CAREER PREFERENCES OF PRE-REGISTRATION DOCTORS IN N. IRELAND (1972)

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BACKGROUND

In the early months of 1972, the Council launched its Careers Information and Advice Service for junior medical staff by inviting the holders of the 117 pre-registration posts in the province to complete and return a postal questionnaire summarising their career intentions and outlining the disciplines for which career advice was requested. This was directed at doctors who had graduated in July and December 1971, mainly from Queen’s University, Belfast, and this group will be referred to as Group A.

In October 1972, a similar exercise was undertaken again offering the use of the Careers Information and Advice Service to holders of pre-registration posts who had graduated mainly from Queen’s University in July 1972; this group will be referred to as Group B.

Sixty-four doctors from Group A completed and returned their forms and at the time of writing, seventy doctors have done so from Group B.

The Careers Information and Advice forms are used as a basis for career counselling by Council’s Specialty Advisers and it must be emphasised that at no time, was the form represented as a direct survey of career preferences; given the novelty of centralised career guidance in the province, the response to date is seen as most encouraging.

FINDINGS

Although respondents could elaborate on their intentions they were, in the first instance, restricted to nine major specialties which corresponded with Council’s Specialty Committees and Advisers. They were then asked to indicate their intentions as ‘certain’, ‘probable’ or ‘uncertain’. Any specialty indicated under the first two headings was taken as a first preference but where ‘probable’ was indicated other specialties were also listed as under consideration.

Figure I illustrates Northern Ireland findings based on first preference career choice; Table I compares these findings with those of a similar survey carried out recently on pre-registration doctors in the Manchester/Sheffield region and an earlier survey conducted by the Royal Commission on Medical Education (1966) in which final year medical students were asked to indicate their career preferences.

It can be observed from these figures that 1/5 of the doctors concerned in the Northern Ireland survey were uncertain about their career intentions and Figure I shows this to be consistent for both groups in spite of the fact that members of Group A were well through their pre-registration year while those in Group B were just beginning. Furthermore, information from career interviews has shown that most of the doctors who indicated their ‘probable’ intentions in a particular specialty turned out to be poorly informed on alternative career prospects. Such
findings help to strengthen the case for career guidance for medical students, particularly in their final two years.

The report on the Manchester/Sheffield survey contrasted the popularity of general practice (32.2 per cent) with the figure of 23.5 per cent for the same specialty revealed by the survey for the Royal Commission on Medical Education (1966). Whilst the figure of 26.4 per cent for Northern Ireland would appear closer to the latter, a broader interpretation of the findings has shown that an overall 42 per cent were prepared at least to consider general practice as a career while only 20 per cent were prepared similarly to consider medicine, the next most popular
specialty. Almost all of those who had indicated surgery as their intended career were ‘Certain’ and only a few listed it merely as a specialty under consideration.

While it may be considered that opting for general practice is in a sense taking the easy way out, the Careers Information and Advice Service stresses the importance of vocational training in general practice as in any other specialty.

Psychiatry is in rather a better position than the figures would indicate since an overall 7 per cent were prepared to consider it as a future career. Only in radiology and community medicine is the situation rather less than hopeful. Only one doctor out of both groups combined expressed an intention to specialise in radiology but although the specialty probably suffers at the pre-registration stage from a lack of exposure the possibility of early consultant status may tend to make it more attractive at a later stage. Radiology, like anaesthetics, plays a vital role in hospital practice, but only a comparatively small part in undergraduate education.

Community medicine suffered an unexplained slump in the returns from Group B and indeed the lack of male interest from either group must give rise to some concern. However the developing training programme of the new Faculty of Community Medicine may help to stimulate interest.

It is worth comparing the Northern Ireland figures for career preference with the ideal distribution of career posts for a cohort of one hundred doctors (Table II) (Source: Dept. of Health & Social Security) and with the distribution of medical career posts in the United Kingdom (1970) (Figure II).

![Figure 2. Distribution of medical career posts in United Kingdom (1970) (left) compared with distribution on first choice career preferences of pre-registration doctors in Northern Ireland in 1972 (right). The data for the United Kingdom is from “Teach-in”, January 1972.](image)

The situation in medicine, surgery and obstetrics and gynaecology reflects the national picture but although the bias to these specialties is hardly surprising during the pre-registration year since their powerful and attractive academic departments are the basis of medical education and the main channels of instruction in the final undergraduate clinical years, it is more than a passing phase. The senior registrar
establishment is firmly tied to consultant vacancies and it was stated in the British Medical Journal in 1971 that for every senior surgical post going there are five middle registrars applying. Nevertheless within both medicine and surgery there are branches in which staffing problems are acute. The current situation in Northern Ireland is given in Table III.

### TABLE III

**Relationship between Doctors in Training and Prospective Consultant Vacancies in Northern Ireland**

| SURGERY         | Supply of Trainees | MEDICINE                   | Supply of Trainees |
|-----------------|--------------------|----------------------------|--------------------|
| General         | S                  | General                    | I/B                |
| Thoracic        | I/B                | Cardiology                 | S                  |
| Paediatric      | I/B                | Therapeutics & Pharmacology| I/B                |
| Neurosurgery    | S                  | Dermatology                | I/B                |
| Plastic         | S                  | Venereology                | D                  |
| Cardiac         | I/B                | Neurology                  | I/B                |
| Urology         | D                  | Gerantology                | D                  |
| Orthopaedic     | S                  | Paediatrics                | I/B                |
| E.N.T.          | L.D.               |                            |                    |
| Opthalmic       | L.D.               |                            |                    |

*S* = Surplus  
*I/B* = In-Balance  
*D* = Deficit  
*L.D.* = Large Deficit

Most of the doctors replying to the questionnaires were aged 25 or under, 49 per cent were married and 22 per cent were women. The large proportion of married
doctors emphasises the need for the provision of adequate married accommodation especially outside Belfast. During interviews many doctors indicated that they had or were in the process of buying houses in the Belfast area, something which tends to restrict their future mobility, to the detriment of peripheral hospitals. Women doctors tended overwhelmingly to see their future careers in either community medicine or paediatrics and rarely in general practice. No doubt this is at least partly due to the recognition that part-time posts or regular hours in these specialties are more likely to be obtained.

The questionnaire also included an optional question which asked if the doctor intended to pursue his career in Northern Ireland, some other part of the United Kingdom or elsewhere. The returns from Group A showed that 26 per cent intended to leave Northern Ireland while the response from the larger Group B was a similar 26 per cent. While too much reliance should not be placed on these figures it would appear possible that the emigration rate of doctors has not been affected appreciably by the great increase in civil unrest during 1972.

CONCLUSIONS

In one of the earliest approaches to this problem Last and Stanley (1968) stated that the choice which the doctor in training must make between the range of careers in medical practice is only slightly less important than his initial decision to study medicine. However, the actual period during which a final decision is reached will vary enormously between individuals and indeed Last and Stanley found that as long as five years after qualification less than two thirds of doctors in their survey had definitely decided on their ultimate careers. They also concluded as Table II shows in simplified form that the ambitions of young doctors were grossly discrepant from the potential openings in the senior ranks of the National Health Service especially in medicine, surgery and obstetrics and gynaecology. Faced with this eventual impasse many indicated that rather than modify their plans for a career in the specialty of their choice they would emigrate.

Thus the returns for Northern Ireland are encouraging in their realism since a large percentage are at least prepared to consider general practice as a future career. This is in contrast to the findings of Last and Stanley who concluded that few young doctors were prepared to consider general practice as a second choice if their first choice was either a mainstream or minor clinical specialty.

Undoubtedly a considerable need exists for more study of the difference between ambition and achievement in career choice. If Council's Career Information and Advice Service succeeds in persuading young doctors to assess realistically their career prospects in the light of the opportunities which exist it will have achieved its purpose.

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