



Generation Y

So how do you get them on board — the next generation of GPs? It's a worldwide problem according to a recent debate on the *BMJ* primary care list server. I spent a fascinating few days in China this June (I know, it's a dirty job but someone has to do it), where family practice is just beginning to emerge as a separate discipline but is a poor relation in terms of size, training, career prospects and, funnily enough, prestige. Yet the people I met were passionate about the need to ensure that in future people could see a generalist before a specialist. They've just had their 8th family practice conference in Beijing and are beginning to gain important government support to help create training practices. I have no doubt that the enthusiastic young doctors I spent time with will be the founding mothers and fathers of primary care in China. I also met a medical educator from Wisconsin while in Beijing, who told me that this year was a very good one because 1 in 7 of their graduates was applying for a family medicine rotation. Normally it's about 1 in 10. It's partially a money thing he said: if you come out of medical school with \$200 000 of debt, you want the job that pays that off in 10 years not 20. That's a rationale we'll all be uncomfortably familiar with in less than a decade.

Primary care in the UK is not in quite such a parlous state. But we are still the 'also rans' for far too many medical students. Yet we all know that primary care is where the action is, where the patients are, where lives are saved through prevention for millions compared to heroic surgery for thousands. It's where decisions about the shape and outcomes of the NHS will increasingly be made. It's where you can teach, research, counsel and do, all in the same day.

So how can we attract the next generation of medical students into primary care? Well, perhaps we could begin by addressing the inequities produced by replacing partners with salaried doctors. There were 786 salaried GPs in England in 1999, 1712 in 2003, 6022 in 2007, and 7310 in 2009, and many of these young doctors now work in an environment where they have lower status, less remuneration and fewer leadership opportunities than the partners.¹ As more Associates in Training join us with debts from student loans, a salaried job will look even less inviting than further specialist training.

But money is a negative driver. We need to come up with more positive initiatives to attract medical students and trainees into the front line of medicine. We need to teach them what those of us who have worked in primary care for decades know — that almost everyone can be seen and treated in primary care.²

One initiative about to take flight is the 'National Primary Care Society' (NPCS), a medical student-led group with representatives from medical schools across the UK. There are primary care societies in a number of different schools but, until now, no overarching group that can harness energies and perhaps have some 'clout' in terms of raising the profile of primary care as a career choice at an early stage. I was privileged to be present at its birth in July, during the Society for Academic Primary Care's annual conference. Twenty-five keen and eager students from across the nation discussed why some of their friends still saw primary care as the failed consultant's graveyard. They hope the nascent Society will allow students to learn more about the positive aspects of primary care, to find elective placements, mentors, and to understand how academic career pathways work and what a portfolio career entails. They also thought it would be good to have talks from 'Celebrity GPs' off the telly, but then this is also the Big Brother generation.

So maybe my experience on my first day in Cardiff Medical School in 1980, when the emeritus professor warned us all that if we didn't work hard, we'd end up as GPs, will become a Generation X anecdote confined to the dustbin of history? If the new NPCS has its way, it certainly will.

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