

“Repeated studies have shown the need for a primary care-oriented curriculum in order to encourage trainees to choose general practice as a career.”

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Healthcare professional education: its role in influencing career choices in primary care

The future of health care is changing and healthcare professional education needs to change with it. In many ways the future of health care is eminently predictable. Changing patient and population demographics mean that there is a need for more primary care, more accessible care, more chronic disease management, more interprofessional teamwork, and more flexible care. Indeed, it is only by these means that we will be able to provide health care for the poor and underserved sections of the population. This list of required changes is not exhaustive — there are other changes afoot — but it is simply impossible to list them all here in a short article. Nonetheless, this is broadly the direction of travel of health care, and healthcare professional education will therefore need to travel in the same direction.

We will need a different type of healthcare professional in the future. In order to deliver new types of health care we will have to look at all aspects of healthcare professional education — from selection of students to lifelong continuing professional development. One definite requirement for the future is that of more GPs. Education and development of more GPs should have multiple positive effects resulting in more accessible care and more and better chronic disease management, because this is what GPs are chiefly responsible for. More GPs should also result in more flexible care as over-recruitment of tertiary care specialists results in inflexible care as such specialists are only able to carry out specialist tasks on a limited range of patients; by contrast, GPs can cope with a wide range of conditions and patients. Lastly, GPs can also provide cost-effective care, and high-quality, low-cost care to large sections of the population that need it.

Development of such physicians will require a mixture of nature and nurture. There is evidence that students with different personality types tend to make distinct choices in terms of career preferences.¹ Thus we will have to make sure that students selected onto our programmes are both inclined to and suited to a career in primary

care. But nurture also plays a role in career choices. Stagg and colleagues have reported how differing components of a preceptorship can influence career choices.² The duration of longitudinal integrated clerkships and long-term relationships with preceptors ‘have the greatest influence on medical students in pursuing a primary care career.’² However, the provision of medical education in primary care is not straightforward. Even though the amount of teaching delivered to undergraduates has increased over the past 20 years there is some recent and worrying evidence that this increase is now starting to plateau.³ Dedicated financial resources are needed to ensure the delivery of high-quality undergraduate medical education in primary care.

An even greater challenge to recruiting GPs generally is recruiting GPs willing to work in rural and remote areas. It is likely that extended clinical placements in rural areas during undergraduate studies could make a real difference.⁴ Academic performance of students training in rural areas is similar to that of students in urban areas, so there is no need to be concerned in that regard.⁵ However, medical education needs restructuring so that those working in rural settings are both capable of and prepared for taking on more students. This might mean more e-learning, more rural mentors and role models, or more thought given to infrastructure and support in training.^{6,7} Repeated studies have shown the need for a primary care-oriented curriculum in order to encourage trainees to choose general practice as a career.⁸ But, once again, the infrastructure of the entire curriculum must change if primary care is going to become more predominant.

More placements in general practice are not enough; primary care staff need to be involved at all levels in medical education from curriculum design to delivery, and, finally, to evaluation. Only then will a true primary care-oriented programme emerge. The final outcome should be more accessible care for all.

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DOI: 10.3399/bjgp16X684997

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