Young Doctor Movements: motives for membership among aspiring and young family physicians

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Abstract

Background: Over the past decade, young doctor movements (YDMs) have gained recognition for their efforts in promoting the discipline of family medicine. With growth and expansion comes the need for an inquiry into the membership motives of current/intending members. Aim and Objectives: This study was aimed at determining the main reasons why young and aspiring family physicians (FPs) joined their regional YDM. It was also concerned with determining the main factors that will make non-members want to join a YDM as well as assessing for differences in the responses within YDM members on the one hand, and between YDM members and non-members on the other. Materials and Methods: This was a cross-sectional web-based study. Using a list of 11 items generated following a series of discussions and feedback among selected FPs and FP trainees, respondents annotated levels of agreement on reasons for current or desired YDM membership. The Mann–Whitney U test was used to determine the distribution and differences in the mean of rank scores of the responses from YDM and non-YDM members while the Kruskal–Wallis test was used to describe same for the various YDMs. Results: The total number of respondents was 200, out of which 102 (51.0%) were current YDM members, 97 (48.5%) were non-members and 1 (0.5%) respondent did not state his/her membership status. Non-YDM members indicated a predominantly academic/professional motive for membership while YDM members indicated the opportunity to socialise with FPs abroad and in their country as their foremost reasons for membership. A mixture of academic, professional and social motives was observed for respondents from Vasco da Gama; predominantly academic and professional motives for respondents from Spice route. Conclusions: While gaining recognition and improving one’s practice may be the ultimate goal of an aspiring FP, socialising within a network of like-minded professionals maybe the young FP’s way of coping with demands of the discipline.

Keywords: Family physicians, mentors, social capital

Introduction

Over the past 10 years, the World Organisation of Family Doctors (WONCA) has benefited from and supported the development of young doctor movements (YDMs) comprised of individuals within five years of residency completion and family medicine (FM) trainees. Increasingly, these groups are reaching out to medical doctors and students as potential participants. Each YDM serves similar to a special interest group. Though each is slightly different, all have a regional Chair as well as representatives for each FM academy/college. Membership is limited to the aforementioned criteria and without dues. The budgets are minimal and are supported by national academies, fundraising, conference attendances, and donations.

YDMs promote the discipline by increasing opportunities to acquire new skills, creating a forum for support and information, establishing a communication network, improving the quality of FM training programs by creating a central information database, promoting mentoring, sharing best practices, publishing news about the movements for national colleges and associations, providing access to WONCA international and regional

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conferences, developing junior doctors conferences, contributing to the development of new and future FP representation and encouraging foreign exchanges among young FPs.\(^\text{(5-7)}\)

Innovation, especially when intertwined with positive social interactions, proves integral and manifests itself through the events performed by their leadership and members. The most popular activities are the pre-conferences, novel adjuncts to standard FP conferences coordinated by YDMs and have occurred in various countries around the globe.\(^\text{(8)}\) Exchanges are another popular item with YDMs collaborating to increase availability and a global standard of exchanges.\(^\text{(9)}\) Still other aims include international research, leadership and teaching opportunities. All of these are likely reasons for expanding YDM popularity and influence.

Though YDMs have gained prominence over the past decade, minimal inquiry into members’ motives exists. This is necessary to determine if there is a proper alignment between the expectations of members, would-be members and the stated YDMs’ role in family medicine promotion and development.

**Objectives**

This study’s objectives include: (1) determining major reasons why young FPs (those <5 years of residency completion) and aspiring FPs joined their regional YDM and are involved in their activities, (2) determining the main factors that will make non-members want to join a YDM, (3) assessing for differences in the responses between YDM members and non-members and (4) studying differences in the responses between the YDM members.

**Materials and Methods**

The study population included young FPs (≤5 years after residency completion) and aspiring FPs (FP trainees, medical degree holders and medical students who have chosen family medicine as a career). Using Open Epi version 2.2.1, a 95% confidence interval (CI) was selected on the assumption that 50% of an infinite population of young and aspiring FPs would agree to the listed reasons for joining a YDM. A sample size of 384 was calculated. A convenience sampling method was used by posting the survey link to the online YDM platforms, departments of family medicine websites and online platforms of young doctors in the various WONCA regions. Responses of all those who opted into the survey and met the inclusion criteria were included. Face and content validity for the survey tool was ascertained following two discussion and feedback sessions with a group of nine young FPs (five FP trainees and three FPs in Nigeria with input from a FP from the USA). Five cycles of the survey were sent. Using a five-point Likert scale (i.e. strongly agree, agree, neutral, disagree and strongly disagree), respondents indicated to what extent they agreed to each item as being the possible reason they joined (or may want to join) a YDM. Demographic data included age, gender, specific YDMs and professional status. The Mann–Whitney U test was used for the distribution of responses and to test for statistically significant difference. The Kruskal–Wallis test was used to describe the distribution of responses by the various YDMs as well as to test for statistically significant difference. The Chi-square test was used to determine association between age groups, gender, professional status and agreement with the listed reasons for joining YDM. SPSS (version 16) was used for the analyses.

**Results**

Respondents were practicing/aspiring FPs from 40 countries across all WONCA regions. The total number of respondents was 200. The mean age (SD) was 32.3 years (4.9) and the largest group by age (41.5%) was between 25 and 30 years. Female respondents were 86 (42.0%) while the male respondents were 84 (42.0%); 30 (15%) of the respondents did not state their gender. Young FPs who were <5 years post-residency were 80 out of the 200 respondents (40%), FP trainees were 109 (54.5%), medical degree holders about to start family medicine residency were 4 (2%), medical students who had chosen a career in family medicine were 6 (3%); 1 respondent did not state his/her current status.

Further classification of the respondents showed that 102 (51.0%) were current YDM members, 97 (48.5%) were non-members and 1 (0.5%) respondent did not state his/her status. Out of the 102 current YDM members, 49 (48%) were FPs while 53 (52%) were aspiring FPs. Among the 97 respondents who were not yet members of YDM, there were more aspiring FPs (66 out of 97; 68%) than FPs (31 out of 97; 31.9%), which was statistically significant (\(\chi^2 = 4.69, df = 1, P = 0.03\)). Of the 102 YDM members: 38 (39.2%) belonged to Vasco da Gama, 23 (23.7%) to AfriWon Renaissance, 13 (13.4%) to Waynakay, 11 (11.3%) to Wonca Polaris, 5 (5.2%) to Spice Route Movement, 5 (5.2) to Al Razi Movement, 2 (2.1%) to Rajakumar Movement and 5 did not state their YDM. This was a random occurrence as YDM members had equal opportunity to participate.

With regards the annotated reasons for joining a YDM, YDM members had the highest mean rank score on item 6 (i.e., the opportunity to socialise with other FPs abroad) followed by the desire to socialise with FPs in their country. The need for mentorship had the least mean rank score (Table 1). Non-YDM members had the highest mean rank score on item 4 (i.e., the need for mentorship) followed by the desire to improve their practice. Their least mean rank score was item 6, the need to socialise with FPs within their country. The need for mentorship had the least mean rank score (Table 2).

Respondents from Vasco da Gama had the highest mean rank scores for items 2, 3, 5, 7, 8 and 10; while those from Spice
route had the highest mean rank scores for items 1, 4, 9 and 11. Respondents from Waynakay had the highest mean rank score for item 6 [Figure 1]. Significant differences for the mean rank scores were seen for items 2, 5, 9 and 10 [Table 3].

Irrespective of the type of YDM, being an aspiring FP was associated with joining/wanting to join a YDM for recognition as a FP ($\chi^2 = 4.72, df = 1, P = 0.03$) and the desire to improve practice ($\chi^2 = 5.89, df = 1, P = 0.02$), while respondents younger or equal to 32 years of age were associated with joining/wanting to join a YDM for foreign exchange ($\chi^2 = 4.83, df = 1, P = 0.03$) [Tables 4–6].

### Discussion

This survey has provided insight into young/aspiring FPs’ motives for current or desired YDM participation. To the authors’ knowledge, this is the first study addressing the objectives enumerated above; hence comparisons with similar studies are limited.

![Figure 1: Comparing the various YDMs for each annotated reason for membership](image)

#### Table 1: Comparing YDM and non-YDM members for each annotated reason for membership

| Reason for Membership | Part of a YDM? | N  | Mean Rank | Sum of Ranks |
|-----------------------|---------------|----|-----------|--------------|
| 1. Helps me gain recognition | Yes | 94 | 87.27 | 8203.50 |
|                        | No  | 88 | 96.02 | 8449.50 |
| Total                 |     | 182 |          |              |
| 2. Helps me improve my practice | Yes | 95 | 81.94 | 7784.50 |
|                        | No  | 88 | 102.86 | 9051.50 |
| Total                 |     | 183 |          |              |
| 3. Collaborative research | Yes | 95 | 85.86 | 8156.50 |
|                        | No  | 88 | 98.63 | 8679.50 |
| Total                 |     | 183 |          |              |
| 4. Opportunity for mentorship | Yes | 95 | 78.76 | 7482.50 |
|                        | No  | 88 | 106.29 | 9353.50 |
| Total                 |     | 183 |          |              |
| 5. Opportunity for foreign exchange | Yes | 96 | 92.73 | 8902.00 |
|                        | No  | 88 | 92.25 | 8118.00 |
| Total                 |     | 184 |          |              |
| 6. Opportunity to socialize in my country | Yes | 95 | 94.37 | 8965.00 |
|                        | No  | 88 | 89.44 | 7871.00 |
| Total                 |     | 183 |          |              |
| 7. Opportunity to socialize abroad | Yes | 95 | 97.60 | 9272.00 |
|                        | No  | 89 | 87.06 | 7748.00 |
| Total                 |     | 184 |          |              |
| 8. Global opportunities | Yes | 94 | 90.91 | 8546.00 |
|                        | No  | 89 | 93.15 | 8290.00 |
| Total                 |     | 183 |          |              |
| 9. Academic and professional needs beyond what my institution can meet | Yes | 96 | 85.00 | 8160.00 |
|                        | No  | 89 | 101.63 | 9045.00 |
| Total                 |     | 185 |          |              |
| 10. Social needs beyond what my institution can meet | Yes | 96 | 90.66 | 8703.50 |
|                        | No  | 89 | 95.52 | 8501.50 |
| Total                 |     | 185 |          |              |
| 11. Opportunity for medical leadership | Yes | 95 | 92.76 | 8812.00 |
|                        | No  | 89 | 92.22 | 8208.00 |
| Total                 |     | 184 |          |              |

#### Table 2: Difference in the sum of rank scores of the responses from YDM and non-YDM members

| Test statistics | Mann-Whitney U | Asymp. Sig (2-tailed) |
|-----------------|----------------|-----------------------|
| 1. Helps me gain recognition | 3738.5 | 0.243 |
| 2. Helps me improve my practice | 3224.5 | 0.004 |
| 3. Collaborative research | 3596.5 | 0.072 |
| 4. Opportunity for mentorship | 2922.0 | 0.001 |
| 5. Opportunity for foreign exchange | 4202.0 | 0.048 |
| 6. Opportunity to socialize in my country | 3955.0 | 0.497 |
| 7. Opportunity to socialize abroad | 3743.0 | 0.136 |
| 8. Global opportunities | 4081.0 | 0.756 |
| 9. Academic and professional needs beyond what my institution can meet | 3504.0 | 0.025 |
| 10. Social needs beyond what my institution can meet | 4047.5 | 0.508 |
| 11. Opportunity for medical leadership | 4203.0 | 0.042 |

#### Table 3: Difference in mean rank scores of the responses from the various YDMs

| Test Statistics | Chi-Square | d | Asymp. Sig. |
|-----------------|------------|---|-------------|
| 1. Helps me gain recognition | 1.164 | 6 | 0.979 |
| 2. Helps me improve my practice | 15.699 | 6 | 0.015 |
| 3. Collaborative research | 7.548 | 6 | 0.273 |
| 4. Opportunity for mentorship | 8.012 | 6 | 0.237 |
| 5. Opportunity for foreign exchange | 16.091 | 6 | 0.013 |
| 6. Opportunity to socialize in my country | 6.098 | 6 | 0.412 |
| 7. Opportunity to socialize abroad | 9.468 | 6 | 0.149 |
| 8. Global opportunities | 4.387 | 6 | 0.625 |
| 9. Academic and professional needs beyond what my institution can meet | 14.923 | 6 | 0.021 |
| 10. Social needs beyond what my institution can meet | 18.558 | 6 | 0.005 |
| 11. Opportunity for medical leadership | 10.571 | 6 | 0.103 |

aMissing values ranged from 15 to 18 for each of the responses.

Non-YDM members had higher sum of rank scores on all items except 5, 6, 7, 8, 10 and 11. Their two highest mean rank scores were for items 2 and 4. The two highest mean rank scores for the YDM members were on items 6 and 7 while their two least mean rank scores were for items 2 and 4.
Agreed
The Spice Route movement may have employed
If these are taken as their top priorities, then
This description may well fit these respondents
[12]
P
24
182
42

35
35
74
75
[8]
[11]
13
85
[7]
149
141
P
40
75
68
Total
51
22
The first 2 of 10 items contained

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183
[7]
agree
107
[9]
63
108
the least
[10,11]
86
P
=5.89
33
114
90
=4.72
90
184
=4.83
54x64
that young FPs interact with their cohort across the globe, travel
kind. Anecdotal findings at recent YDM activities have shown
members look beyond work to building relationships with their
and thus suggests that young FPs/aspiring FPs who are YDM
YDM: Young doctor movements; α=0.05
Pearson Chi square
Non‑responses=18
Pearson Chi square
YDM: Young doctor movements
α=0.05. YDM: Young doctor movements

Socialising with other FPs abroad and in their country were
the two foremost reasons stated by YDM members for
their membership. This is not surprising considering the role of
the social media in connecting young professionals locally and
globally and suggests that YDM members are interested in
social networks with other young FPs. These findings support
observations made in an article describing young doctors as
“Generation X” and “Generation Y” and saying that “being
a doctor is interesting and good and I hope I am good at it,
but there are a lot of other things in my life that are equally
important.”[17] This description may well fit these respondents
and thus suggests that young FPs/aspiring FPs who are YDM
members look beyond work to building relationships with their
kind. Anecdotal findings at recent YDM activities have shown
that young FPs interact with their cohort across the globe, travel
and attend conferences with interactions transcending academics
or research in order to socialise and create bonds. This is in
contrast to findings suggesting that physicians tend to work
in isolation with 50% of their professional interactions being
patient referrals and the remaining 50% consisting of collegial
interactions with friends/co‑workers and associations within
practice groups or hospitals.[8]

These findings do not negate the professional outlook of YDMs
where respondents appear to have invested in social networks
from which academic/professional ideals are developed. This is in
contrast with non‑YDM members who had a predominant
academic/professional motive for wanting to join a YDM. The
reason may not be unconnected with the fact that most of the
non‑YDM respondents were aspiring FPs seeing YDMs as a
means to gain recognition and improve their practice. Perhaps a
predominant social motive for YDM membership is the young
FP’s way of coping with the demands of the profession.

On the other hand, Spice Route respondents indicated their
greatest interest in: improving their practice, collaborative research, foreign exchange, socialising
with young FPs abroad, global opportunities and social
needs beyond what their institution could offer. This is not
surprising considering that this was the first Movement with
the opportunity to grow into a larger organisation compared
to other YDMs. It has been successful in its ability to create a
brand and “market” FM in unique ways that appeal to young
FPs across Europe.[9]

Looking for differences among different YDMs, Vasco da Gama
participants expressed the greatest interest in: improving their
practice, collaborative research, foreign exchange, socialising
with young FPs abroad, global opportunities and social
needs beyond what their institution could offer. This is not
surprising considering that this was the first Movement with
the opportunity to grow into a larger organisation compared
to other YDMs. It has been successful in its ability to create a
brand and “market” FM in unique ways that appeal to young
FPs across Europe.[9]

On the other hand, Spice Route respondents indicated their
greatest interest in: gaining recognition as FPs, opportunities
for mentorship, academic/professional needs beyond what their
institution could offer and opportunities for medical leadership.
The reasons stated may represent efforts to promote regional FM
recognition as a specialty.[8,10] The first 2 of 10 items contained
in the mission/vision statement of the Spice Route Movement
reads thus: “Foster mentoring between current and future leaders
in family medicine in the South Asia Region” and “Promote
representation by young family medicine leaders in the South
Asia Region.”[11] If these are taken as their top priorities, then
these findings reflect the unique needs of young FPs in this
region. Additionally, the Spice Route stands out in its ability to
address these needs.

Interestingly, despite the perceived benefits of mentoring as
described by the National College of Physicians,[12] the least
number of YDM members indicated the need for mentoring as
reason for joining. Mentoring requires a relationship between
the less experienced and the battle tested physician. Often times
this is hindered by conflicts between the existing generations
of doctors.[13] The Spice Route movement may have employed
a successful model in helping bridge the generation gap. This
may not be unconnected to the societal influence and the respect
for elders displayed in this region. Perhaps other regions may
benefit from this model or allowing for societal differences, they

Table 4: A cross tabulation of participants’ status and their response to gaining recognition as a reason for joining a YDM

| Status         | Disagreed | Agreed | Total |
|----------------|-----------|--------|-------|
| Young FP       | 35        | 40     | 75    |
| Aspiring FP    | 33        | 74     | 107   |
| Total          | 68        | 114    | 182   |
| Non-responses=18
Pearson Chi square $\chi^2=4.72; df=1; P=0.03$

Table 5: A cross tabulation of participants’ status and their response to improvement of their practice as a reason for joining a YDM

| Status         | Disagreed | Agreed | Total |
|----------------|-----------|--------|-------|
| Young FP       | 24        | 51     | 75    |
| Aspiring FP    | 18        | 90     | 108   |
| Total          | 42        | 141    | 183   |
| Non-responses=17
Pearson Chi square $\chi^2=5.89; df=1; P=0.02$

Table 6: A cross tabulation of participants’ age group and their response to foreign exchanges being a reason for joining a YDM

| Age group         | Disagreed | Agree |
|-------------------|-----------|-------|
| ≤32 years         | 13        | 86    | 99    |
| >32 years         | 22        | 63    | 85    |
| Total             | 35        | 149   | 184   |
| Non-responses=16
Pearson Chi square $\chi^2=4.83; df=1; P=0.03$

Yakubu, et al.: Young doctor movements
Yakubu, et al.: Young doctor movements

may choose to add a peer-based mentoring program to existing models of mentoring.\[13,14\]

Respondents from Waynakay expressed that their main reason for participation was to socialise within the country. This suggests that young FPs from this YDM preferred a national social network probably as a result of issues of trust and an aversion for risk or a preference for already established identity, practices and norms. It brings to the fore an existing academic discourse on social capital in which bonding social capital was referred to as “inward looking bonds, focusing on relationships and networks of trust and reciprocity that reinforce ties within groups.”\[15\] This is in contrast to bridging social capital which “is concerned with outward looking connections amongst heterogeneous groups.”\[15\]

This study’s strengths include being able to obtain responses from young/aspiring FPs across all WONCA regions and as such achieved good coverage despite being unable to attain the minimum sample size and equal representation of YDM respondents. It also provides useful suggestions on the predominant needs of young and aspiring FPs as well as their motives for YDM membership. This will no doubt guide current and future efforts in providing leadership for this unique group

**Conclusion**

While recognition as a FP and improving one’s practice may be the ultimate goal of an aspiring FP, socialising within a network of like-minded professionals, maybe the young FP’s way of coping with the demands of the discipline.

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