hospital sessions" (192), "with obstetrics" (17), "with anaesthetics" (15), and "with paediatrics" (10). The remaining combinations covered a vast range of suggestions, but the combination of general practice with community medicine accounted for only one specific preference. Community medicine

TABLE II—Percentage of women giving various specialties as first choices of career

First choice of career	% Women (of responders of known sex)	First choice of career	% Women (of responders of known sex)
Medicine	25	Community medicine	61
Paediatrics	55	Pathology	34
Surgery	10	Anaesthetics	37
Obstetrics and gynaecology	31	Radiology	37
General practice	32	Other (medical)	29
General practice with other specialty	36	Other (non-medical)	37
Psychiatry	32	Not indicated	33

TABLE III—Countries of birth and nationality of 2218 responders

	Country of birth								Nationality		
	England	Wales	Scotland	N Ireland	UK (not specified)	Eire	Other (non-UK)	Unknown	British	Other	Unknown
No (%)	1114 (50.2)	80 (3.6)	218 (9.8)	82 (3.7)	147 (6.6)	5 (0.2)	249 (11.2)	323 (14.6)	2101 (94.7)	104 (4.7)	13 (0.6)

TABLE IV—Age and marital state of responders

Age (years)	Married	Single	Unknown	Total
Unknown	8	12	8	28 (1.3%)
21	1	1	1	3 (0.1%)
22	3	10	13	26 (1.2%)
23	85	192	277	477 (21.5%)
24	264	474	738	1476 (66.2%)
25	239	371	610	1220 (55.1%)
26	91	102	193	386 (17.4%)
27	32	37	69	139 (6.2%)
28	28	21	49	99 (4.5%)
29	19	13	32	64 (2.9%)
30	13	6	19	38 (1.7%)
Over 30	39	10	49	98 (4.4%)
Total	821 (37%)	1249 (56.3%)	148 (6.7%)	2218 (100%)

TABLE V—Proportions of responders giving various specialties as first, second, and third choices of career

Specialty	First choice		Second choice		Third choice	
	No	%	No	%	No	%
Medicine	525	23.7	458	20.6	253	11.4
Paediatrics	142	6.4	161	7.3	72	3.2
Surgery	338	15.2	214	9.6	104	4.7
Obstetrics and gynaecology	76	3.4	81	3.7	38	1.7
General practice	497	22.4	270	12.2	224	10.1
General practice with other specialty	268	12.1	157	7.1	84	3.8
Psychiatry	66	3.0	56	2.5	48	2.2
Community medicine	14	0.6	18	0.8	14	0.6
Pathology	27	1.2	29	1.3	24	1.1
Anaesthetics	84	3.8	103	4.6	56	2.5
Radiology/radiotherapy	32	1.5	33	1.5	33	1.5
Other (medical)	113	5.1	116	5.2	64	2.9
Other (non-medical)	12	0.6	15	0.7	22	1.0
Not indicated	24	1.1	507	22.8	1182	53.3

TABLE VI—Medical and surgical specialty preferences of responders

	First choice		Second choice		Third choice	
	No	%	No	%	No	%
Medical specialties						
General medicine (including "medicine")	283	12.8	240	10.8	107	4.8
Cardiology	16	0.7	22	1.0	13	0.6
Dermatology	13	0.6	17	0.8	10	0.5
Endocrinology	8	0.4	12	0.5	2	0.1
Geriatrics	3	0.1	5	0.2	10	0.5
Clinical haematology	16	0.7	11	0.5	15	0.7
Nephrology	5	0.2	6	0.3	5	0.2
Neurology	21	0.9	14	0.6	9	0.4
Chest medicine	7	0.3	11	0.5	7	0.3
Rheumatology	4	0.2	6	0.3	5	0.2
Other medical specialty (specified)	114	5.1	98	4.4	58	2.6
Other medical specialty (non-specified)	8	0.4	8	0.4	2	0.1
Academic medicine	27	1.2	8	0.4	10	0.5
Total	525	23.7	458	20.6	253	11.4
Surgical specialties						
General surgery (including "surgery")	205	9.2	104	4.7	47	2.1
Accident and emergency	10	0.5	17	0.8	8	0.4
Ear, nose, and throat	8	0.4	9	0.4	7	0.3
Neurosurgery	8	0.4	2	0.1	1	0.1
Ophthalmology	22	1.0	12	0.5	3	0.1
Orthopaedics	34	1.5	30	1.4	11	0.5
Paediatric surgery	2	0.1	4	0.2	2	0.1
Plastic surgery	21	0.9	12	0.5	7	0.3
Thoracic/cardiac surgery	4	0.2	4	0.2	2	0.1
Urology	2	0.1	2	0.1	2	0.1
Other surgical specialty (specified)	19	0.9	14	0.6	15	0.7
Other surgical specialty (non-specified)	3	0.1	4	0.2	1	0.1
Academic surgery						
Total	338	15.2	214	9.6	104	4.7

TABLE VII—First choices of career selected by responders from each medical school. (Figures are percentages of responders)

	Medicine	Paediatrics	Surgery	Obstetrics and gynaecology	General practice	General practice with other specialty	Psychiatry	Community medicine	Pathology	Anaesthetics	Radiology	Other (medical)	Other (non-medical)	Not indicated
Aberdeen	13.8	2.9	16.0	1.5	28.0	13.1	5.5	1.5	2.9	5.5	4.4	5.1		
Birmingham	21.3	6.7	13.6	2.0	25.9	15.5	3.9		0.9	3.9		5.4		0.9
Bristol	21.0	7.8	11.0	1.0	25.2	9.3	3.7	0.3	1.0	7.0	1.0	10.3	0.3	1.0
Dundee	19.2	5.6	18.8	2.5	22.3	13.1	1.3			8.8	0.6	6.6		1.3
Edinburgh	20.7	5.6	12.5	8.9	28.6	7.1	4.0		1.0	3.5	2.0	5.1	1.0	
Glasgow	17.1	8.2	22.1	3.7	20.3	8.0	4.1		1.6	6.4	3.3	4.4	0.8	
Leeds	24.6	11.0	12.9	5.6	18.0	21.0	2.2			1.7	1.1	0.8		1.1
Liverpool	24.4	4.8	15.0	7.8	21.5	13.3	1.4		1.1	5.0	2.2	2.2		1.1
Manchester	26.8	9.5	12.8	3.0	21.0	13.0	1.5	1.7		3.0	1.5	4.8	0.7	0.7
Newcastle	21.4	8.4	24.2	0.3	22.8	8.4	2.2		2.2	2.2		6.5	1.1	
Oxford	28.8	3.0	20.1	2.3	16.7	16.2	8.1			1.2		1.2		2.3
Sheffield	18.1	2.6	13.0	5.7	24.7	19.9	3.5		1.7	6.9		3.5	0.5	
Wales	25.5	6.9	13.2	5.2	23.9	15.5	3.4			1.7	2.3	2.3		
Charing Cross	22.9	5.7	13.4	1.4	30.0	9.4				2.9		11.4		2.9
Guy's Hospital	28.8	6.8	9.4	3.4	22.0	15.9	0.6	1.1	2.3	2.0	1.0	2.3	1.9	2.3
King's College	28.6	5.7	7.9	5.7	25.0	11.4	2.9		1.4	1.4		8.6		1.4
The London	25.6	7.9	11.0	1.4	21.6	9.0	3.2	0.5	2.1	4.2	1.1	7.2	3.2	2.1
The Middlesex	41.9	3.4	15.7	0.6	12.1	11.2	1.1	0.6	2.2	3.4		4.3		3.4
The Royal Free	21.7	5.7	8.3	1.3	36.2	11.6	3.9		2.0	1.9	1.3	5.9		
St Bartholomew's	25.1	3.1	18.6	4.6	15.8	14.2	4.4		1.0	2.3	4.9	3.9	1.0	1.0
St George's	33.3	4.7	11.2	4.7	12.8	16.3	4.7			2.3	0.7	7.0		2.3
St Mary's	18.5	5.5	21.3	3.5	20.7	13.0	0.6	4.6	1.7	1.2	1.2	8.4		
St Thomas's	21.3	7.6	26.5	3.8	11.0	11.3	2.8		1.9	3.8		10.0		
University College	26.4	4.0	17.2	2.4	12.3	16.0	5.4	1.0		3.3	3.0	5.1	1.6	2.4
The Westminster	35.7	2.0	16.6		18.6	12.6			2.0		4.0	4.4		4.0
Belfast	17.0	8.1	16.5	5.4	33.9	4.3	4.3		0.9	7.0	1.1	1.6		
Nottingham	13.5	8.1	13.5	5.4	37.8	2.7	2.7	5.4		5.4		5.4		
Total	23.7	6.4	15.2	3.4	22.4	11.7	3.0	0.6	1.2	3.8	1.5	5.1	0.6	1.0

TABLE VIII—Views on allocation of preregistration posts

	No	%
Posts would best be allocated by:		
(1) a national system	196	8.8
(2) own medical school	1000	45.1
(3) individual initiative	820	37.0
(4) combination of 2 and 3	160	7.2
(5) combination of 1 and 2 or 1 and 3	13	0.6
No reply to question	28	1.3
Posts would best be allocated both at once:		
Yes	1171	52.8
No	694	31.3
No reply to question	353	15.9

as a choice of career in its own right remained unpopular (14 first choices); first choices for medicine showed an increase and anaesthetics showed a decrease.

It is difficult to escape the conclusion that the unpremeditated use of "general practice with hospital sessions" as an example in the questionnaire may have prompted a flood of responses in this direction (although the same did not apply to paediatric cardiology). If so, it is a striking example of how responders may be influenced at the preregistration stage in what they say they would like to do without, of course, necessarily being influenced to the extent of actually doing it. Here is a lesson, doubtless well known to others, in the wording of questionnaires, and a warning for all on their interpretation.

The pattern of career choices from individual medical schools (table VII) varied considerably—for example, the two schools showing the highest number of preferences for anaesthetics in 1974 yielded only one preference between them in 1975. It is important to remember such short-term variations in drawing conclusions from single samples. It is also interesting to compare these variations with the more long-term question of whether certain medical schools, over a period, tend to produce more specialists of certain kinds than others.³

There was no evidence of any increasing inclination to emigrate, the proportions of responders answering this question in

accordance with the options provided being almost exactly the same as in 1974.

Only 6.5% of Belfast graduates were currently holding posts outside their own region. Within England, Scotland, and Wales, the proportion ranged from 11% of Liverpool graduates to 64% of Oxford graduates. Other medical schools with over 40% of graduates occupying posts outside the region were King's College, The Middlesex Hospital, St Bartholomew's, St George's, St Mary's, St Thomas's, and University College Hospital. Altogether, only 5.5% of responders admitted that holding a post outside the region of their medical school was not from choice.

Most responders were in favour of preregistration posts being allocated by their own medical school, or by a combination of medical school allocation and private initiative (table VIII). The suggestion of a national allocation system appealed to only 8.8% of responders. Rather more than half of the responders (52.8%) felt that it would be preferable for both preregistration posts to be allocated at one time. Those in favour of private initiative alone in obtaining preregistration posts ranged from 11% to almost 70% from different medical schools, and perhaps reflected the degree of confidence in the prevailing system. Likewise, enthusiasm for allocation of both posts simultaneously ranged from around 90% in Edinburgh, Glasgow, Leeds, Liverpool, Wales, and Bristol down to between 30 and 40% of responders from other schools.

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