

Summary of recommendations

Undergraduate

- Specific placements in general practices with an interest in research or university departments of academic general practice
- Greater encouragement for projects and audits to be primary care-related
- Broader range of primary care-related intercalated degrees
- Formal tuition in business, financial and personnel management
- Formal tuition in confidence, organisation and teaching skills
- Greater opportunity for intercalated degrees in management and teaching

Postgraduate

- Tuition in management or teaching skills leading to formal assessment by the RCGP and the award of a specialist MBA in healthcare management or recognised teaching qualification
- Teacher training programmes for current GPs

Commentary 1

Abul Siddiky identifies key issues crucial for recruitment into academic general practice. We would argue that these do not just apply to academic primary care. Despite the increased focus on community-based undergraduate education, catalysed by the GMC's recommendations, medical students' perceptions of work as a GP are not changing.

Primary care continues to be viewed by many students as 'low profile' or 'a soft option' where one 'ends up'! Yet almost all UK medical schools now include attachments in the community setting from the first year of medical school. An ever increasing proportion of the teaching (up to a third in some of the new schools) is delivered in the community. It would be unfair to say that students are lacking in exposure.

The problem lies in the 'hidden curriculum'. Students arrive with a media-based *ER* or *Casualty* impression of medical priorities. These perspectives are reinforced in the teaching hospital environment where, often unintentionally, the changes in delivery of primary care and the opportunities for research are poorly understood. The negative message is covert not overt.

It is up to us to raise the profile and ensure students are stimulated by their experiences of primary care. Unfortunately increased exposure may not be the answer. As student numbers rise, finding practices well prepared to receive them is increasingly difficult. The standards set for postgraduate training are lost. Students are stimulated if their engagement in the practice is interactive and inspiring. The GP as a role model is crucial. Negative experiences are detrimental, quality appears to outweigh quantity.

Siddiky's article is timely. Capacity for training in general practice is now under even more pressure with the imminent introduction of Modernising Medical Careers (MMC). We face a potential crisis unless medical schools and postgraduate deaneries work closely together. How are we going to accommodate training in the foundation years and ensure quality experiences? At a recent planning meeting, it was proposed that PRHOs sit in the waiting room to learn 'what it is like'. Yet first-term medical students frequently do this. Five years later their expectations are different. The opportunities offered by MMC may be lost unless deaneries embrace the new breed of medical graduate.

Inspiring students to follow academic general practice raises an additional issue: the conflict between research and education. Yes, we do need more innovative ways of engaging students in academic primary care. However, the short-term pressure for high quality five-star research outcomes may marginalise the long-term need to attract others into the same career pathway. Heads of academic departments need to balance this dilemma.

The recruitment of GPs for the new millennium is of paramount importance. Educators in both secondary and primary care need to understand the changing experiences and expectations of undergraduates if enthusiasm for work in primary care is to be nurtured.

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