

INTRODUCTION

The role of the GP is changing. In light of this, the Royal College of General Practitioners (RCGP) launched a major consultation exercise in 2012 entitled *General Practice 2022: a call to action*, with the aim of assessing the efficacy of general practice and to propose a vision for its future.¹ In parallel with this development, the Department of Health has recommended that at least half of all medical graduates enter general practice after Foundation training.² However, recent research has shown that general practice is the first choice specialty for only 28% of medical graduates compared with 71% selecting hospital specialties as their preferred career route.³

If current medical students are not enthused about general practice at an early stage in their career, it seems that the College's 2022 vision for the future of general practice may be difficult, if not impossible, to realise. Here we suggest ways in which enthusiasm for general practice among medical students can be fostered by considering the role of both educational interventions and wider student-led endeavours such as GP societies.

Research shows that enthusiasm for, and commitment to general practice is an important determinant for pursuing this career path after the Foundation years.⁴ Despite a significant proportion of teaching in medical schools now being carried out in the community, there remains a widespread view among students that general practice is lower in both stimulation and prestige when compared to hospital specialties.⁵

To inspire tomorrow's doctors to seriously consider a career in primary care, medical schools must ensure that curricula include sufficient quantity and quality of GP attachments for students to appreciate the true scope of general practice and the central role of primary care within the modern NHS. Perhaps it is also time to think beyond curriculum-based interventions, and for medical schools to actively support emerging student-led initiatives such as GP societies and the RCGP national student forum to safeguard the specialty's future.

WHAT ARE CURRENT STUDENT PERSPECTIVES AND WHAT FACTORS INFLUENCE THEM?

Evidence suggests that general practice

"The single most important factor to result in a positive view of the profession was a good experience of general practice or a particular GP during a clinical placement."

is often seen as a 'lifestyle choice' and a career in which a doctor 'ends up' rather than one that is actively pursued.⁶ Views of general practice do, however, become more positive as students progress through medical school as Henderson *et al* highlighted in their 2002 article.⁶ They report that the single most important factor to result in a positive view of the profession was a good experience of general practice or a particular GP during a clinical placement, or in the student's own experience as a patient.

Student experience of general practice was also found by Lambert and Goldacre⁴ to be a determining factor for over 40% of doctors who chose the specialty as a career. These positive experiences include inspirational teachers and interesting patients that challenge the common perception that general practice is only concerned with minor ailments and social problems.

Having said this, it is worth considering the wider factors that influence career choice among junior doctors. Working hours, pay levels, and even media coverage may all play a role and while it is beyond the scope of this article to discuss these in detail, it would be naive to cite enthusiasm as the only driving factor in decisions regarding medical careers.

WHAT CAN BE DONE TO CHANGE STUDENT PERSPECTIVES?

Curriculum-based interventions

Firstly, high-quality community placements are essential if students are to be enthused about general practice at an early stage. However, there may be difficulty in recruiting teaching practices as service pressures grow, along with the demands from postgraduate training. The fact that payment rates for GP teaching via SIFT (Service Increment for Teaching) have been effectively frozen for several years is also a significant obstacle. A complementary

approach could be to involve more GPs in campus-based teaching. Traditionally this has been carried out by hospital doctors or biomedical scientists. We see no reason however why a GP with a special interest in cardiology, for example, could not teach the management of hypertension. In fact, they may well be more familiar with some of the day-to-day aspects than university academics. Similarly, GPs may be well placed to act as personal tutors, providing both academic and pastoral support to students on an individual or group basis. The shift of many secondary care services into the community could also provide exciting opportunities for joint GP and specialist teaching clinics based in primary care.

Increasing the number of general practice oriented special study modules (SSMs) may also help to give students a flavour of the diversity of a career in general practice. Suggestions for SSMs might include short courses on 'the consultation,' opportunities to carry out audits in primary care, as well as modules on clinical leadership and management. Longitudinal integrated clerkships based in the community might be another means of raising the profile of primary care for medical students. These have been incorporated with considerable success elsewhere, for example at Harvard Medical School,⁷ but not yet taken on widely in UK schools. In addition, intercalated BSc courses in Primary Health Care could be promoted to enable students to learn more about the wider social and cultural issues encountered in this area of medicine and examine its research base.⁸ There are currently only three such courses in the UK and their intake is limited. Their expansion may be an effective way to promote general practice as a rigorous academic discipline.

It is interesting to note that newer UK medical schools (such as Keele, University of East Anglia, and Hull York) do produce more future GPs than older more traditional

"Student societies can be a valuable way to promote general practice as an exciting, rewarding, and diverse career choice."

schools.⁹ This may significantly reflect the type of students selected, but could also be linked to the fact that newer schools tend to include a greater proportion of community-based teaching in their curricula.

Thinking beyond the medical curriculum

Student GP societies have existed at a small number of medical schools for many years. Recently numbers have expanded and our informal survey which took place in May 2013 suggests that almost 50% of UK medical schools now host such a group (14 out of 31). The RCGP also reports an encouraging growth in membership of its free Student Forum, now with over 1300 members.

These figures are encouraging and perhaps reflect the raised awareness among current students of the need to make early decisions regarding future careers. Given enthusiastic leadership and support, student societies can be a valuable way to promote general practice as an exciting, rewarding, and diverse career choice.

UCL GP Society, for example, was launched in September 2011. Since then, it has organised several events with the aim of exposing students to inspiring GP speakers including the then RCGP President Dr Iona Heath. It arranged a 'meet and greet' careers event where students could talk in small groups with a variety of GPs with varying interests within primary care, such as education, research, medical ethics, and medical humanities. The most recent event, a tour of the new RCGP premises, gave a large group of students the opportunity to network with College staff, GP trainees, and custodians of the College, allowing students to get a sense of the national scale of the organisation and the merits of choosing general practice as a future career.

All of these student-led endeavours are relatively easy to implement but can radically change other students' views on general practice. With concerns over future GP recruitment, perhaps it is time for an ambitious plan of student engagement to be launched.

WHERE DO WE GO FROM HERE?

Students need to feel that general practice

is a career they want to be part of, rather than being one in which they might 'end up' if they fail to secure a competitive hospital post. To this end, general practice must be promoted as an academically challenging and rewarding career pathway, requiring the same, if not a higher, calibre of candidates as other medical careers.

In parallel to formal curriculum developments, we should engage the energy of enthusiastic students in every medical school hoping to take on the challenge of a future career in general practice. They will need encouragement and assistance from local GPs, via RCGP faculties for example, and from the academic GP community within their universities. A national network of student GP societies, perhaps hosted by the RCGP might also be encouraged in order to build upon current local developments. Looking further ahead, this might lead to the introduction of an annual national student general practice conference where students could present their primary care research or audits, and GP careers could be discussed and promoted.

Investing in student groups now may be a key step towards ensuring that the RCGP 2022 vision for general practice is realised and that the core values of the general practitioner are upheld for generations to come.

Brooke Calvert,

Final year Medical Student, UCL, London and co-chair of the GP section of UCLU Medical Society, London.

Harriet Williams,

4th Year Medical Student, UCL, London and co-chair of the GP section of UCLU Medical Society, London.

Joe Rosenthal,

Senior Lecturer in General Practice & Sub Dean for Community Based Teaching, Research Department of Primary Care & Population Health, UCL, London

Provenance

Freely submitted; externally peer reviewed.

DOI: 10.3399/bjgp14X679499

ADDRESS FOR CORRESPONDENCE

Brooke Calvert

Research Department of Primary Care & Population Health, University College London, Rowland Hill Street, London NW3 2PF, UK.

E-mail: b.calvert@ucl.ac.uk

REFERENCES

1. Gerada C, Riley B. The 2022 GP: our profession, our patients, our future. *Br J Gen Pract* 2012; **62(604)**: 566–567.
2. Department of Health. *A high quality workforce: NHS Next Stage review*. 2008. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840 (accessed 19 Feb 2014).
3. Svirko E, Goldacre MJ, Lambert T. Career choices of the United Kingdom medical graduates of 2005, 2008 and 2009: Questionnaire surveys. *Med Teach* 2013; **35(5)**: 365–375.
4. Lambert T, Goldacre R, Smith F, Goldacre MJ. Reasons why doctors choose or reject careers in general practice: national surveys. *Br J Gen Pract* 2012; Dec; **62(605)**: e851–e858. DOI: 10.3399/bjgp12X659330.
5. Olid AS, Zurro AM, Villa JJ, *et al*. Medical students' perceptions and attitudes about family practice: a qualitative research synthesis. *BMC Med Educ* 2012; **12**: 81.
6. Henderson E, Berlin A, Fuller J. Attitude of medical students towards general practice and general practitioners. *Br J Gen Pract* 2002; **52(478)**: 359–363.
7. Ogur B, Hirsh D, Krupat E, Bor D. The Harvard Medical School-Cambridge integrated clerkship: an innovative model of clinical education. *Acad Med* 2007; **82(4)**: 397–404.
8. Jones M, Singh S, Lloyd M. "It isn't just consultants that need a BSc": student experiences of an Intercollegiate BSc in Primary Health Care. *Med Teach* 2005; **27(2)**: 164–168.
9. United Kingdom Foundation Programme Office. National F2 career destination survey. UKFPO, 2012. http://www.foundationprogramme.nhs.uk/download.asp?file=F2_career_destination_report_December_2012.pdf (accessed 19 Feb 2014).