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By accident or design? An exploration of the career pathways, experiences and identities of academic GPs using composite narratives

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ABSTRACT

At a time when UK general practice is facing significant challenges and departments of academic general practice in UK universities are in decline, this cross-sectional qualitative case study examines the experiences of general practitioner (GP) academics in a Scottish university department of general practice undergraduate education. The study explores GPs' reasons for entering academic careers, their routes into academic careers and their experiences of balancing clinical and academic work through examining the individual narratives of GP academics. Data were gathered through autobiographical written narrative, individual interviews and an autoethnographic study, and were analysed using a thematic narrative approach. Findings are presented as composite narratives synthesising the predominant experiences of three distinct groups of GPs who entered academia at different stages of their careers.

GP academics described limited understanding of academic general practice prior to taking up an academic post. Entry to academic general practice was associated with an interest in teaching and was often prompted by a dissatisfaction with clinical practice. Academic GPs described concerns about career prospects and changing professional identity but valued the scholarship and creativity associated with their academic roles. This study provides insights into the motivations of academic GPs and the factors influencing academic career progression.

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General Practice; academic; careers; identity; composite narrative


Introduction

The NHS in Scotland is facing significant challenges in the recruitment and retention of general practitioners, with almost a quarter of Scottish practices reporting a GP vacancy [1] and speciality training places underfilled [2]. Concerns have been expressed that UK medical students are not choosing careers in general practice [3,4] making it likely that these challenges will continue for the foreseeable future. Medical students have been found to form their ideas about careers in medical school, both through their experience of the various specialities they encounter, and through the hidden curriculum [3]. Students lack exposure to academic general practice, are unaware of career possibilities in general practice and believe that general practice lacks both intellectual challenge and opportunities for academic research [3,5]. Declining departments of general practice in UK universities and the fact that GPs make up only a small proportion of senior academics in UK medical schools lead to a lack of visibility of GP academics with potential consequent detrimental

effects on students' perceptions of general practice [3].

Academic careers in primary care have been found to have unclear routes for promotion [6,7] and are associated with job insecurity and lack of flexibility [6]. Whilst the introduction of academic career pathways following the Walport Report in 2005 [8] has created clear routes into academia for those starting out their careers with an interest in this branch of general practice, many GPs enter academic roles later in their careers and career pathways for this group remain unclear [7]. There is a gap in the literature exploring the motivations and experiences of individual GPs moving into academic careers. This study sought to explore the motivations and experiences of academic GPs working in education, including their reasons for deciding to take on academic roles, their experiences of balancing these roles with clinical work and their experiences of developing their academic careers. Understanding the routes by which GPs enter academic careers and the factors which might promote or inhibit such careers is essential

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to the development of a thriving academic general practice community and to the future of the profession.

Methods

The design is a cross-sectional qualitative case study. Multiple methods of data collection were employed, including written narratives, individual interviews and an autoethnographic study, allowing for the collection of multiple perspectives and aligning with the constructivist epistemology of the study. The case study setting was a university undergraduate general practice education unit, and the research was carried out by and insider researcher (ZMcE) who is a GP academic working within the unit. As the experiences of the researcher could not be separated from the investigation, an autoethnographic study of the researcher's own experience was included for analysis as part of the wider body of data.

All GPs in the unit ($n = 12$) were invited to participate in the project through personal email from the researcher (ZMcE). Eight participants were recruited and the researcher's autoethnographic study (written narrative and interview data) was included to give a total of nine participants (five male and four female). Approximately half of the participants had held an academic post for under five years, while the remainder were more established in their academic roles. A participant information sheet provided information about the aims and design of the study. Participants were asked to write an account reflecting on their reasons for pursuing an academic career, their route into the career, and their experiences of developing their academic career and balancing academic and clinical roles.

The written narratives were analysed independently by both authors using an inductive thematic narrative approach, through repeated readings of the texts to determine the main themes in the narratives and an impression of the narrative arcs. Themes were discussed and refined to produce an interview topic guide to explore areas of interest (including expectations of a career in general practice, balancing clinical and academic roles and professional identity) in more depth. Semi-structured interviews using the topic guide were carried out with all participants and the interviews transcribed verbatim by a commercial company. Analysis of the interview transcripts took a thematic approach [9] informed by the themes developed from the initial written narratives. In order to preserve the anonymity of the participants given the small sample size and potentially identifiable

participant groups, the data were synthesised for presentation as composite narratives which blend a number of accounts to convey an appreciation of individual experience whilst maintaining the anonymity of participants [10,11].

Composite narratives can take the form of composite first-person accounts [10,12] or third-person accounts of an interview with a composite character using verbatim quotes from multiple participants [11,13]. In this research, characters and settings which are a synthesis of several participants were created and are presented as first-person accounts. The inclusion of the researcher's narratives in these composites acknowledges the role of the insider researcher, improving reflexivity. Each of the composite narratives was produced by combining the narrative texts (written and interview) of three participants. Individual narratives were combined in a way that best reflected the narrative arc of the participants' data, reflecting common experience, rather than characteristics such as age or academic seniority. Production of the narratives was an iterative process involving repeated cycles of writing, re-reading the data and re-writing. The final narratives include a mixture of verbatim phrases and a synthesis of events and experiences to produce representative descriptions which aim to convey the richness of the data through authentic voices without identifying individual participants. The narratives were reviewed by the study participants to ensure validity and acceptability.

Findings

Presentation of data

Based on the findings of the data analysis, three composite narratives were produced, one for each of the three distinct groups of participants identified: Narrative 1, 'Alex', a composite of the experiences of GPs who had entered an academic role immediately after completion of GP training having decided that they did not want a full-time clinical post; Narrative 2, 'Robin', a synthesis of the experiences of GPs who entered an academic role mid-career having been a GP partner and with an interest in education or research; and Narrative 3, 'Jo', synthesising the experiences of GPs who entered academia mid to late career, looking for an alternative to clinical practice to run in parallel to clinical work. Gender-neutral names were assigned to these narratives, reflecting that the experiences crossed self-identified gender categories. The findings are illustrated with excerpts from the composite narratives.

Predominant themes

Across all nine narratives, five main themes were discerned: dissatisfaction with clinical role; seeking fulfilment in working life; lack of awareness of academic general practice; challenges of navigating a route into academic general practice; and power of GP identity. The prominence of each of these themes varied between the three different groups.

Becoming an academic

Participants described both ‘push’ and ‘pull’ factors in their decision to become an academic: a dissatisfaction with their clinical role and seeking fulfilment from their working lives.

Dissatisfaction with clinical role

Looking for an alternative to clinical practice was an important factor in prompting GPs to consider an academic role. Participants described the stress associated with their clinical role and, recognising the detrimental effects this could have on their personal and professional wellbeing, looked for another professional role to develop in parallel with their clinical role with the aim of achieving a more sustainable career.

... I realised I could not see myself doing what I was doing at that point for the next 25 years, and so I thought about ways I could make my career more sustainable.

‘Robin’ narrative 2

Most participants described a mismatch between their experience of working as a GP and the expectations of the job formed as a trainee. They had anticipated careers centred on clinical work and offering variety, continuity, the opportunity to practice holistic medicine, flexibility, team working and the ability to develop interests. The reality for many was that they felt unable to practise medicine in the way they wanted due to workload factors such as high volume of patients, high complexity of patient consultations, and time taken to deal with administrative work, particularly the management of staff.

General practice is much busier and more pressured than I expected as a trainee. There is much more administrative work and the patient workload is so great that you feel you can only do the bare minimum to be good enough, rather than strive to be excellent.

‘Alex’ narrative 1

Seeking fulfilment in working life

Participants spoke of wanting opportunities in their professional life that their clinical role did not provide. They wanted opportunities to be creative, develop their interests, and carry out research. For many, teaching was an enjoyable aspect of their work that they wished to expand. Participants were positive about the changes they had made to their working life, valuing the opportunities their academic role had provided and describing more enjoyment of their clinical work.

... I hadn’t anticipated the freedom to explore my interests. I enjoyed studying for the certificate in medical education, having time to research and think about the projects I was working on ...

‘Robin’ Narrative 2

Routes into academic roles

Lack of awareness of academic general practice

Participants’ knowledge of academic general practice prior to entering an academic post was limited, even in those participants who had a prior interest in education or research. Any awareness of academic general practice was related to GPs being involved in clinical research.

I have always enjoyed teaching. ... but I didn’t really know how I could go about making it part of my job. I certainly didn’t know anything about academic general practice and specifically the medical education aspect of it.

‘Alex’ Narrative 1

Most participants had entered their academic role through a formal development scheme such as an educational fellowship on completion of GP training, a career start post early on in their career, or a career development post as an established GP. A minority entered their role through a university clinical tutor post. There was little sense of any of the participants actively looking for an academic role at the time of taking up their first post. For most, an opportunity which caught their interest arose at a time when they were receptive to trying something new.

Through my medical student teaching role, I became aware of career development posts being advertised at the local university undergraduate GP department and I thought I would apply.

‘Robin’ Narrative 2

Balancing academic and clinical work and developing an academic career

Challenges of navigating a route into academic general practice

Most participants described a very clear separation between their academic and clinical work. Participants described the importance of their clinical work for maintaining credibility with students and other clinicians. Increasing seniority in their academic role led participants to re-evaluate the relative balance between the two roles and was associated with reducing clinical commitment and changing from partnership to locum or salaried posts.

Often scholarship had to be done in my own time and I realised that in order to be more involved in the academic role I would need to reduce my clinical commitment.

'Jo' Narrative 3

Challenges in developing an academic career included uncertainty about future employment opportunities due to sessional work or short-term contracts, combining academic roles with clinical commitments and the need to study for higher professional qualifications. For GPs who entered academic roles mid-career from partnership there was a large differential between income as a GP partner and early career academic.

Power of GP identity

GP identity appeared to be very powerful for participants.

Being a GP is a long-held ambition and I feel that general practice is what I should be doing. I can't ever see myself not being a GP.

'Robin' Narrative 2

Only one participant described themselves as an academic GP. Most described themselves as a GP with an academic role or a GP with an interest in education or teaching.

In fact, I still don't really think of myself as an academic, I'm first and foremost a GP who also has this other, academic, role, although I know others might see me differently.

'Jo' Narrative 3

A number of participants felt that their role in education was not sufficiently scholarly or research-based to identify with the title 'academic'. Increasing time spent in their academic role led to personal challenges for

participants as they questioned their GP identity. Many expressed feelings of discomfort or guilt along with concerns about how other GPs viewed them.

I also wonder how other GPs see me, particularly those working full time in clinical practice. I used to feel very much part of the 'GP club', but now I'm conscious that if I'm with a group of GPs, I am different, and that feels quite strange. I suspect that some would think I have opted out of the 'coalface' hard work of the profession

'Jo' Narrative 3

Discussion

In line with the existing literature, participants described little knowledge of the scope of academic general practice as medical students [5] or junior doctors, and only limited knowledge as practising GPs [7]. Career pathways in academic general practice were felt to be unclear and associated with lack of job security and lower incomes. Despite these challenges, those who had made the transition were positive about their professional lives and felt that academic roles enriched their careers, with aspects such as creativity, critical thinking, scholarship, freedom to explore interests and the ability to work within a supportive team environment particularly valued [7]. Commitment to these values seemed to be a strong determinant of career choices.

Not previously described is the role that dissatisfaction with clinical general practice plays in prompting GPs to consider academic careers. Some participants made a positive choice to pursue a developing interest in medical education whereas others took on their initial role as an alternative to clinical practice. Clinical work did not meet participants' career expectations and they looked for something else to provide opportunities for creativity, scholarship and intellectual freedom. Continuity of care, trust between doctor and patient and holistic care have been found to be factors ranked as most important to GPs [14]. Participants in this study had expected variety, flexibility, continuity of care and a holistic approach to medicine in their clinical careers. Finding themselves unable to practise medicine in line with their ideals due to external pressures such as workload and organisational factors, participants looked for alternative career options. Previous research has found that GPs employ various strategies to make their role in direct patient care more sustainable including reducing hours in direct patient care, taking career breaks or planning early retirement [15,16]. Similarly, GPs in this study looked for alternatives to full time clinical practice to make their careers satisfying and sustainable.

GPs in this research clung tightly to GP as their primary identity, with identities such as educator, researcher and academic seen as being subsidiary [17]. Participants expressed concerns both that their role was not sufficiently scholarly enough to allow them to fully identify with the role of academic, and that they might no longer be seen as a 'proper' GP by their peers having reduced their clinical commitment and taken on another role. Anxiety amongst medical educators over the loss of their professional identity has been previously described [18] and is heightened by the perceived cultural capital of educational academic roles being lower than those of researcher or clinician [18,19]. This concern is apparent among GPs in this study who express feelings of no longer 'belonging to the GP club' and the loss of this salient identity to take on an alternative salient identity of academic or educator which, despite being of real interest to them and enhancing their professional lives [20], is perceived to be of lower social status [18–20].

Summary

Becoming an academic GP in a university department of undergraduate education involves increased career uncertainty, potentially reduced income, and challenges to professional identity. Despite these challenges, those who have made the transition are positive about their professional lives and find that academic roles enrich their careers.

GPs are motivated to consider academic careers both through enjoyment of academic work and dissatisfaction with clinical work leading them to explore other opportunities to make their careers more fulfilling. They are prepared to tolerate initial uncertainty, lower incomes and changing professional status in order to build sustainable careers at a time of increased challenge in general practice. A strong professional identity as GPs is maintained by this group and felt to be important for credibility with both students and clinical colleagues. Threats to professional identity include concerns about the perceptions GP colleagues may hold of them and the perceived lower status of educational compared with clinical work.

Strengths and weaknesses

The strength of the study is the richness of the data gathered, allowing an in-depth exploration of the experiences of GPs with academic roles in education, including their career pathways and the challenges associated with negotiating changing professional identities. Weaknesses of the study include the small sample size

restricted to one university and the lack of GP academics with roles in clinical research in the sample, making it unclear how applicable the findings are to other contexts.

Next steps?

Understanding the experiences of academic GPs, their motivations, career pathways and challenges offer important insights that will be beneficial in identifying strategies for both enhancing GP recruitment and retention and promoting the role of academic GPs within universities. More research into this area, involving GPs at different career stages across multiple institutions and with a mix of clinical and educational academic roles is recommended in order to further explore the tensions in professional identity and practical considerations which can promote or hinder the development of academic careers in GPs. It would also be interesting to explore the influence of hierarchies, overt or covert, within universities on the experiences of academic GPs. The development of composite narratives, demonstrating the commonalities and the differences in experiences, offer a powerful 'future forming' [11, p.1] tool that is accessible for users educational and policy settings.

Disclosure statement

The authors report no conflicts of interest.

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Ethical approval

Ethical approval was granted by the University of Dundee School of Medicine and Life Sciences Research Ethics Committee (Reference no. 154/18).

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