Letters

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Editor's choice

Medical schools and general practice

Sir Denis Pereira Gray makes some salient points about the role of medical schools in GP recruitment,[1] which I hope the recently announced new medical schools will take note of. Even when a medical school has an active primary care faculty, it may not be engaged in promoting general practice as a career. Certainly, when I was a student, our medical school had an academic department including a very well-known professor; unlike almost every other specialty represented in the university, none of the senior academics seemed to have any involvement in teaching medical students, not even an introductory lecture to demonstrate why we should consider general practice as a career. Teaching at the university was exclusively done by what I now realise were academic GP registrars; not a bad thing in itself but perhaps not ideal without any senior input? Thankfully, I encountered a number of enthusiastic GP trainers on placements who took a clueless medical student into their busy schedules, introduced me to the writings of McWhinney and Starfield, and showed me what a diverse, exciting, and rewarding career general practice offered. So, many thanks to Drs Nick Foreman, Tony Antoniou, and especially Iain Crofton-Briggs; after 2 weeks in his company I knew that there was no other job I wanted to do. I hope that as a GP trainer I can do likewise for our local students. However, I would implore the career GP academics in medical schools to step back from their international conferences and research assessment exercises, and spend time inspiring the next generation both clinically and academically.

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The GP workforce pipeline: increasing the flow and plugging the leaks

It was interesting to read about increasing the flow and plugging the leaks for the GP workforce pipeline.[1] The initial stage of GP recruitment was stated to be during medical school but our experience of widening participation has made it start earlier. The *Selecting for Excellence Final Report* highlights the need for medical schools to support students from widening-participation backgrounds, the key role of doctors in widening participation, and how this can be supported.[2] The School of Medicine at Keele University this year arranged for visits for 17 local college students from widening-participation backgrounds to spend a day in general practice. This was one of their five core days of the Steps2Medicine scheme arranged by the School of Medicine. All students on the scheme with suitable exam grades are given a guaranteed interview at Keele.

The students were given a list of 20 specific tasks to complete during 'My day in general practice'. These included listening to heart and lung sounds, taking a pulse, and watching a procedure such as venepuncture or an intramuscular injection. Students were encouraged to spend time with a GP, practice nurse, and at reception. We asked students for verbal and written feedback, which was almost entirely incredibly positive. Comments included *'Dr x is a huge role model'*, *'it* [general practice] *is an incredibly rewarding and diverse job'*, *'*[i]*t's really interesting and varied and has increased my interest in the possibility of going into the job'*, and *'I loved the GP visit and it was an amazing experience which made me 100% sure that I want to go into medicine'*. And what did the GPs who took part think? *'Brilliant'*, *'truly inspiring'*, and one GP commented that a student had said *'this has been the best day of my life!'*

We believe that such student visits could form part of the solution to the workforce crisis by encouraging and inspiring local students from any background, not just widening-participation backgrounds, to enter a career in general practice. And we may well have also stumbled on a way of improving GP retention, by reminding GPs just how inspirational they are!

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Creatinine clearance versus eGFR

Perhaps someone high up in the NHS can enforce labs to report creatinine clearance[1] or GP computer systems to calculate this routinely in all patients as the way forward. This can then integrate with prescribing systems to flag renal alerts.

Leaving it to individual clinicians, practices, CCGs, or federations will leave gaps, probably for those most at risk.

The technology exists and is simple, but needs the system to adopt it. Why does this not just 'happen'?

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