



Morrison, J. (2016) What can medical schools do to help recruit future GPs? *Education for Primary Care*, 277(5), pp. 403-404.  
(doi:[10.1080/14739879.2016.1208543](https://doi.org/10.1080/14739879.2016.1208543))

This is the author's final accepted version.

There may be differences between this version and the published version.  
You are advised to consult the publisher's version if you wish to cite from it.

<http://eprints.gla.ac.uk/121561/>

Deposited on: 8 August 2016

Enlighten – Research publications by members of the University of Glasgow  
<http://eprints.gla.ac.uk>

What can Medical Schools do to help recruit future GPs?

Jill Morrison

Professor of General Practice and

Dean for Learning and Teaching,

College of Medical, Veterinary and Life Sciences,

University of Glasgow.

jill.morrison@glasgow.ac.uk

Many countries have shortages of family medicine specialists or general practitioners (GPs). In the United Kingdom, despite an overall increase in medical graduates and, thus, an increase in those expressing a preference for general practice, there are still far too few to meet the requirements of the National Health Service. The problems of recruiting and retaining GPs are particularly severe in areas that are less popular with doctors in training e.g. rural areas and areas of socio-economic deprivation. This paper asks what medical schools can do to improve recruitment into general practice using evidence from three thought-provoking papers.

#### Choosing general practice

As part of an extensive, and longstanding, programme of research, investigating career preferences of UK medical graduates, Lambert and Goldacre sent questionnaires to UK medical graduates who graduated in 2000, 2002, 2005, 2008 and 2009.<sup>1</sup> They reported the numbers of respondents who expressed a preference for general practice at one year and three years after graduation.

They found that there were large differences in the proportions of graduates who expressed a preference for general practice by medical school in the UK. The highest proportions had graduated from the new medical schools which were established in the 1990's and early 21<sup>st</sup> century, and the lowest proportions were from Oxford and Cambridge. This finding was consistent across the five cohorts. They also found that significantly more women than men wished to enter general practice, although there was evidence that this trend was declining i.e. proportionately fewer women tended to express a preference for general practice in later cohorts compared with earlier cohorts. Graduate entrants to medical school were also significantly more likely to express a preference for general practice.

The authors point out that these findings are important because “early choices are highly predictive of eventual careers”. It is not clear if the differences by medical school are due to different entry criteria, or aspiration of students at entry or if there are differences in the experiences and influences on students, while they are at medical school. It is likely to be a combination of these factors but the key point is that they are amenable to change i.e. medical schools can change their admissions' criteria and processes, and can also change what their students experience while at medical school.

### Recruiting rural GPs

Viscomi, Larkins and Sen Gupta conducted a systematic literature review to try to understand the factors that are important in recruiting and retaining family physicians in remote and rural areas of Canada and Australia.<sup>2</sup> They analysed 86 papers reporting both qualitative and quantitative original research and meta-

analyses. They found that completing high school in a rural area in Canada was positively associated with a career in rural practice. This association also held true in Australia, where living in a rural area for at least six years as a child was also positively associated with a rural career.

During medical school, completing rotations and electives in rural general practice and having a positive experience was associated with recruitment into rural practice. In addition, electives with positive role models working in rural areas, and “gaining an understanding of the needs of people living in rural areas”, was important.

The authors suggested that it is important for future rural recruitment that students are placed in rural practices that are affiliated with academic programmes. They also developed a model that demonstrated that students who intended to become generalists and those who had “bonded scholarship agreements” i.e. they accept a place in medical school on the understanding that they will spend a period of time in a rural area, were more likely to work in rural practice.

#### The dose response effect

Dowell and colleagues investigated if widening access to medicine might improve recruitment of GPs to deprived and rural practice using a cross sectional email survey in Scotland.<sup>3</sup> They received replies from 801 doctors (41.5% of those they reached). Similarly to Viscomi et al, they found that living in a rural area as a child was associated with working in a rural practice. They also found that having come from a more deprived background (based on their

parents' socio-economic status) was associated with future working in a deprived practice. These findings seemed to demonstrate a “dose-response pattern” whereby the more rural and more deprived their background, the more likely they would go on to work in a rural or deprived practice.

These authors argued that increased use of contextual factors (i.e. factors including socioeconomic circumstances, type of school and neighborhood in which their prior academic results were attained), when making decisions about admission to medical school, might improve recruitment to underserved areas.

### Conclusion

These three papers suggest that medical schools can contribute to encouraging graduates to pursue a career in general practice including practice in rural and deprived areas. This can begin before medical school by arranging outreach programmes to interest school children in rural and deprived areas in careers in medicine, by considering contextual factors during admission to medical school, by increasing offers to graduates and by providing appropriate experience in general practice during medical school.

Both Viscomi et al and Dowell et al argue that future longitudinal research is needed to investigate the strength of associations, as the cross-sectional design of most studies is a current limitation.

Actions by medical schools will only be part of the range of actions required to attract and retain doctors in general practice, particularly in rural and deprived

areas. Initiatives after medical school that make these careers more attractive to trainees, young doctors, returners and older doctors who may be contemplating early retirement are probably more important. However, medical schools can, and must, play their part.

Word count: 929 words

## References

1. Lambert T and Goldacre M. Trends in doctors' early career choices for general practice in the UK: longitudinal questionnaire surveys. *Br J Gen Pract* 2011; **61**: e397 – 403.
2. Viscomi M, Larkins S and Sen Gupta T. Recruitment and retention of general practitioners in rural Canada and Australia: a review of the literature. *Can J Rural Med* 2013; **18**: 13 – 23.
3. Dowell J, Norbury M, Steven K and Guthrie B. Widening access to medicine may improve general practitioner recruitment in deprived and rural communities: survey of GP origins and current place of work. *BMC Medical Education* 2015; **15**: 165.