Retirement intentions of doctors who qualified in the United Kingdom in 1974: postal questionnaire survey

Jean M. Davidson, Trevor W. Lambert, James Parkhouse, Julie Evans and Michael J. Goldacre

Abstract

Background Medical workforce planning needs to be informed by knowledge about doctors’ retirement intentions. Systematic information about retirement intentions, and factors that influence them, is sparse.

Methods Postal questionnaires were sent to members of a cohort of medical qualifiers surveyed regularly since they qualified in 1974, with quantitative analysis of intentions about early retirement and qualitative analysis of reasons for wanting early retirement.

Results A total of 1717 replies were received from 2217 traceable doctors (77.4 per cent). Of these, 1427 doctors worked in the NHS and answered the question about retirement: 14.8 per cent (211) said that they would definitely continue to normal retirement age and 20.1 per cent (287) probably would. Of those not definitely continuing to normal retirement age, 45.1 per cent had made financial provision to support early retirement. Seventy per cent cited reasons for considering early retirement: the main reasons were to reduce work-related pressure, increase leisure time, job dissatisfaction, disillusionment with the NHS, and wanting a healthy retirement. Doctors might be encouraged to stay by more flexible working patterns, a reduction in workload with increasing age, improved staffing levels, preservation of pension rights for part-time working, fewer NHS administrative changes, and greater professional freedom.

Conclusion The impact of early retirement on medical workforce supply may be considerable. Approaches to retirement policy need to shift away from the extremes of full-time employment or total retirement.

Keywords: early retirement, workforce, flexible working

Introduction

Health service delivery depends critically upon an appropriate workforce. It needs the right numbers of doctors, in the right specialties, in the right places. Concern about the impact on the English National Health Service (NHS) of doctors’ early retirement has prompted several reports.1–6 A literature review on retirement patterns commissioned by the UK Medical Workforce Standing Advisory Committee in 19967 concluded that there were insufficient data to inform in any detail the workforce planning process. We report on a survey of all doctors who qualified in the United Kingdom in 1974, and give results about their intended age of retirement, plans put in place to facilitate early retirement, reasons for retiring early, and what might encourage doctors to stay.

Method

The Medical Careers Research Group has followed the careers of qualifiers from all UK medical schools in 1974. Our methods have been described in detail elsewhere.8 In our latest survey, we asked respondents working in the NHS: ‘What is the normal retirement age for your current post?’ and ‘Do you intend to practise in the NHS until the normal retirement age for your current post?’ In response to the latter, they were invited to answer ‘Yes-definitely’, ‘Yes-probably’, ‘Undecided’, ‘No-probably not’, or ‘No-definitely not’. If they did not answer ‘Yes-definitely’, they were asked to state the age at which they might leave the NHS. Open questions invited respondents who were not definite about continuing to normal retirement age to explain briefly why they were considering early retirement and what might encourage them to stay. We also invited them to give details of any plans made to facilitate leaving early. A coding frame was developed for responses to each open question from an analysis of a sample of the responses given, following which all responses were coded, initially independ-
ently, by three coders. Where agreement was not reached after discussion, the response was regarded as ‘uncodable’. Where more than one reason was given, each reason was coded and counted separately.

**Results**

**Response**

Of the 2347 doctors who qualified in 1974, 30 were known to have died, eight did not wish to participate in the survey, and no address could be found for a further 92. The effective response rate was therefore 77.4 per cent (1717 out of a possible 2217). Of these, 85 per cent (1460/1717) held substantive or honorary NHS contracts at the end of September 1998. These 1460 doctors are the subject of the rest of this paper. The mean and median ages of respondents at 30 September 1998 were 48 years.

**Intention to practise to normal retirement age**

Table 1 shows intentions to practise to normal retirement age. Of the 1427 respondents working in the NHS who specified how certain they were about their intentions, only 14.8 per cent (211) were definitely planning to continue to normal retirement age. Another 20.1 per cent (287) specified that they would probably work until their normal retirement age. Women were significantly more likely than men to specify that they definitely or probably would continue ($\chi^2 = 6.1, p < 0.01$). The mean planned retirement age was approximately 3 years early for those whose normal retirement age would be 60 or less (297 respondents), 5 years early for those whose normal retirement age would be 65 (1076 respondents), and 9 years early for the small group (49 respondents) whose contracted retirement age was 70.

There was almost no difference between hospital consultants and general practitioners (GPs) in their intentions to take early retirement, or in the mean ages when early retirement was planned. Of 20 respondents who had already retired (and were not included in the analysis above), 18 had retired on grounds of ill health.

**Plans to facilitate early retirement**

Of the 1216 NHS doctors not definitely intending to continue to normal retirement age, 548 (45.1 per cent) told us that they had plans in place to facilitate early retirement, and 514 stated what those plans were. Men were significantly more likely to have made plans than women (men 51.7 per cent, women 33.4 per cent, $\chi^2 = 31.6, p < 0.001$). Table 2 describes the plans made. Of those who had made provision, 84.5 per cent (463/548) had told us they were ‘definitely not’ or ‘probably not’ going to continue in the NHS to normal retirement age. Pension supplements, private pensions and financial investments had been taken out by 62.6 per cent; and an additional 25.1 per cent had made a combination of plans.

**Reasons for considering early retirement, and inducements to stay**

Of the 1216 NHS doctors who were not definite about continuing to normal retirement age, 1099 indicated a lower planned retirement age. Of these, 1022 (which represents 70 per cent of the entire cohort of NHS responders) cited reasons for considering early retirement, and 990 told us what might induce them to stay until normal retirement age.

Of those who gave reasons, 36.5 per cent cited pressure of work, exhaustion or burnout (Tables 3 and 4). Twenty-six per cent wished to retire early to devote more time to family, leisure or other interests. Although both men and women gave this

<table>
<thead>
<tr>
<th>Plan</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td>Pension supplements</td>
<td>195</td>
<td>37.9</td>
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<tr>
<td>Private pension</td>
<td>71</td>
<td>13.8</td>
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<tr>
<td>Financial investments</td>
<td>56</td>
<td>10.9</td>
</tr>
<tr>
<td>Other ways of earning money</td>
<td>18</td>
<td>3.5</td>
</tr>
<tr>
<td>Combination of plans above</td>
<td>129</td>
<td>25.1</td>
</tr>
<tr>
<td>Normal pension will suffice</td>
<td>25</td>
<td>4.9</td>
</tr>
<tr>
<td>End/reduction of financial commitments</td>
<td>20</td>
<td>3.9</td>
</tr>
<tr>
<td>Total</td>
<td>514</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 1** Intention to practise until normal retirement age: number and percentage of respondents

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th></th>
<th>Women</th>
<th></th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Yes-definitely</td>
<td>142</td>
<td>14.0</td>
<td>69</td>
<td>16.8</td>
<td>211</td>
<td>14.8</td>
</tr>
<tr>
<td>Yes-probably</td>
<td>191</td>
<td>18.8</td>
<td>96</td>
<td>23.4</td>
<td>287</td>
<td>20.1</td>
</tr>
<tr>
<td>Undecided</td>
<td>126</td>
<td>12.4</td>
<td>72</td>
<td>17.5</td>
<td>198</td>
<td>13.9</td>
</tr>
<tr>
<td>No-probably not</td>
<td>269</td>
<td>26.5</td>
<td>102</td>
<td>24.8</td>
<td>371</td>
<td>26.0</td>
</tr>
<tr>
<td>No-definitely</td>
<td>288</td>
<td>28.3</td>
<td>72</td>
<td>17.5</td>
<td>360</td>
<td>25.2</td>
</tr>
<tr>
<td>Total</td>
<td>1016</td>
<td>100.0</td>
<td>411</td>
<td>100.0</td>
<td>1427</td>
<td>100.0</td>
</tr>
</tbody>
</table>

$\chi^2$ comparing men and women for the likelihood that they will practise until normal retirement age (yes-definitely and yes-probably versus other responses): $6.1, p < 0.01$. 


reason, women respondents cited it far more commonly (women 47.7 per cent, men 18.8 per cent, \( \chi^2 = 84.0, p < 0.001 \)); indeed, it was the most common reason given by women for wishing to retire early. A quarter of respondents wanted to retire early because of poor job satisfaction and/or disillusionment with the NHS. The fourth most common reason, cited by 19.6 per cent, was to do with wanting to maintain good health, avoid premature death or wanting a healthy retirement. Other reasons, each cited by 6 per cent or fewer respondents, were that the financial rewards did not provide sufficient incentive to stay, that they will have achieved financial security without needing to work, wanting a change of career or reduced working hours, having ‘had enough!’ and fear of deteriorating skills or competence.

The most common response to the question ‘What might encourage you to stay until the normal retirement age?’, cited by 32.6 per cent of those who answered this question, was a desire for more flexible working patterns including sabbatical breaks and availability of part-time and salaried posts, aimed at reducing workload (Tables 3 and 5). Men gave this reason as often as women. The next most common response was ‘Nothing!’ cited, unprompted, by 20.9 per cent of respondents. Other improvements to working conditions such as better remuneration and staffing levels might encourage 19.4 per cent to stay. Again, 19.4 per cent said that financial necessity could result in their staying longer. Thirteen per cent of respondents would be encouraged to stay by fewer imposed organizational changes in the NHS, a climate of greater professional freedom, less bureaucracy and greater emphasis on patient care. Nine per cent of respondents cited continuing good health, confidence about their continuing competence, or continuing or increased job satisfaction as a possible reason for staying. A career change or development was the least common factor, cited by just 2.4 per cent of respondents.

There were no significant differences between the percentages of GPs and hospital doctors in their main reasons for considering early retirement. However, fear of deteriorating skills or competence was given significantly more frequently by hospital doctors than by GPs (3.3 per cent and 0.7 per cent respectively, \( p < 0.01 \)). Four per cent of GPs cited continuing good health, competence, or job satisfaction as a possible reason for staying. A career change or development was the least common factor, cited by just 2.4 per cent of respondents.

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Discussion

Early retirement, defined as the intention to retire earlier than the normal retirement age for their current post, was under consideration by the majority of respondents. There were few
differences between GPs and hospital specialists. For most, if intentions translated into action, this would mean retiring approximately 5 years earlier than normal retirement age.

Reflecting on elements of their careers that caused them to consider early retirement, many of the doctors wrote that they were no longer prepared to tolerate excessive levels of work-related pressure or to sacrifice family time or other interests for the sake of a few more working years. Reduced job satisfaction was a factor, often linked to disillusionment with NHS administrative changes. Loss of interest in the clinical content of their work was another reason, and many cited the desire to spend more time with family or pursue other interests.

Table 4

Responses to the question ‘Please explain briefly why you are considering leaving before the normal retirement age’: illustrative examples of responses coded under each category 1–8

1. **Pressure of work/exhaustion/burnout**
   - ‘It’s extremely hard work. Can’t see myself clinically working at this rate up to 65.’
   - ‘The workload is heavy and would wear me out completely by 65.’
   - ‘Do not feel that I can endure the pace of work for another 15 years.’
   - ‘Not prepared to continue such arduous on-call (1 in 2) that long.’
   - ‘Burden of administration.’
   - ‘Exhaustion.’
   - ‘Burnout.’

2. **Family reasons/time for leisure/other interests**
   - ‘Hope to spend time with family as the first call on my attention rather than others.’
   - ‘Want to give something to myself and family whilst hopefully in good health.’
   - ‘Need more time off for self.’
   - ‘I would like to enjoy some freedom before too old.’
   - ‘To enable me to have other experiences before it is too late.’
   - ‘Time to do things which I have been unable to do because of work commitments.’

3. **Poor job satisfaction/disillusionment with NHS**
   - ‘Fed up of frequent changes of administrative structure.’
   - ‘Too many changes, no stability in system.’
   - ‘The changes in the NHS in the past decade have taken all the fun and enjoyment out of my career.’
   - ‘It’s agony working in the NHS. Poor resources, reducing junior staff, overwhelming workload leads to less satisfaction.’
   - ‘Low morale in NHS and no-one listens to doctors any more.’
   - ‘The deterioration of working conditions for NHS consultants.’
   - ‘Sick and tired of working as a GP in the NHS.’

4. **Maintaining good health/life expectancy/healthy retirement**
   - ‘Considerable personal sacrifice involved to the detriment of one’s own health.’
   - ‘To improve own health.’
   - ‘Life expectancy is greater if one retires early.’
   - ‘The post-retirement mortality rate.’
   - ‘To enjoy retirement with relatively good health.’
   - ‘Desire to enjoy fruits of labour while I’m still healthy (I hope).’

5. **Insufficient financial incentive/financial security**
   - ‘Too little reward. The NHS takes up most of my time and provides the minority of my income.’
   - ‘The realization that I am not going to make any money being a GP.’
   - ‘Mortgage now paid off and children in employment.’
   - ‘Likely financial stability by 60 years.’
   - ‘Do not envisage financially necessary to continue for my personal circumstances.’

6. **Career change/reduced hours**
   - ‘I’d prefer to work part time and pursue other interests.’
   - ‘Would like to reduce my hours substantially/no on-call if possible.’
   - ‘Want to be a novelist.’
   - ‘I would like to do overseas voluntary work.’
   - ‘To pursue another career in a non-medical field.’

7. **‘Had enough!’**
   - ‘I think I will have had enough by then.’
   - ‘Have given enough to the NHS.’
   - ‘Enough is enough.’

8. **Fear of deteriorating skill/competence**
   - ‘Ability to practise medicine to the standard I feel I would like.’
   - ‘Don’t want to be too old to do the job properly.’
   - ‘Manual dexterity/ability may deteriorate.’
work was mentioned by very few doctors. Several whose reason was to increase the likelihood of a healthy retirement suggested that life expectancy for a doctor is greater if one retires early.

The cumulative effect on NHS workforce supply of early retirement of successive cohorts of doctors may be considerable and cannot be ignored by workforce planners. Greater professional freedom, greater emphasis on patient care and reduced bureaucracy would improve job satisfaction for some. Better pay and preservation of pension rights for part-time working would also keep some doctors at work longer.

In recent months the Department of Health has published proposals about incentives for doctors to continue working, when they might otherwise have retired. A report to government recommends enabling employees ‘to “downshift” later in their working lives rather than facing a “cliff-edge” of full-time work or full retirement’. Although some would not be persuaded to stay for any reason other than financial necessity, flexible working patterns, a reduction in workload with increasing age, and improved staffing levels may help to ease the pressure on doctors and thus reduce the desire for early retirement.

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References


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