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COMPETING INTERESTS

None declared.

LETTERS TO THE EDITOR**Influencing medical students' career decisions**

As a family of three generations of medical professionals, including two general practitioners (GPs) and a current fifth-year medical undergraduate, all of whom have spent part of their careers within the UK and New Zealand (NZ) health care systems, we read with interest the articles discussing the influences on medical students' career decisions.

Our collective personal experiences of undergraduate general practice exposure involved two lectures and a final-year voluntary attachment in the 1950s, to a week of public health and primary care lectures and a fifth-year, one-week stay with

a GP in the 1980s, to the current-day regular general practice attachments from first year onwards.

Over our collective 57 postgraduate years, we have seen the role of the GP change greatly. It has gone from mainly one of a sole practitioner working from home, with 24/7 individual contractual responsibility with limited access, to open-access appointments and health advice through patient portals and e-health. Many salaried doctors now work in larger partnerships, using formalised referral pathways and stricter surveillance of prescribing, in purpose-built group health centres. There has been the development of undergraduate and postgraduate general practice attachments and the establishment of profes-

rial departments of primary care and professional body-audited continuing medical education (CME), appraisal and a re-registration process.

General practice is a dynamic, engaging field of work that is in a unique position to provide cradle-to-grave medicine—an aspect that medical students often miss during their placements. As Parker et al.¹ reported, clinical tutors have a huge potential for influence over medical students' perceptions and subsequent career choice. The aspect of inspirational role models and vocational dedication are the characteristics in so many professions and career choices, none more so than in general practice.

Most of the University of Otago students in the Parker et al.¹ study reported that general practice was under-represented in the medical school curriculum. The authors stated that adequate responsibility being given to medical students might play an important role in ensuring that the exposure to general practice is positive. Recently, a shift in medical education in the UK has been to one of early general practice placements, with many medical students now having these starting in the first year of study. This, coupled with specified clinical and consultation competencies to be gained by the end of each attachment, leads to a more direct involvement with patient care, procedures and practice staff.

Not reflected in the Parker et al.¹ study is the opportunity to undertake postgraduate qualifications, diplomas, or to work as a GP with special interests or teaching commitments. These can be of significant personal, professional and, ultimately, patient benefit. Our experience of locums, sabbaticals, as well as extended settled periods as partners in practices in both the UK and NZ shows how, as a career pathway, general practice provides the opportunity and ability for travel and achievement of work-life balance at different stages of a career. These factors were recognised as important by Lambert et al.,² and perhaps need to be brought to the attention of undergraduates.

During our careers, NZ primary health care has often followed the changes that have been made in the UK. In the past decade, there has been a successive increase in GPs' workload. As Lambert et al.² have shown, hours and working conditions are particularly important to prospective GP applicants.² We have concerns that the changes that have occurred in the UK, including the 2004 Quality and Outcomes Framework, the Health and Social Care Act 2012, and the introduction of the current UK government plan for return to 'proper family

doctors', will further deter current students from a career in general practice.

Research in NZ published in 2010 demonstrated that current medical graduates are unlikely to fill the NZ general practice workforce requirements, with fewer than 30% expressing a wish to pursue a career in general practice.³ Following on from this, Poole et al.⁴ suggested that '...setting inappropriately high cut-points for medical school selection may exclude applicants with a propensity for general practice.'

Although intention of career choice one year after graduation from medical school has been shown to be predictive of career choice, we are sceptical of these findings. Career choice on exit from medical school has also been shown to vary greatly according to the institution that the student has studied at, suggesting that experience of the specialty at undergraduate level may have a greater impact than intrinsic motivation at entry.⁵

GPs are in a unique position to influence students' career choices. Engaging students on placement and discussing the benefits of a career in general practice may go some of the way to increasing recruitment and retention in primary care.

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Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: editor@rnzcgp.org.nz. All letters are subject to editing and may be shortened.