

# Would New Medical Graduates Choose Obstetrics and Gynaecology as Their Future Career Anymore?

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Whether medical graduates choose obstetrics and gynaecology (O&G) as their future career is perhaps the most challenging issue that our profession faces. An article published in the April 2016 issue of the *Hong Kong Medical Journal* is thought provoking<sup>1</sup>. It was a cross-sectional questionnaire study of factors that influence the career interest of medical graduates in O&G in Hong Kong. The coverage was extensive and included more than 70% of medical graduates in 2015 from both The University of Hong Kong and Chinese University of Hong Kong. 53% of them were female. Almost 80% who listed O&G among their first three choices of specialty were female. This reflects the actual scenario in our specialty: in my department 80% of doctors are female, including trainers and trainees. I have no doubt about their working ability and professionalism, but in terms of manpower planning, their possible future need for maternity leave or their wish to work part-time or even leave their job to care for their newborn baby and family must be considered. A more balanced gender ratio has been shown to have a positive impact on career interest in O&G, whereas part-time training with a longer period has a negative impact.

The study confirmed a low level of career interest in O&G among medical graduates and a decreasing popularity of the specialty as a career choice. The median score for the level of career interest in O&G was 3 out of 10. O&G ranked as the 8th most popular career choice. 16% of participants would choose O&G among their first three choices; 6% (13/233) of participants indicated O&G as their first choice. Interestingly the actual number of new trainees recruited to our specialty in July 2016 was 20/323, exactly 6%!

Three key influential factors for career choice and interest in O&G were identified, namely clerkship experience, working style, and career prospects.

Clerkship experience refers to learning in lectures and O&G clerkship including hands-on experience, interaction with O&G interns / trainees / specialists / consultants / professors and midwives / O&G nurses. The question is how much as trainers and role-models have we offered medical students? And what sort of working atmosphere do they observe? Team spirit and mutual

respect between the various parties are perhaps the most important to our future trainees.

Working style such as work-life balance, on-call frequency, number of years of on-site call, and level of urgency / stress in clinical work are important considerations. Training in O&G is not easy. Our specialty probably requires the longest number of years of on-site call. The on-call frequency really depends on how many trainees and specialists in a particular unit. Moreover, labour ward clinical duties can be urgent and stressful. It all depends on the trainee's interest in O&G and his or her character. A fair and transparent on-call and duty list can help. Decreasing the on-call frequency and better remuneration have been shown to have a positive impact on career interest. The million-dollar question is how to avoid the vicious cycle of a lack of manpower and increased on-call frequency.

For career prospects including medical indemnity, is O&G still a respectable specialty? What would be the prospect of promotion in the Hospital Authority and in the private sector? What would be the advice from family members, seniors, and peers? All these are important considerations for medical graduates. The risk of litigation and cost of professional indemnity are notoriously high in O&G. This is further aggravated by the recent change from occurrence-based to claim-based indemnity for private obstetricians by Medical Protection Society. This requires indemnity protection at all times (with corresponding insurance fees) while practising and even following retirement as claims can be made against an individual for incidents that occurred during practice. This has created uncertainty and anxiety among practising obstetricians in the private sector and those who plan to enter private practice. The Hospital Authority does offer crown indemnity for all trainees and specialists, but the risk of litigation and cost of professional indemnity are important factors for specialty choice. The good news is that we now have a new alternative for medical indemnity with much better terms. Whatever the choice is, risk management and credentialing can minimise the risk of litigation. Interestingly, the new MRCOG Part 3 examination (that our College plans to offer in Hong Kong from end of 2017) emphasises communication between patients and their

family members as well as among colleagues. This is an important part of risk management.

The answer to the question “Would new medical graduates choose O&G as their future career anymore?” will be the actual number of trainees that we can recruit in July 2017 for the current vacancies of around 15. In

the long term, the Hospital Authority should increase the manpower for O&G. It would be interesting to repeat the study periodically for manpower planning.

**WC LEUNG**

President, Hong Kong College of Obstetricians and Gynaecologists

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1. Lam CY, Cheung CS, Hui AS. Factors influencing the career interest of medical graduates in obstetrics and gynaecology in Hong Kong: a cross-sectional questionnaire survey. *Hong Kong Med J* 2016;22:138-43.