Attrition From Obstetrical Practice Among Family Practice Residency Graduates

Paul E. Tietze, MD, Samuel E. Gaskins, MD, and Mary Joyce McGinnis, MD
Tuscaloosa, Alabama, and Schenectady, New York

Family practice literature has traditionally supported the inclusion of obstetrics in the practice of residency graduates.[1–4] Several studies have favorably compared maternal and neonatal outcomes of obstetrical care delivered by family practice residents, family physicians, and obstetricians.[5,6] Despite this support and attention, the practice of obstetrics by family physicians is becoming less common.[7] Attrition from the practice of obstetrics has been attributed to the cost of malpractice premiums, the perception of inadequate training, and the amount of time obstetrics practice requires.

This study evaluates the frequency of obstetrical practice for the graduates of a large residency program and the process of attrition from the practice of obstetrics.

METHODS

In April 1986 a survey was mailed to all 92 graduates of the Tuscaloosa Family Practice Residency Program. The survey included questions about each graduate's practice situation and about factors influencing their practice of obstetrics. The resident's year of graduation and months of training in obstetrics and gynecology were included in the analysis.

RESULTS

Of the 92 surveys mailed, 85 (92.4 percent) were returned. Forty-three (50.6 percent) graduates practiced obstetrics at some time in their postgraduate career. This number has declined to 25 (29.4 percent), and only 16 (18.8 percent) have definite plans to continue. Of those who discontinued obstetrical practice, 6 (24 percent) stopped prior to 1985, 12 (48 percent) stopped since 1985, and 7 (28 percent) planned to stop practice after April 1986. Attrition was greatest from those graduating prior to 1981. Since 1981 significantly fewer graduates have chosen to initially include obstetrics in their practice.

Those who practiced obstetrics spent significantly more time training in obstetrics and gynecology than those who did not practice obstetrics (mean 5.65 months vs 4.40 months ($P = .001$)). Further, they were significantly more satisfied with their training in obstetrics ($P = .05$) and gynecology ($P = .02$) when compared with those who never practiced obstetrics. Graduates who practiced obstetrics settled in significantly smaller communities (population mean 52,000 vs 204,000 [$P = .04$]) and in communities significantly farther away from an obstetrics-gynecology specialist than those who never practiced obstetrics.

Thirty-eight graduates (88.3 percent) practicing obstetrics were in solo practice, in partnership with another family physician, or in a family practice group. Attrition among physicians in solo practice has been the greatest, with none planning to continue after April 1986. One half of the graduates in partnership with another family physician planned to continue the practice of obstetrics (Table 1).

A specialist obstetrician-gynecologist was available locally for 79 percent, and within 25 miles, for 92 percent of those discontinuing obstetrical practice.

There was a striking difference between those who stopped obstetrical practice prior to 1985 and those who stopped subsequently. Five of the six graduates (83 percent) discontinuing obstetrical practice prior to 1985 cited time required as a major factor. Conversely during or after 1985, the cost of malpractice insurance was cited by 17 of 19 graduates (89 percent) discontinuing the practice of obstetrics (Table 2).

The difference in malpractice premium between those who planned to continue obstetrics and those who had

Submitted, revised, November 24, 1987.

From the College of Community Health Sciences, The University of Alabama, and the Family Practice Residency Program, Tuscaloosa, Alabama, and the Family Practice Training Program, Schenectady, New York. Requests for reprints should be addressed to Dr. Paul E. Tietze, PO Box 6331, Tuscaloosa, AL 35487-6331.

TABLE 1. PRACTICE TYPE AND TIME SPENT IN OBSTETRICS

Type of Practice	All Graduates No. (%)	Did Obstetrics at Some Time No. (%)	Attrition No. (%)
Solo	15 (17.6)	9 (20.9)	9 (100)
Partnership	39 (45.9)	20 (46.5)	10 (50)
Family practice group	13 (15.3)	9 (20.9)	5 (56)
Multispecialty group	2 (2.4)	1 (2.3)	1 (100)
Military	1 (1.2)	1 (2.3)	0 (0)
Teaching	3 (3.5)	2 (4.7)	1 (50)
Emergency or urgent care	9 (10.6)	1 (2.3)	1 (100)
Student health	2 (2.4)	0	
National Public Health Service	1 (1.2)	0	
Total	85 (100.1)	43 (99.9)	27 (63)

TABLE 2. REASONS GIVEN FOR DISCONTINUING OBSTETRICAL PRACTICE FOR 25 FAMILY PHYSICIANS

Reasons for Discontinuing	All Responses No. (%)	Discontinuing Prior to 1985 No. (%)	Discontinuing 1985 and After No. (%)
Cost of malpractice insurance	18 (72)	1 (17)	17 (89)
Time required from practice	12 (48)	5 (83)	7 (37)
Fear of litigation	10 (40)	2 (33)	8 (42)
Insufficient patients	3 (12)	0	3 (15)
Inadequate training	2 (4)	0	1 (6)
Total	25	6	19

stopped was roughly $10,000 ($5,000 vs $15,000) at the time of the survey.

Eleven (44 percent) graduates indicated they would resume obstetrical practice if those issues influencing them from the practice of obstetrics were resolved.

DISCUSSION

In the East South Central region a 1981 survey indicated 59.3 percent of the family practice residency graduates practiced obstetrics.[8] The results of that study compare favorably with this national survey, with 62.2 percent of the study graduates through the year 1981 responding that they provide routine obstetrical care. For all graduates, however, only 50.6 percent practiced obstetrics at some time, and significant attrition has taken place among these.

A 1986 survey of family physicians practicing in the state of Alabama[7] revealed that 77 percent had at some time practiced obstetrics. In 1981, 56 percent of these physicians were practicing obstetrics; however, by 1986 only 13.6 percent had active obstetrical practices. There probably has been similar attrition in other regions of the country, but there are few published data to document this assumption.

While previously it had been the rule for a graduate of the Tuscaloosa Family Practice Program to include obstetrics in his or her practice, obstetrics is now the exception. The cost of malpractice insurance has been cited by current senior residents as the most significant barrier to obstetrical practice.

In the southeastern United States, many specialty-trained obstetrician-gynecologists are discontinuing obstetrics as a part of their practice, making such services increasingly difficult to find. In western Alabama, where perinatal morbidity and mortality are among the highest in the United States, several counties have no obstetrical care available. It is clear that malpractice premium costs are keeping family physicians in Alabama from entering and from continuing the practice of obstetrics, a particular concern in the face of such great need for these services in this region.

References

1. Meyer AA: Obstetrics and family practice: A positive perspective. J Fam Pract 1984; 19:397–398
2. Mehl LE, Bruce C, Renner JH: Importance of obstetrics in a comprehensive family practice. J Fam Pract 1976; 3:385–389
3. Lynch DA: Obstetrics in family practice: A model for residency training. J Fam Pract 1978; 7:723–730
4. Candib L: Obstetrics in family practice: A personal and political perspective. J Fam Pract 1976; 3:391–396
5. Wanderer MJ, Suyehira JG: Obstetrical care in a prepaid cooperative: A comparison between family practice residents, family physicians, and obstetricians. J Fam Pract 1980; 11:601–606
6. Ely JW, Ueland K, Gordon MJ: An audit of obstetric care in a university family medicine department and an obstetrics-gynecology department. J Fam Pract 1976; 3:397–401
7. Darnell HL: Current status of family practice obstetrics in Alabama. Ala Med 1986; 56:36–38
8. Stern TL, Schmittling G, Clinton C, Black RR: Hospital privileges for graduates of family practice residency programs. J Fam Pract 1981; 13:1013–1020