

# Less red tape and shorter working hours might help stave off retirement of UK doctors

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Less red tape and shorter working hours are the two key factors that might persuade older UK doctors to carry on working rather than

hanging up their stethoscopes, suggests an analysis of survey responses, published in the online journal *BMJ Open*.

Family doctors (GPs) were more likely than their peers in other specialties to cite workload pressures as the primary motivation behind their decision to retire, the findings show.

Given that 1 in 10 UK specialists and GPs is over the age of 60, and that stress is driving 80 per cent of senior hospital doctors to consider early retirement, the loss of all this valuable expertise poses serious challenges for the medical workforce in the UK, and possibly for patients too, say the researchers.

They draw on the responses to a survey sent in 2014 to 4369 doctors who had graduated from UK medical schools between 1974 and 1977. The questionnaire aimed to tease out the factors influencing doctors' decision to retire and those that might persuade them to carry on working.

Some 85 per cent (3695) responded, and their answers showed that over half (55%) were still working in medicine, which included those who had officially retired but had resumed working (864).

Among the 1542 who had retired, two thirds (67%) said they had retired when they originally planned to do so, while around one in four (28%) had changed their plans.

Half (50%) said they wanted more leisure time or to pursue other interests. But nearly as many (43%) said that work pressures had prompted their decision to stop working.

GPs were considerably more likely to cite workload pressures as a prompt for retirement than hospital specialists (51.6% vs 32.5%). Surgeons were the least likely (28.6%) to do so.

GPs were also more likely to cite deteriorating skills/competence as a reason for retiring (20%), as were nearly one in three anaesthetists (just over 31%).

This was a factor for only 1 in 7 surgeons (16%), whereas a desire not to work out of hours was much more important for them (29.5%) and for anaesthetists (just over 29%). Radiologists and obstetricians and gynaecologists were also particularly keen to give up work to avoid out of hours work, the responses showed.

Women were twice as likely as men (21% vs 11%) to retire for family reasons, and three times as likely to do so (27% vs 9%) because of the retirement of their spouse.

A previous study of the same doctors showed that women were also more likely to have made early career choices based on family considerations when they were young, indicating that these gender differences persist into older age, say the researchers.

The higher proportion of women retirees pre-dates the substantial increase in female intake to medical schools, they point out.

"If the male-female differences in the likelihood of [early retirement](#) become evident in younger generations of doctors, these may become an important source of future attrition from the medical workforce, overall," they warn.

The doctors still in work were asked what would persuade them to stay on for longer: less [work](#)-related red tape came top of the list, cited by 45 per cent, closely followed by shorter hours/lighter workload, cited by 42 per cent.

Financial reward appealed more to men (30%) than to women (20%),

while surgeons were most motivated by fewer on-call and emergency commitments.

"Some of the reasons given may be amenable to policy initiatives, which could result in securing a longer contribution to the health service by some doctors than would otherwise be the case," write the researchers.

Retention policies should look at how best to get the most out of senior [doctors](#)' clinical expertise, they add.

**More information:** Factors influencing the decisions of senior UK doctors to retire or remain in medicine: national surveys of the UK-trained medical graduates of 1974 and 1977, *BMJ Open* (2017). [DOI: 10.1136/bmjopen-2017-017650](https://doi.org/10.1136/bmjopen-2017-017650)

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