

# Why do doctors choose a career in geriatric medicine?

Sally Briggs, Recia Atkins, Jeremy Playfer and Oliver J Corrado

**ABSTRACT** – Reforms to postgraduate training in the UK may affect recruitment to geriatric medicine. In 2005, a questionnaire survey was undertaken to determine the factors favouring geriatric medicine as a career choice and whether these might be used to influence recruitment.

In all, 1,036 responses to the questionnaire were received (response rate 56.4%); 4% of the respondents decided to specialise in geriatric medicine as students, 3.8% of consultants and 8.6% of registrars decided as pre-registration house officers while 39% of consultants and 7% of registrars chose geriatric medicine while a middle grade in another specialty. The strongest influences on choice were clinical aspects of the specialty (34.1%) and inspirational seniors (26.2%). However, 9.2% of consultants and 10.1% of registrars subsequently regretted their career decision.

Geriatric medicine seems to be a career choice for doctors of increasing maturity and including more posts in foundation programmes may not improve recruitment as anticipated. Although a small number of doctors regretted choosing geriatric medicine as a career, this was rarely to do with core aspects of the specialty.

**KEY WORDS:** career choice, geriatric medicine, recruitment

## Introduction

Postgraduate training has changed dramatically with the introduction of Modernising Medical Careers (MMC) and the start of foundation programmes in August 2005.<sup>1</sup> One of the aims of foundation training is to enable trainees to experience a wider range of specialties during the early part of their career enabling them to make better informed career choices. It is hoped that foundation training may influence final career choices as doctors are expected to enter basic training upon completion of the programmes.

Studies of the career choices of medical school graduates<sup>2</sup> have shown that about a quarter of doctors change their career choice between one and three years after qualification, and less than half consider their decision in year 3 as final. Respondents are not usually specific about a choice of specialty within hospital medicine; the small numbers of those that

are, however, rarely express a preference to train in geriatric medicine.<sup>3</sup>

Conflicting evidence exists as to whether early career choice is an accurate predictor of final career decisions. Eighty per cent of doctors who selected psychiatry three years after qualifying, for example, were still working in it 10 years later.<sup>4</sup> The 10th annual report of 1995 graduates performed by the BMA suggest different patterns.<sup>5</sup> Immediately after qualifying, 18% of graduates intended to pursue a career in general practice but 10 years later this figure rose to 35%. Conversely, in the same time frame, 20% intended to enter general medicine but this fell to just 6%.

A survey of doctors currently training and working in geriatric medicine in the UK was recently undertaken to determine when they made their career decision, what the influencing factors were and whether they had any regrets.

## Methods

The questionnaire was piloted on consultants and specialist registrars (SpRs) in the North Western Deanery in January 2005 and any ambiguous questions were subsequently refined. The questionnaire was then distributed to all members of the British Geriatrics Society (BGS). The majority of UK geriatricians are members of the Society and this method enabled us to utilise an existing database of senior doctors in the specialty.

The questionnaire was sent out with the Society's March 2005 newsletter to all members and was also included in the delegate pack at the BGS spring

## Key Points

**Current geriatricians chose the specialty relatively late in their training, (despite being exposed to the specialty as students or house officers). The reforms to postgraduate training, forcing an earlier choice of specialty, could therefore have an adverse effect on recruitment to geriatric medicine**

**Geriatricians are strongly influenced by clinical aspects of the specialty and senior role models**

**Few doctors had regrets about their choice of career, and these were largely related to service issues and the perceived status of the specialty rather than clinical aspects**

**Sally Briggs** MRCP, Specialist Registrar, Northwestern Deanery

**Recia Atkins**, Membership Secretary, British Geriatrics Society

**Jeremy Playfer** MD FRCP, Consultant Physician, Royal Liverpool University Hospital; President, British Geriatrics Society

**Oliver J Corrado** MBBS FRCP, Consultant Physician, Leeds General Infirmary

*Clin Med* 2006;6:469-72

scientific meeting a month later. After eight weeks non-respondents were sent a further direct reminder via either email or post. The questionnaire was also made available on the BGS website. Results were entered on a database by two of the authors (SB and RA). The questionnaire is available from the authors upon request.

**Results**

The BGS has a total membership of 1,955, of whom 1,902 are doctors. 281 doctors were excluded from the study as they were either retired, worked in other specialties or practiced overseas.

Responses were received from 1,036 doctors, giving a response rate of 56.4%. 664 (64%) of respondents were consultants, 276 (26%) were SpRs and the remaining 96 (10%) were clinical assistants, staff grades, senior house officers (SHOs), or did not specify. Response rates for all grades were similar: 58% of consultants, 59% of SpRs and 55% of other grades. All respondents were included in the analysis unless otherwise stated.

There was fairly even representation of respondents from all five years of SpR training. Fifty-nine were in their first year of training, 60 in their second, 47 in their third, 48 in their fourth and 56 had been training for five years or more. Consultants had been in post from less than one year to over 30 years (mean 12.9 years), and 61% had been in post for less than 15 years.

Doctors were more likely to choose geriatric medicine as a career the further they progressed in their training. Only 4% made their career choice as medical students and 3.8% of consultants and 8.6% of SpRs decided as pre-registration house officers (PRHOs). 39% of current consultants and 7% of SpRs chose geriatric medicine as a career whilst working as a middle grade in another specialty.

Figure 1 shows that around a third of consultants worked in geriatric medicine within two years of qualification (11.7% as a PRHO and 27.3% as a Year 1 SHO). This compares to around three-quarters of SpRs (26% as a PRHO and 43% as a Year 1 SHO).

The clinical aspects of the specialty (34.1%) and being inspired by a senior or department (26.2%) were the strongest influencing factors. Only 4.7% of respondents felt that experience as a medical student influenced their decision. 10.1% of

respondents were influenced by the fact that it may be less important to undertake research to pursue a career in geriatric medicine than for other medical specialties (Fig 2).

Geriatric medicine was the first choice of career for 57.1% of respondents. Of those who initially made different career choices, 40.3% decided they preferred geriatric medicine to their original choice, 17.6% could not find a job in their original specialty and changed to geriatric medicine at a later date and a further 16.3% were offered a post in geriatric medicine having not really considered it as a career and continued training in the specialty.

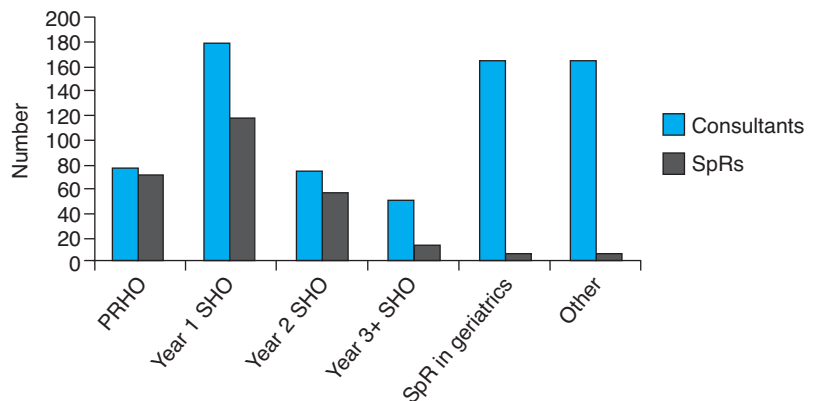
Fifty-six (9.2%) consultants and 28 (10.1%) SpRs had regrets about becoming a geriatrician with differing reasons. Eleven consultants and 15 SpRs regretted their decision because of the impact of general internal/acute medicine on the specialty. Twenty-three consultants and five SpRs perceived the specialty as having a low status while three current SpRs wished they had become general practitioners (Figs 3 and 4). Those who entered geriatric medicine having failed to obtain a job in another specialty did not express any regrets.

**Discussion**

This study raises a number of interesting points about why current doctors in training and career posts chose geriatric medicine as their career.

Geriatric medicine seems to be a career choice made with increasing maturity, as few doctors make a decision to pursue it as a career while at medical school or in their first postgraduate year. This may reflect limited exposure to the specialty in the medical undergraduate curriculum and a limited number of traditional PRHO posts, as previous studies in psychiatry have shown that experience of a specialty is an important determinant of career choice.<sup>4</sup> This is not, however, supported by our results as almost half of our respondents had worked in geriatric medicine within two years of qualifying, but still seemed to choose this career at a later date. Including more geriatric medicine posts in foundation programmes may not improve recruitment as much as initially anticipated. Proposals put forward by the Federation of Royal Colleges for training in medical specialties suggest that after Foundation training, doctors will enter

**Fig 1. Responses to the question ‘When was your first job in geriatric medicine?’**  
 PRHO = pre-registration house officer; SHO = senior house officer; SpRs = specialist registrars.



Basic (or Core) Medical Training (BMT) for two years and elect to pursue higher training in a particular specialty before they complete the BMT.<sup>6</sup> Our study would suggest, however, that if doctors are encouraged to make a final career choice at too early a stage, specialties such as geriatric medicine may attract fewer applicants.

There is a marked difference between consultants and SpRs regarding when they first worked in geriatric medicine. Many more consultants had their first exposure to the specialty at middle-grade level, explained by the fact that when older consultants were training there were far fewer junior posts in geriatric medicine as the specialty was often not included in medical rotations. Many therefore entered the specialty at registrar or senior registrar level.

We did not specifically enquire about which clinical aspects of the job doctors found most attractive. Received comments, however, included:

- the opportunity to work in different clinical settings
- that geriatric medicine remains a more general specialty
- the ability to sub-specialise and develop an area of special interest
- that the specialty affords doctors many and varied career possibilities.

The low priority of geriatric medicine in the medical undergraduate curriculum is reflected by the fact that only 4% of respondents found that their experience as a student made them want to pursue it as a career. A recent survey of teaching geriatric medicine in medical schools has shown that in some medical schools it is possible for students not to undertake a specific attachment in geriatric medicine.<sup>7</sup> This is an area which must be addressed as, with the demographic population change, it is vital that future doctors are prepared to deal with the increasingly elderly population. It might also be expected that by increasing the exposure of medical students to doctors and departments enthusiastic about the care of older people it will raise the profile of the specialty and encourage more individuals to enter it.

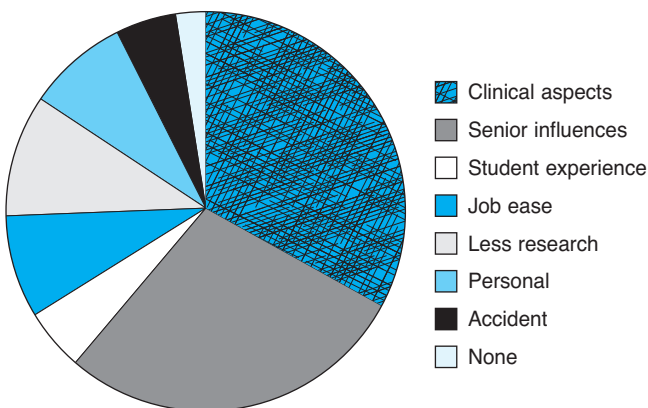


Fig 2. Responses to the question 'Which of the following factors influenced your choice of career?'

It is reassuring to see that small numbers entered the specialty because they felt that it was less focussed on research than others, as this is a popular misconception. Rather worryingly, 10% of respondents said that the perceived ease of obtaining a training number or consultant post influenced their decision, although this was never cited as the sole reason.

Encouragingly, over half of the respondents chose geriatric medicine as their first choice of career. Of those whose original choice was different, most made a positive decision to change to geriatric medicine because they felt it was a better career rather than being forced to do so by failure to obtain a job in their original specialty.

Few geriatricians have regrets about their chosen career (only 9.2% of consultants and 10.1% of SpRs). Expressions of regret were rarely about the core aspects of the specialty but largely related to the service pressures of acute medicine (in particular shift work for juniors) and the attitudes of others to the specialty, with some commenting that lack of respect for the specialty resulted in lack of resources.

The purpose of the study therefore was to gather doctors'

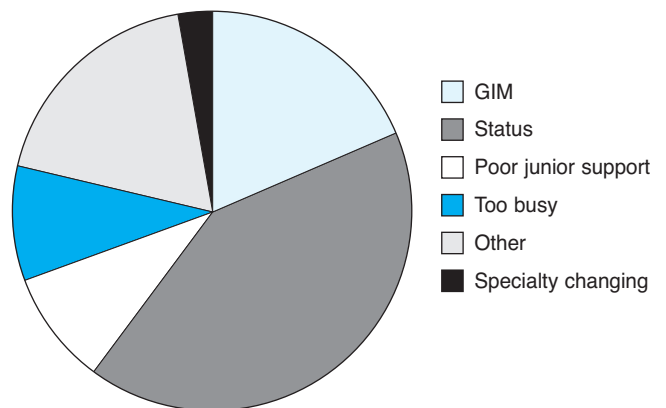


Fig 3. Reasons given by consultants for having regrets over choosing a career in geriatric medicine. GIM = general internal medicine.

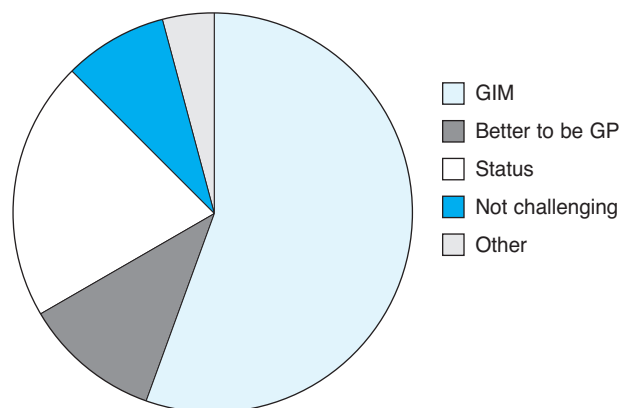


Fig 4. Reasons given by specialist registrars for having regrets over choosing a career in geriatric medicine. GIM = general internal medicine.

opinions on what influenced their career choice, in order to assist the specialty and its trainers to improve recruitment in an ever more competitive market. Hopefully exposing more medical students and junior doctors to departments of medicine for the elderly throughout the UK will encourage more to enter this exciting, variable and holistic specialty.

### Acknowledgements

We thank the British Geriatrics Society for supporting this study and all consultants and registrars who participated in the survey.

### Competing interests

Sally Briggs is former Chair of British Geriatrics Society (BGS) Trainees' Committee, Recia Atkins is Membership Secretary of BGS, Jeremy Playfer is President of the BGS and Oliver J Corrado is Chair of the BGS Education and Training Committee.

### References

- 1 Department of Health. *Modernising Medical Careers: the next steps*. London: DH, 2004.
- 2 Goldacre MJ, Lambert TW. Stability and change in career choices of junior doctors: postal questionnaire surveys of the United Kingdom qualifiers of 1993. *Med Educ* 2000;34(9):700–7.
- 3 Goldacre M, personal communication, July, 2005.
- 4 Goldacre MJ, Turner G, Fazel S, Lambert T. Career choices for psychiatry: national surveys of graduates of 1974–2000 from UK medical schools. *Br J Psych* 2005;186:158–64.
- 5 Health Policy and Economic Research Unit. *BMA cohort study of 1995 medical graduates*, 10th report. London: BMA, 2005.
- 6 Royal College of Physicians. *Training tomorrow's physicians: proposals from the Royal College of Physicians on the training of specialists*. London: RCP, 2005.
- 7 Bartram L, Crome P, McGrath A *et al*. Survey of the teaching of Geriatric Medicine in the United Kingdom Undergraduate Medical School Curriculum. *Age Ageing* 2006 (in press).