



Becoming a GP

A qualitative study of the career interests of medical students

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AIM

Only a minority of Australian graduates are interested in careers in general practice. The factors influencing medical students toward general practice as a career choice are poorly understood, even though this is important to the makeup of the medical workforce.

METHODS

We ran 10 focus groups involving 82 first and final year medical students from three Australian medical schools in 2002, and analysed factors influencing participants' interest in working in general practice.

RESULTS

About half the students were interested in general practice. Attractive factors were: the nature of the work (including its diversity), continuity of care, community context, and working conditions (including flexibility of training and work, availability of part time work and portability of qualifications). Negative factors included: the breadth of knowledge needed, boring work (in urban general practice), having to run a business, and working conditions (including relatively poor remuneration, overwork in rural general practice, and poor status of general practitioners). Some students were strongly influenced by negative attitudes of the GPs they were taught by, deciding against general practice as a career.

DISCUSSION

Medical educators and GPs should be aware of this important influence.

Some areas of Australia experience shortages of general practitioners,¹ and this may become worse and more widespread.² Yet only a minority of Australian graduates choose a career in general practice. About one-quarter of junior doctors applied for a general practice registrar position in 2002.³ There remain unfilled vacancies in general practice training programs.⁴ Therefore it is important to attract more medical graduates into general practice, and to that end, identify and understand factors influencing career interests of medical students.

Methods

Between March and August 2002, 10 focus groups of 6–10 medical students were conducted at three New South Wales universities, and at a national student conference on rural health. Focus groups included either first or final year students (*Table 1*). The three universities have different entry criteria, (undergraduate, graduate and mixed entry); we attempted maximal variation in sampling by recruiting students from a wide range of backgrounds.

Student participation was invited by a notice posted electronically on faculty websites, and paper notices distributed to tutorial groups; or in the case of the students at the rural conference, a conference announcement. Focus groups were semi-structured, lasting 60–90 minutes, with set questions being posed by facilitators. Both a

male and female researcher facilitated most groups, although some had only one facilitator. Questions were derived from, or developed specifically for the purpose of this project. They asked about students' attitudes and intentions in relation to: different disciplines of medicine, geographical location, and the practice environments in which they wished to work.

Sessions were taped, transcribed, and analysed for emergent themes using computer software.⁵ Data were coded and checked independently by two researchers (who discussed their results to come to a consensus on the meaning of the data), to establish triangulation. They were analysed thematically, and similar themes grouped together.

Ethics approval was granted by the three New South Wales universities' ethics committees involved.

Results

The data reached saturation by completion of the project indicating an adequate sample size. The two researchers reached agreement on the coding and interpretation of the data. Eighty-two students (36 men, 46 women) participated with an age range of 18–40 years, and included students from rural and urban backgrounds, Aboriginal, non-English speaking, single, married, with and without children, graduate students with years of experience in the workforce,

Table 1. Focus group composition: one focus group was held in each category shown

	University of NSW (undergraduate entry)	University of Sydney (graduate entry)	University of Newcastle (mixed entry)	Rural conference, from eight medical schools
Mixed gender	Year 1	Year 1		Year 1
	Year 6	Year 4		Final year
Men			Year 1	
			Year 5	
Women			Year 1	
			Year 5	

and students who entered medicine as school leavers.

Emergent themes

Most first year participants had broad ideas about their future career intentions. Many anticipated their career interests would be influenced by undergraduate experience. About half had an interest in general practice. Others had narrowed their career interests to areas such as medicine or surgery. Many students were attracted to general practice by the diversity, variety and continuity of care, preferring to work in a community and family context. Some were attracted to rural practice by the opportunity to practice a wide range of skills, both procedural, and providing hospital care. A few, who had worked in allied health professions before entering medicine, thought general practice would offer an opportunity to use pre-existing skills.

Most students, particularly women, saw general practice as providing flexibility, especially with their plans for having a family, but also the availability of part time and flexible training, part time work after graduation, and the portability of GP qualifications.

Some factors about general practice were unattractive. Thus some participants preferred to focus on one area rather than all, expressing discomfort with the inherent uncertainty of general practice such as assessing the urgency of undifferentiated problems. Some thought that the work of urban GPs was limited with any serious problems being referred to specialists. Most

Table 2. Influences on interest in general practice

General practice experience

'Just from other students, it seems to be the people who've had some really good GPs as supervisors, they're keen to do general practice'

'I am yet to come across a GP who I have spoken with who has said, you've got to become a GP, it's the best profession... they've just told me all the bad points about it – the pay's crap, the work, the hours suck'

'Surprisingly I've found I've been turned away from general practice by GPs... Oh the college is doing this and that to us and we've got to pay this much insurance and we're covering all these other people'

'It's becoming quite depressing because I used to think general practice would be a great option for a woman wanting to work part time. These days I just don't know whether I want to get into all that'

Opinions and advice of specialists and others in the medical faculty

'I've also found with specialists, I think they're pretty hard on GPs as well... every specialty lecture they give, oh bloody GP did this, sort of thing'

students were concerned about the relatively poor remuneration of GPs. Workload, especially long work hours, and on-call commitments and levels of responsibility in rural general practice were a concern to some. Others had concerns about the amount of paperwork GPs have, and their professional isolation. Some were not interested in the business aspects of practice. Some indicated they would choose general practice over some specialties because of negative factors associated with specialties including medical indemnity issues (especially obstetrics and gynaecology), intensity and length of training, long working hours (especially surgical specialties), and teaching hospital

culture. Some saw generalist work as being more varied and interesting.

Final year students remembered that undergraduate experiences had influenced their career preferences, positively if they were now interested in general practice. Many, originally interested in general practice, had lost interest because of GPs' negative attitudes (*Table 2*). These related to remuneration, workload, red tape, and medical politics. First year students indicated they expected undergraduate experience to influence their final career decisions. Specialists, including teachers, had negative attitudes to general practice that some students remembered, critical

in GPs' management of patients in lectures and tutorials (*Table 2*). Others felt that family and friends would be disappointed if they became GPs instead of entering specialist practice.

Discussion

We found that most students were deterred from a career in general practice because of negative undergraduate general practice experiences; consistent with other data.³ In addition to data on what attracts registrars to general practice,⁶ we provided reasons for students to not be attracted to it. Most important are the perceptions that GPs are poorly paid, overloaded with paper work and, in rural areas, work long hours with a large burden of responsibility. Such perceptions were based on undergraduate experience with GPs. Specialists denigrating GPs as identified in other studies,⁷ influenced some participants, as did the low status of general practice in the community.

This may reflect a low morale in general practice, with GPs communicating it realistically. This presents a dilemma to those involved in undergraduate medical education as exposure to rural practice is the main strategy being used to encourage students to consider rural practice.^{8,9} Perhaps to the contrary, sometimes this actually discourages them.

Implications of this study for general practice

- Undergraduate experience is an important influence on medical students' career choices.
- Among the negative experiences, students heard pessimism from their GP preceptors.

Conflict of interest: none.

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