

Cohort studies of UK doctors: newly qualified doctors' intentions about their choice of future career

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Objectives: To determine the career intentions, particularly in respect of choice of specialty, of newly qualified doctors from medical schools in the United Kingdom; to study trends over time in career intentions; to study the relationship between career intentions and such factors as the doctors' sex, ethnicity, age at entry to medical school, and medical school attended.

Design: Postal questionnaires.

Setting: UK.

Participants: All qualifiers in nine selected years-of-qualification from 1974 to 2002, first surveyed one year after qualification and then followed up at regular intervals.

Main outcome measures: Choice of eventual specialty, expressed at the end of the first year after qualification.

Results: 74% (24623/33417) of doctors responded at one year after qualification. There have been some major changes over time in profiles of preferred career choice. For example, the percentage of newly qualified men doctors who wanted a long-term career in general practice fell from 40% of the qualifiers of the 1980s to 14% of the qualifiers in the early 2000s; the corresponding percentages of women fell from 52% to 28%.

Of the hospital specialties, some, like surgery and anaesthetics, have become much more popular choices among newly qualified doctors recently than in the past; and others, like obstetrics and gynaecology, have declined in popularity.

As well as the large differences between men and women in their choice for general practice or hospital practice, there are also some substantial differences between men and women in career choices for specialties within hospital practice. For example, though the gap has narrowed over time, most of the surgical specialties are still chosen by a much higher percentage of men than women; and a much higher percentage of women than men choose paediatrics and obstetrics and gynaecology (O and G is now chosen by less than 1% of men).

There are few differences of any note between school-leaver entrants and graduate entrants to medical school in their choice of specialty, and few important differences in specialty choice between white and non-white ethnic groups of UK-trained doctors. Doctors who qualified from some medical schools were much less likely than others to want a career in general practice: for example, only 14% of Oxford and Cambridge qualifiers, compared with over 30% of qualifiers from several other schools, chose general practice. The percentage of junior doctors who intend to continue working in medicine in the UK 'for the foreseeable future' has not changed appreciably over the past decade.

Conclusions: The popularity of general practice as a career in the UK has declined. Large differences remain between men and women in the careers that they choose within medicine. As the percentage of entrants to medical school who are women has increased (it now stands at a little over 60% in the UK), understanding the reasons for the differences becomes even more important now than it has been in the past. Although the percentage of medical school entrants who are from ethnic minorities has increased substantially (from 2% of the intake to UK medical schools in the 1970s to nearly 30% in the early 2000s), this will probably have no major effect on the overall profile of young UK-trained doctors' choices of eventual careers. Reasons for the big differences between some medical schools in their graduates' choice of specialty, and the question of whether such differences are intended and are desirable, need consideration by policy makers.