

INTRODUCTION

General practice is one of a number of specialties facing a workforce crisis.¹ Pressures of ever increasing workload are forcing a growing number of GPs to opt for part-time positions, resulting in a reduction in the full-time equivalent (FTE) workforce, as well as having a knock-on impact on recruitment.² Indeed, a recent think tank report identified that GP recruitment figures are actually moving further away from the governmental target for a net growth of 5000 additional FTE GPs by 2020,¹ as outlined in the 2016 *General Practice Forward View*.³ Unfortunately, in the current climate, this is a trend that shows no sign of slowing. This notion is reinforced by an equally poor response to the international recruitment programme, which to date has recruited just 58 GPs over a 2-year period from an intended 2000.⁴

In acknowledgement of this issue, in 2016 the government announced an additional 1500 medical school places commencing from 2018 in an attempt to increase recruitment into a number of overstretched specialties, including general practice. The crucial difference however is that the emphasis for these additional places is on recruitment of students from currently under-represented groups in medicine with the overall aim of widening participation.⁵ Although critics suggest that widening participation is synonymous with 'dumbing down standards'⁶ it is argued here that the opposite is true and that widening participation will ultimately be extremely beneficial for both GP recruitment and healthcare provision.

WHAT IS WIDENING PARTICIPATION?

With regard to higher education, widening participation has been defined as encouraging students from under-represented groups to apply to higher education and includes students from lower socioeconomic groups, lower-income families, or families without prior experience of higher education.⁷ Medicine has made significant progress in recent years with respect to sex and ethnic diversity, with females now accounting for almost half of the total UK medical workforce.³ Unfortunately, this has not been matched with corresponding increases in social diversity, and medicine appears to be lagging behind other professions in this

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respect, with evidence indicating that it still ranks as one of the most socially exclusive professions.⁸ Indeed, data from the General Medical Council's national training survey illustrate that the current cohort of junior doctors is dominated by students from private schools or selective state schools, and startlingly, just 20% of secondary schools in the UK provide 80% of all applicants to medicine.⁹

HOW CAN WIDENING PARTICIPATION HELP THE GP RECRUITMENT CRISIS?

Purely from an ethical standing, evidently more needs to be done to tackle this issue, and breaking down the social barriers in order to widen participation is a key step to ensure that we are not denying access to potential doctors of the future. However, crucially in relation to GP recruitment, widening participation should be seen as a key priority going forwards because there is good evidence to suggest that state-schooled students are more likely to want to enter the GP profession compared with their privately schooled counterparts.¹⁰ Indeed, data from the national training survey⁹ illustrate that students who had attended private schools were most highly represented in surgical training, accounting for 44% of trainees, and least represented in general practice (31%); the converse was however true for state-schooled students, with the largest representation in general practice (46%) and the smallest in surgical training (34%). Additionally, it is well known that local students who

attend local medical schools are more likely to remain in the area¹¹ and similarly, upon graduation, students from lower socioeconomic backgrounds are more likely to choose to practise in communities with increased deprivation.⁷ This is hugely significant as it is these practices within the most deprived communities that are facing the most substantial crisis in terms of GP recruitment. Even putting the issue of recruitment to one side, a workforce that is more representative of the population it serves clearly has significant benefits from a patient perspective by reducing social and cultural barriers. This enfranchises patients and in turn increases healthcare provision,⁶ and the potential significance of this should not be understated. Consequently, widening participation to ensure that medical students are being selected from a larger pool of UK schools and social backgrounds can only be a positive indicator not only for recruitment but also for patients themselves, particularly in deprived areas where under-recruitment and persistent health inequalities remain chronic issues.

ADDRESSING CONCERNS WITH WIDENING PARTICIPATION

In previous years there have been a number of recommendations on how best to target these individuals, including increasing outreach programmes into schools in order to inspire and motivate students to consider medicine, as well as to assist with the university application process in students applying for medicine. Extended-access

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medical degrees are another vehicle to drive up socioeconomic diversity in medical schools. These are typically 6-year programmes offered by medical schools to students from disadvantaged backgrounds, with reduced entry requirements for admission compared with the conventional medical degree course.

There has been some criticism of widening participation plans, in particular the extended-access medical degrees, with sceptics postulating that ‘standards will drop’ or even that the scheme is ‘unfair’.¹² However, it is important to point out that, once enrolled, students on these extended-access degrees are required to sit the same exams and achieve the same pass marks as those on the conventional medical degree programme.⁸ Widening participation is not about ‘dumbing down’ entry to medicine but rather acknowledging that students’ educational opportunities are not made equal. It would be wrong to assume that a talented student in a low-achieving school could achieve the same grades as an equally gifted student at a high-performing independent school.⁶ Widening participation helps to address this divide. Indeed, there is good evidence to support this, with research indicating that, although students from independent schools typically enter medical school with marginally higher entry qualifications, students from state schools are around twice as likely to graduate in the top 10% of their class.¹³ Evidence from established extended-access programmes such as that at King’s College further supports this notion, demonstrating clear positive outcomes, with first-time pass rates identical for both the extended-access and conventional medical degree programmes,

and approximately 10% of extended-access students frequently achieving higher grades than their conventional programme counterparts when sitting the same exams.¹⁴

FINAL THOUGHTS

Dealing with the current recruitment crisis in general practice will require a multifaceted approach, including changing the perception of general practice within medical schools. Widening participation will however be a key component to addressing the issue because of the difference in career choices made between students of different educational and social backgrounds. This is a message echoed by a recent Health Education England task force into GP recruitment (*By Choice — Not by Chance*), which suggests that widening participation provides an opening to help address the challenge of recruitment by providing an opportunity to attract students with the necessary aptitudes for primary care.¹⁵

Widening participation is not a synonym for reducing standards and is vital if we are to ensure that gifted and talented students from all walks of life are to be given an equal opportunity to study medicine, as they could well be our most valuable asset for securing the future of general practice.

Christopher Lowe,

GP Leadership Fellow, Health Education England, Sheffield; GPST3, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Grimsby.

Provenance

Freely submitted; externally peer reviewed.

DOI: <https://doi.org/10.3399/bjgp19X705953>

ADDRESS FOR CORRESPONDENCE

Christopher Lowe

Health Education England, Don Valley House, Savile Street East, Sheffield S4 7UQ, UK.

Email: christopher.lowe5@nhs.net

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