

Profile of registrars and reasons for specialisation

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Abstract

Introduction

The shortage of general practitioners is a worldwide phenomenon and occurs in countries such as Canada, the United States of America and Saudi Arabia. Increasingly fewer students are interested in general practice as an occupation. Choosing a speciality is a complex process and is dependent on a wide range of intrinsic and extrinsic factors, including preference at the start of studies, experience during undergraduate training, and environmental factors such as cultural and socio-economic background. The aim of this study was to determine the profile of registrars at the Faculty of Health Sciences (University of the Free State), as well as their reasons for specialisation.

Method

All departments were contacted and the first author circulated questionnaires and informed consent forms during the academic afternoons. Questionnaires and informed consent forms were available in Afrikaans and English.

Results

Of the 150 questionnaires handed out, 109 were used for analysis (122 were received, of which 13 were incomplete). Most of the respondents were Afrikaans speaking (81.7%), male (68.8%), with a median age of 31 years (range 26 to 50 years), and married (67.6%). Only 13.8% of the respondents' fathers were medical doctors, 54.5% of which were general practitioners. Few respondents (13.8%) had needed to repeat any of their undergraduate studies, while 23.9% had received academic prizes. Most (91.7%) had completed family medicine during rotation in undergraduate training. The main specialisation areas were internal medicine, obstetrics and gynaecology, and radiology. Many respondents (76.9%) had worked in general practice or primary care for a median of two years (range 0.25 to 18 years). The main reasons for leaving primary care were overwork, wanting to function at a higher level, and that they saw no pathologies. Half of the respondents (49.9%) had never considered private practice as an occupation and the main reasons given were type of work and patient, no future for general practitioners, legislation, and inconvenient hours

Conclusion

This study provides some indicators as to why fewer doctors are willing to work as general practitioners or primary healthcare physicians. An excessive workload in the primary healthcare setting was indicated by 31.3% of the respondents as the major reason why they chose not to stay.

(*SA Fam Pract* 2006;48(4): 15)

Introduction

In 2002, 25.8% of doctors were specialists, compared with 11.4% in 1943. The current specialist to general practitioner ratio is 1:2.9. Specialist training does not, however, focus on primary health care, a fundamental aspect of the South African healthcare system.¹

The shortage of general practitioners is a worldwide phenomenon and occurs in countries such as Canada, the United States of America and Saudi Arabia. Increasingly fewer students are interested in general practice as an occupation and, if this tendency is to be reversed, there needs to be a greater insight into what influences medical practitioners' choice of career direction.²

Choosing a speciality is a complex process and is dependent on a wide range of intrinsic and extrinsic factors, including preference at the start of studies, experience during undergraduate training, and

environmental factors such as cultural and socio-economic background.¹ In the United Kingdom, significant differences are reported between the career choices of graduates of different medical schools, particularly when the graduates gain experience in a chosen speciality or are influenced by the school's teachers and departments.³ Additional factors influencing career choices are individual qualities, entrance requirements, gender, age, marital status, children and financial obligations.^{4,5}

The aim of this study was to determine the profile of registrars at the Faculty of Health Sciences (University of the Free State), as well as their reasons for specialisation.

Methods

All departments were contacted and the first author circulated questionnaires and informed consent forms during the academic afternoons. The first author was

present throughout and collected the completed questionnaires. Some registrars received the questionnaire but chose not to complete it at that time. Few of these questionnaires were received and the reasons given for non-return were that they did not want to participate, or had forgotten. Registrars who were not at the specific academic afternoon lecture were excluded.

Questionnaires and informed consent forms were available in Afrikaans and English. Five doctors from the Department of Internal Medicine took part in the pilot study and were excluded from the main study. The Ethics Committee at the Faculty of Health Sciences granted approval for the study.

Results

Of the 150 questionnaires handed out, 109 were used for analysis (122 were received, of which 13 were incomplete). Registrars from the Department of Orthopaedics chose not to participate. Most of the respondents were Afrikaans speaking (81.7%), male (68.8%), with a median age of 31 years (range 26 to 50 years), and married (67.6%). Only 13.8% of the respondents' fathers were medical doctors, 54.5% of which were general practitioners. Most respondents had an urban background (primary school 53.2% and high School 59.6%). Few respondents (13.8%) had needed to repeat any of their undergraduate studies, while 23.9% had received academic prizes.

Half of the respondents (49.5%) received their undergraduate training at the University of the Free State, while 24.3% received training at the University of Pretoria. Most (91.7%) had completed family medicine during

Table 1: Departments where registrars were specialising (n=109)

Department	Frequency	Percentage
Internal	19	17.4%
Obstetrics and Gynaecology	19	17.4%
Radiology	10	9.2%
Paediatrics	8	7.3%
Anaesthesiology	7	6.4%
Oncology	6	5.5%
Surgery	6	5.5%
Anatomic pathology	5	4.6%
Haematology	4	3.7%
Ophthalmology	4	3.7%
Cardio thorax	3	2.8%
Forensic medicine	3	2.8%
Neurosurgery	3	2.8%
Dermatology	2	1.8%
Ear, nose and throat	2	1.8%
Psychiatry	2	1.8%
Urology	2	1.8%
Chemical pathology	1	0.9%
Clinical pathology	1	0.9%
Microbiology	1	0.9%
Neurology	1	0.9%

Table II: Reasons why primary care was left (n=83)

Reason*	Frequency	Percentage
Overworked	26	31.3%
Want to function on a higher level	15	18.1%
See no pathologies	12	14.4%
Type of work	9	10.8%
Want to specialise	8	9.6%
Only write doctor's certificates	8	9.6%
Children school education	7	8.4%
Money not enough	6	7.2%
Want to broaden knowledge	5	6.0%
No future	5	6.0%
Patient dictate what they need	4	4.8%
Stagnate in occupation	4	4.8%
No work satisfaction	3	3.6%
Got frustrated	3	3.6%
Medical aid schemes do not pay	3	3.6%
Politics	3	3.6%
No free time	2	2.4%
Had children	2	2.4%
Patients complain too much	2	2.4%
Live in rural area	2	2.4%
Do not have good relationships with colleagues	2	2.4%
Better work circumstances	1	1.2%
New challenges	1	1.2%
Partial to a specific course	1	1.2%
Worried over declining knowledge	1	1.2%

*More than one reason could be given, therefore percentages may add up to more than 100%

Table III: Reasons why private practice was never considered as an occupational choice (n=49)

Reason*	Frequency	Percentage
No future for general practitioners	12	24.5%
Legislation	7	14.3%
Inconvenient hours	7	14.3%
Not as high a status as a specialist	2	4.1%
Lower income than a specialist	4	8.2%
Financial	6	12.2%
Personal preference / personality	3	6.1%
Type of work and patient	21	42.9%
Status	2	4.1%

*More than one reason could be given, therefore percentages may add up to more than 100%

rotation in undergraduate training. The main specialisation areas were internal medicine, obstetrics and gynaecology, and radiology (see Table I).

Many respondents (76.9%) had worked in general practice or primary care for a median of two years (range 0.25 to 18 years). The main reasons for leaving primary care were overwork, wanting to function at a higher level, and that they saw no

pathologies (see Table II).

Half of the respondents (49.9%) had never considered private practice as an occupation and the main reasons given were type of work and patient, no future for general practitioners, legislation, and inconvenient hours (see Table III).

Discussion

This study provides some indicators as to why fewer doctors are willing to

work as general practitioners or primary healthcare physicians. An excessive workload in the primary healthcare setting was indicated by 31.3% of the respondents as the major reason why they chose not to stay. Similarly, in Britain general practitioners are disenchanted with the profession and report being demoralised, overworked and substantially unsupported.⁶ Only 7.2% of the respondents stated that remuneration was the reason for specialisation. Lucas *et al.* state that the desire of general practitioners to execute control over their working life is a crucial factor for policy making that aims at creating a larger and more satisfied workforce.⁶ Of the respondents who never considered private practice as an occupation, most (42.9%) did not enjoy the type of work and the patients, and 24.5% felt there was no future for general practitioners.

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