

1 **How can we encourage students to choose general practice as a career? A medical**  
2 **school perspective.**

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## 50 **Background**

51 NHS England's "Five Year Forward View" (1) and the Royal College of General  
52 Practitioners' "Vision for General Practice" (2) both predict increased volume and  
53 complexity of population health needs in the future, with care continuing to move  
54 from hospitals into the community. National reviews of medical training and  
55 workforce requirements report a critical need for an increase in the NHS General  
56 Practitioner (GP) workforce (3) and the RCGP has been working to promote GP as a  
57 career, yet this need has not so far been met. Only 17.4% of F2 doctors were  
58 appointed to GP training in the UK in 2015 (4) and about 1 in 10 GP trainee posts  
59 remained unfilled after three rounds of recruitment in 2015.

60

61 Many questions must be asked. Why are there such wide variations across medical  
62 schools in graduates' choice of general practice as a career (range 7.3% to 30.0%) (4).  
63 Is there a cultural bias against primary care in medical schools? How important is  
64 the quantity and quality of undergraduate GP exposure? Are we taking the wrong  
65 approach to selection processes in order to meet the needs of contemporary  
66 society?

67 Choice of career for medical graduates is a complex process, with individual interests  
68 and aptitudes playing alongside broader social and media influences and political  
69 and economic factors (5). One thing however seems crystal clear: Undergraduate  
70 experience has a major influence on career choice and therefore a comprehensive  
71 and evidence-based strategy is required if medical schools are to succeed in  
72 providing a medical workforce to meet our society's evolving needs.

## 73 **Adequate funding and support of student placements in General Practice**

74 Evidence from the UK and abroad shows that undergraduate exposure to general  
75 practice has a positive influence on students considering GP as a career (6,7). Yet  
76 following a steady increase over the past 20 years, the percentage of teaching in  
77 general practice in UK medical schools has plateaued (mean 13%) since 2008 and the  
78 average amount of clinical contact in GP settings has decreased overall (8).

79 Capacity for undergraduate GP placements is now a serious challenge for many  
80 medical schools with practices facing competing demands from service and  
81 expansion of postgraduate training activity. Postgraduate trainees are often viewed  
82 as "better value" in terms of service, causing some practices to choose postgraduate  
83 training over undergraduate teaching. One way of balancing this conflict is to  
84 encourage greater involvement of GP trainees in undergraduate practice based  
85 teaching and there is evidence that this can have benefits for both trainees and  
86 students (9).

87 Medical students' perception of their GP teachers' job satisfaction positively affects  
88 their wish to become GPs (10). Whilst many aspects of GP job satisfaction are  
89 beyond the remit of medical schools, they can at least ensure that GP teachers are

90 properly supported. Community GP teachers are a large group who need high quality  
91 and accessible training and updates that are targeted at their needs. An optional  
92 teaching qualification could open up a career path into academia for experienced  
93 GPs. This could be based in part on on-line modules with practice-based assessment.  
94 As we move possibly towards a national qualification for students, we could consider  
95 the same for GP teachers.

96 Funding is crucial. Undergraduate teaching payments no longer reflect the cost of re-  
97 providing service lost from teaching. The payments to practices providing such  
98 placements vary, but they are consistently lower than those made to secondary care  
99 providers of undergraduate placements (11). Yet general practice teaching has been  
100 shown to be as effective, if not better, than hospital teaching when it is adequately  
101 resourced (12).

102 Medical schools need to recognise both the educational value, and the value for  
103 money that is available in primary care teaching, moving students and resources  
104 from the hospital setting whenever learning could take place equally or more  
105 appropriately in the community. Such a paradigm shift is required to promote  
106 general practice as the cornerstone of the undergraduate experience, building upon  
107 pioneering work done previously (13).

108

109 **General Practice needs to be championed within the undergraduate curriculum.**

110 Medical school curricula must do more to adapt in response to changing health  
111 patterns and the need for expert generalists in the modern medical workforce.  
112 Greater emphasis must be placed on the management of long-term conditions and  
113 the challenges arising from an ageing population with multiple morbidities.

114 Academic GPs must be seen and heard in prominent and senior roles within medical  
115 schools, both in teaching and research. Despite GPs comprising 27.5% of the total  
116 medical workforce, the UK's 221 academic GPs account for only 6.5% of all clinical  
117 academics (14). Students need to know the extent and importance of primary care  
118 research and how this informs teaching and practice.

119 There should be increased input from general practice at all stages of medical school  
120 activities, including selection panels, community placements, campus based  
121 teaching, student support services and crucially, assessment. Examinations at all  
122 stages should reflect more closely medical needs encountered in community care  
123 settings. Recruitment materials need to reflect the full range of graduate  
124 opportunities rather than depicting images predominantly of high-tech specialities.

125 Growing evidence from the UK and from international studies on Longitudinal  
126 Integrated Clerkships (LICs) suggests that longer, more immersive community  
127 placements make students more likely to choose General Practice as a career (15), as  
128 well as producing more empathic, "work ready" students. It may be time to replace  
129 frequent specialty rotations with more immersive placements. A logical approach  
130 would be to offer a lengthy (e.g. 12 month) placement in general practice and  
131 emergency medicine at the start of clinical training, allowing students to see

132 undifferentiated patients and giving them the opportunity to practise their clinical  
133 reasoning. This could be followed by a further long placement in primary care  
134 towards the end of the medical school curriculum, with a focus on patient  
135 management and General Practice apprenticeship.

136 Research suggests that some students opt for hospital careers believing they offer  
137 greater intellectual challenge than general practice (16). If we wish to counter this  
138 view we must provide undergraduate primary care exposure which challenges  
139 students, testing not only their communication skills but also their clinical reasoning,  
140 diagnostic, ethical and management competences. General practice is an ideal  
141 setting in which to learn about clinical leadership and quality improvement and  
142 innovative community modules such as managing complexity, community  
143 prescribing and medication monitoring can allow students to experience this  
144 breadth.

145 Widening participation projects may indirectly help GP recruitment as UK GP  
146 trainees are more likely to have state education than other specialties (17). Creative  
147 options such as part time training in early years combined with paid work as a  
148 receptionist or health care assistant in a GP practice could widen participation while  
149 incorporating elements of LICs, especially if students returned to the same practice  
150 for attachments.

151 A 2015 RCGP survey of medical students found that only 35% described their  
152 medical school as supportive of general practice as a career, with many comments  
153 on negative attitudes to general practice. Research suggests that negative  
154 comments about general practice as a career choice (by both GPs and specialists) are  
155 prevalent and have an influence on student career choice (18).

156 Medical schools could and should do more to expose students to GP teachers as  
157 important role models and valued members of faculty. They should also provide  
158 greater encouragement and support for student GP societies providing opportunities  
159 for students to meet GPs with a variety of experience, interests and portfolio  
160 careers. Such societies can also help students consider work/life balance questions  
161 which have been shown to be an important determinant in choice of career for  
162 "Generation Y" doctors (5,16).

163

164 **Further evidence needed.**

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166 Considering the anticipated crisis in GP recruitment and its serious implications for  
167 the NHS, the relative lack of emphasis on research in this area is a cause for  
168 concern. Further evidence is urgently needed to help us understand how primary  
169 care can best contribute to undergraduate education and how this affects students'  
170 career choice and approach to practising medicine in the broadest sense.

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172 Further questions remain: How do negative attitudes towards General Practice as a  
173 career affect career intention? Is this in fact a discriminatory issue and does ethical  
174 behaviour by medical teachers need to be addressed? The Athena Swan initiative is

175 currently supporting and advancing women's careers in medical education and  
176 research - do we need a similar programme for GPs?

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179 **Conclusion**

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181 The choice of specialist career is a complex phenomenon combining personal and  
182 social influences. Preferences may change at different stages of life and of training,  
183 but there is no doubt that the undergraduate experience has a strong influence on  
184 eventual career choice.

185

186 Considering the evidence currently available and described above, we make some  
187 initial recommendations (see Table 1). We strongly suggest that UK governments  
188 and medical schools urgently and carefully consider strategic changes needed at  
189 undergraduate level if the NHS is to continue to have a strong GP workforce within a  
190 vibrant and internationally-renowned primary care service.

191

***Increase***

Quantity of undergraduate teaching in General Practice

The proportion of exam questions that are set in primary and community settings

The proportion of academic GPs and students' exposure to them

SIFT funding to General Practice

Research into career influences of medical students

***Review***

The extent that General Practice is denigrated in medical school culture, and if necessary confront the phenomenon as a discriminatory issue

How medical students are recruited and selected

The career structure and pathways for GPs interested in undergraduate medical education or clinical research

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194 Table 1: Key initial recommendations to increase uptake of GP as a career

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