Audit

Recruitment in urology: a national survey in the UK

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Purpose: Urology is one of the most common specialties chosen by surgical trainees. This study set out to determine what factors influence the decision in pursuing a career in urology as opposed to other surgical specialties.

Materials and Methods: A questionnaire was mailed to 844 urologists of various career levels within the UK. Subjects were asked to document the top three factors that influenced their choice of urology as a career. Specifically, they were asked whether their undergraduate teaching was an influence.

Results: Completed surveys were received from 362 respondents. Less than one-third of the respondents were influenced by their undergraduate urology exposure. The top five reasons cited for pursuing a career in urology were: (i) a positive role model; (ii) postgraduate urology experience; (iii) the wide variety of procedures encompassing open and endoscopic work; (iv) the lifestyle; and (v) the pleasant personalities of urologists when compared with other specialties.

Conclusions: This is the first study of its kind to establish the factors influencing career choices. As urology continues to be eroded from undergraduate curricula, the data support the view that undergraduate urology exposure is not the most influential factor.

Key words: Urologists – Career choice – Survey

Approximately half the admissions to a typical surgical emergency department in the UK that will be seen by a pre-registration house officer are urological in nature.¹ Additionally, 5–10% of GP consultations in the UK are for urological problems.² Despite this, in a recent survey of undergraduate urology teaching, urology was found to form part of the core curriculum at only 37% of responding medical schools. Another study in the US found that 25 out of 67 medical students who replied to a questionnaire were seriously considering a career in urology. The authors of this study also found that seeing patients in out-patient clinics and the subject matter of urology were important factors that influenced students to consider urology as a career. Seeing urological procedures was also of value for career considerations but ranked below the value of out-patient

clinics. Students were not inclined to select urology based on urologists as role models.³

Based on this study, it seems crucial that we should ensure adequate exposure to urology at the undergraduate level if we are to continue to attract high calibre students to the speciality. The purpose of this study was to identify factors responsible for British urologists selecting urology as a career.

Materials and Methods

A questionnaire was mailed to 844 urologists in the UK identified from the 2000–2002 British Association of Urological Surgeons (BAUS) handbook in June 2002. The survey addressed issues related to choice of urology as a

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career. Specifically, survey questions asked whether or not undergraduate urology exposure influenced their choice, and subjects were asked to identify three reasons for choosing urology. This was deliberately left open-ended because a wide range of urologists were included in the study. Hence, some factors may not have been relevant depending upon the time period in which the individual chose urology. This also allowed comparisons. All responses were included, and not restricted to just one reason.

Demographic information requested was the year in which subjects became consultants, or the current year of their higher surgical training in the case of specialist registrars (SpRs).

Results

Demographics

Of the 844 urologists polled, 362 (42.9%) replies were received. Of the respondents, 2.8% were appointed as urology consultants during 1960–1969, 12.2% between 1970–1979, 21.3% between 1980–1989, 28.2% from 1990–1999, 6.6% after 2000, 12.7% were SpRs, and 11.3% were retired. Four replies were abandoned as the subjects had died, and 16 were excluded either because they were incompletely or inappropriately completed (3) or because they had been returned due to incorrect postal addresses or because subjects had moved (13).

Research question 1: did undergraduate exposure influence choice of urology as a career?

In total, 27.8% of the respondents were influenced by their undergraduate exposure to urology. The breakdown by group, and for the consultants the year of their appointment is shown in Figure 1.

Reasons for selecting urology as a career

The top five reasons cited for selecting urology as a career were: (i) inspirational role models (38.3%); (ii) exposure to urology as a house officer (HO) or senior house officer (SHO) in urology (32.5%); (iii) variety of open and endoscopic urological procedures (25.7%); (iv) the quiet on-calls and therefore sociable lifestyle (18.7%); and (v) the 'nice' personalities of urologists making them pleasant colleagues to work with. Other reasons, in decreasing order, were diversity and range of conditions treated, career opportunities and job availability, the 'nice' patient population to whom urological procedures make a difference, a logical approach to diagnosis and investigations and the diagnostic precision, and the fact that urology is a well-defined or 'circumscribed' specialty (Figure 2).

Figure 1 Respondents who were influenced by their undergraduate urology training.

Of the other reasons cited, 34% of the retired respondents were inspired by the growing nature of urology as a specialty separate from general surgery. Additionally, some of the respondents had moved into urology from other specialties. Of the retired respondents, 22% had moved from general surgery, 30% in the 1960s, 11.4% in the 1970s, 14.3% in the 1980s and by the SpR group, this had reduced to 2%.

We found interesting trends over the years for two of the cited influences. We demonstrated a rise over the years for the influence of postgraduate urology jobs up to the appointment of the consultants from the year 2000, after which we noted a sharp reduction in the degree of influence of this factor in the SpR group. We also found a consistent rise in the number of respondents who regarded lifestyle as an important factor (Figure 3).

Discussion

To our knowledge, this is the first study evaluating factors responsible for urologists selecting urology as a career. The purpose of any recruitment is to attract the best and

Figure 2 The 10 most common reasons or influences for choosing urology.

Figure 3 The percentage of respondents who considered house (HO) jobs and senior house jobs (SHO), and lifestyle as important factors in their choice of urology.

brightest candidates available. Knowledge of the factors that influence urologists will enable educators to focus on these issues to continue to attract high quality urologists in the UK.

Less than one-third of the responding urologists decided to pursue urology as a career following medical school exposure. This may reflect the lack of exposure at this level. In the 1950s to 1980s, urology was an evolving specialty and thus exposure would have been as part of general surgery. Subsequently, there has been a growth in the content of the medical curriculum, reflecting the growth of medical conditions, investigations and treatment modalities. As a result, specialties such as urology have suffered erosion from the core curriculum.

Instead, an increasing number of urologists from the retired group to those consultants appointed from the year 2000 were influenced by exposure to urology and the nature of the specialty after graduation from medical school. The influence of this postgraduate exposure, however, fell in the SpR group. This seems a logical finding because it is at this level that subjects will obtain an overall introduction and experience on the job in urology. It is at this stage that there is experience of patient care, more interactions with colleagues and the influence of potential role models or mentors. We suggest that this pattern is because in the past few years, many urology jobs have 'lost' their house officers due to the junior doctor working conditions. Additionally, many SHO jobs have now been incorporated into basic surgical training rotations. Anecdotally, some urology SHO jobs have lost the training recognition and thus are excluded from these rotations and thus exist as stand-alone posts.

Choosing a specialty at this stage makes sense. Choosing a specialty at medical school may lead to an uninformed

choice because only a few specialties are being experienced. With less and possibly even no exposure as a student, we feel that educators need to focus on ensuring HO and SHO jobs in urology are maintained, as this seems a crucial stage at which decisions and choices are being made.

Exposure to undergraduate urology is, however, important. Many students will be attached to urology firms at this level as a student and, therefore, choose to undertake a urology house job with that firm. Subsequently, as we have shown, the job will influence their choice to pursue this as a career. This 'domino effect' of jobs in urology may not have occurred without initial undergraduate exposure. It is then possible that these respondents have chosen to state their house jobs as a factor that has influenced their choice in career, and forgotten their undergraduate exposure.

During the last two decades, it has become evident that increasing numbers of newly qualified doctors are gravitating towards more 'controllable lifestyle' specialties.⁴ It is tempting to think that this is a reflection of the increased numbers of women in medicine. After all, the female intake at medical schools is over 50% in the UK. However, it has been shown that both men and women rate lifestyle equally in their concern when choosing a specialty.⁵ It is a preconception that a successful surgical career and a balanced family life are mutually exclusive. Although there is a possible conflict between family and career in the training years as these busy years coincide with child-bearing years, this is not a problem that is unique to women.⁶

Our data are in keeping with global paradigms in the increased importance of a balanced lifestyle with sociable working hours. Therefore, any efforts to improve and provide a balance between work and family is likely to be appreciated by future candidates in urology.

The author of one article has speculated on the possible reasons why doctors become urologists, and suggested that it may be a certain personality trait that gravitates towards surgical careers, the circumscribed nature of urology, the range of operating, the relative lack of emergency work and the availability of private practice.⁷ We were, therefore, interested that only 0.9% of respondents stated private practice in their top three factors for choosing urology.

Conclusions

There are many factors that influence the establishment of quality in urology. However, this commences with appropriate recruitment of the best candidates. Our data support the view that urology recruitment is not exclusively related to undergraduate urology exposure, but is influenced by the technology, the people and lifestyle factors. However, we believe that to continue attracting high quality urologists into the specialty we must maintain undergraduate urology exposure.

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