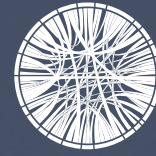




Royal College of
General Practitioners



MSC
Medical
Schools
Council

Destination GP

Medical students' experiences and perceptions of general practice

Medical students' experiences and perceptions of general practice

81%

of students reported GPs on placement had most influenced their perceptions of general practice

35%

of students indicated that their peers at medical school are one of the most influential groups on their views of general practice

71%

of students say that GP tutors make them want to work in general practice more

91%

believe their peers have negative views about general practice

By their fifth year

76%

of students have encountered negativity towards general practice from academics, clinicians or educational trainers

41%

of students say their interaction with their GP Society has had a positive influence on their interest in general practice

Executive summary

As patient needs for general practice continue to grow, the General Practitioner workforce has not expanded sufficiently to meet demand. With the high number of GPs set to retire in the next five years, and continued slow recruitment across the healthcare workforce, urgent action is needed to get more doctors to the front line of general practice.

It is crucial that the next generation of doctors aspires to specialise as GPs, to continue to lead the way for primary care.

Previous research has shown that students are hearing negative things about general practice. Many other medical specialties also experience 'denigration' and 'factionalism' is widespread, but general practice is the worst affected.¹ The Royal College of General Practitioners (RCGP) and Medical Schools Council (MSC) jointly commissioned a survey of medical students across the UK.

This project aimed to build the evidence base on medical students' perceptions of general practice, and how and where they are exposed to misconceptions and negative views. Based on these findings, this report sets out a series of recommendations where further work is needed to tackle the spread of misconceptions and negativity surrounding general practice.

¹ Health Education England (HEE) and MSC. By choice – not by chance: supporting medical students towards future careers in general practice. HEE, 2016. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/By%20choice%20not%20by%20chance%20web%20FINAL.pdf> [Accessed 7 September 2017]; A. Ajaz et al. BASH: badmouthing, attitudes and stigmatisation in healthcare as experienced by medical students, BJPsych Bulletin, 2016. Available at: <http://pb.rcpsych.org/content/early/2016/02/09/pb.bp.115.053140> [Accessed 7 September 2017]

**This report identifies four key areas for improvement and action.
Our recommendations centre around:**

1. The power of peers and role models



Students are strongly influenced by their peers, whom they perceive to hold negative views about general practice. GPs interacting with students on placement can have an extremely positive influence on student career choices.

More should be done to help students build resilience to denigration and misconceptions of general practice early on in their medical education, through the provision of vibrant introductory lectures, early exposure to GP role models and high-quality clinical placements in general practice.

Measures should be taken to raise awareness amongst GPs interacting with students about the power of their influence on career choices and to help enable effective mentoring of tomorrow's GPs. Additional funding should be provided to practices hosting undergraduate placements, to ensure that the full teaching costs are covered, so that GPs have the time and resources to provide the highest quality teaching placements. RCGP and MSC work hard to foster a positive impression of general practice amongst university students. Medical schools across the UK could consider investing more time and support in their student-led GP Society, or helping to establish a society where one does not yet exist.

2. The impact of clinical contact and the need to change the discourse



Clinical placements in other specialities are particularly likely to expose students to negative views of general practice, which can then create a negative impression of the specialty.

Better collaboration is needed across the primary and secondary care interface to prevent denigration across the healthcare sector. Best practice should be developed and promoted across all specialties for doctors who interact with students.

3.

The need for an accurate and informed picture of the current and future general practice landscape



General practice is an intellectually stimulating, diverse and fulfilling career choice for prospective doctors. So it is concerning that there appears to be a fairly widespread misconception that this is not the case. Information needs to be consolidated into engaging, age appropriate, accessible resources to show how challenging and varied a career as a GP can be.

RCGP and MSC are already engaged in far-reaching work with universities to dispel myths and misconceptions that prevail about general practice in collaboration with organisations such as Health Education England (HEE) and NHS Education Scotland (NES). However, further work needs to be taken forward by a range of organisations to solve this widespread issue.

Opportunities for GPs to carry out research and portfolio working should be made more prominent, with clearer pathways for students who are interested in these options. GP wellbeing and tackling feelings of isolation should be given greater support.

4.

Influences beyond the taught environment



More could be done to make general practice a more attractive place to work in the face of the pressures caused by rising patient needs, coupled with long-term underinvestment.

There is a clear message in the media and beyond that general practice is under threat from increased workforce pressures, which has the potential to make it an undesirable career choice. While tackling the current workload issues and workforce crisis is a key priority, this should be balanced with promoting the fantastic opportunities available as a GP, given the right resources.

Background

General practice is by far the largest branch of UK medicine, treating an ageing and growing population with increasingly complex health needs. As new models of care develop, patient centred care is vital, and GPs play a crucial role in the future of our healthcare system.

The *General Practice Forward View (GPFV)* commits to a goal of increasing the number of doctors working in general practice in England by 5,000 by 2020, and similar initiatives are being pursued in Scotland, Wales and Northern Ireland. The RCGP has its own recruitment campaign, Think GP, and a Student Engagement Strategy, both of which are geared towards showcasing the endless opportunities a career in general practice can offer. Alongside recruiting more doctors from outside the UK, supporting GPs to stay in work, and encouraging doctors to return to general practice, more needs to be done to support and inspire students and foundation doctors to become GPs. This is not yet happening at the rate it needs to.

Previous research by Royal College of Psychiatrists found that 27% of medical students they surveyed had changed their career destination as a direct result of “badmouthing” of a specialty, while a further 26% said they would be more likely to change their choice of speciality as a result of hearing negativity. The same study found that students heard more denigration of general practice than of any other specialty.²

In November 2016, HEE and MSC published *By choice - not by chance*, which outlined a series of recommendations to better support medical students towards a career in general practice in England. One of the report’s recommendations was for “work to take place to tackle undermining of general practice as a career across all medical school settings including primary care”.³

As a result of the recent work in this area, RCGP and MSC commissioned a comprehensive survey to explore these issues in greater detail and on a wider scale, across the UK. The research project aimed to provide more in-depth insights into students’ perceptions of a career in general practice, to build an evidence base explaining influential factors, and to explore how misconceptions about general practice are formed.

² A. Ajaz et al., 2016.

³ HEE and MSC, 2016.



Methodology

The RCGP and MSC commissioned the independent research agency Shift Learning to undertake the survey.

The online survey was distributed by relevant Deans, Heads of School and Education Leads, who were alerted to the study by MSC. The RCGP's involvement was not mentioned in any communications with students, to avoid biasing the sample towards those more or less interested in general practice. Fieldwork was undertaken between 16th May and 14th July 2017.

Responses to the survey were received from 3,680 students across 30 medical schools in the UK, representing 9.4% of the total medical student population.

This is the largest survey on this subject, and the first that has a sample from such a high proportion of medical schools, allowing us to draw inferences about UK medical students' perceptions.

The data were weighted by gender and year of study to give a more representative set of results. Overall, the findings in this report are illustrative of patterns across the UK. The questions which relate to the data in each figure have been identified throughout the report. Some of the figures are based on data drawn from multiple questions.

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Findings and insights

The power of peers and role models

1. Students are strongly influenced by each other, and most perceive their peers to be negative about general practice.

Over one third of students (35%) indicate that their peers at medical school are one of the most influential groups on their views of general practice.

A majority of students (91%) believe their peers hold negative views about general practice (Figure 1), and that they are most likely to associate the profession with being “boring”, “lower status than other medical professions” and “less intellectually challenging” (Figure 7). ‘Other medical students’ are the group least likely to be viewed as positive about general practice.

Students’ peers’ attitudes towards general practice are much more likely to have a negative impact on students’ likelihood of pursuing a career in general practice (33%) than a positive one (13%) (Figure 2). As peer groups have a major impact on individual student attitudes towards general practice, more work needs to be done to ensure misconceptions are not spread through peer-to-peer interactions.

35%

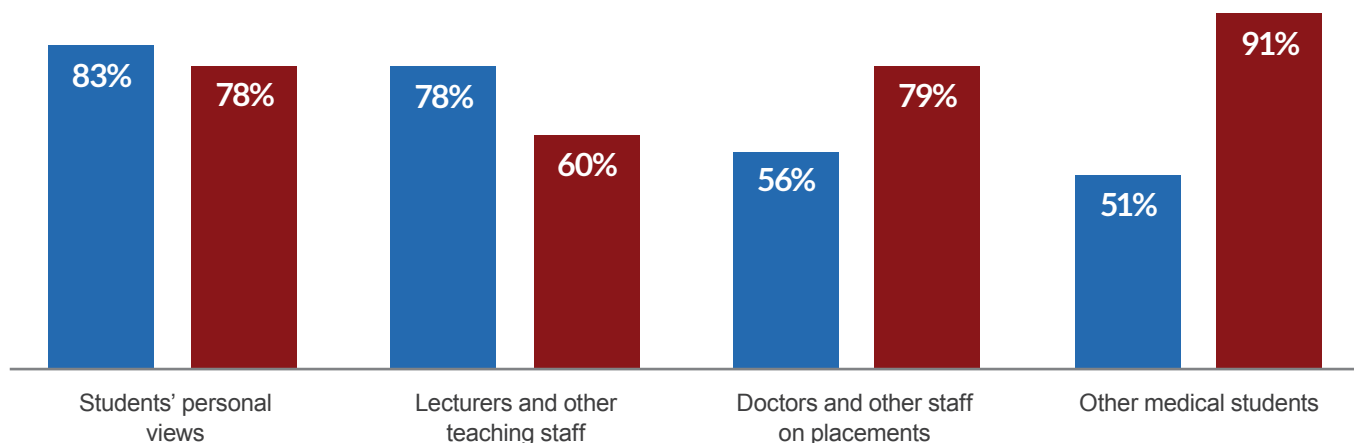
of students indicated their peers at medical school as one of the most influential groups on their views of general practice

91%

of students believe that their peers hold negative views about general practice

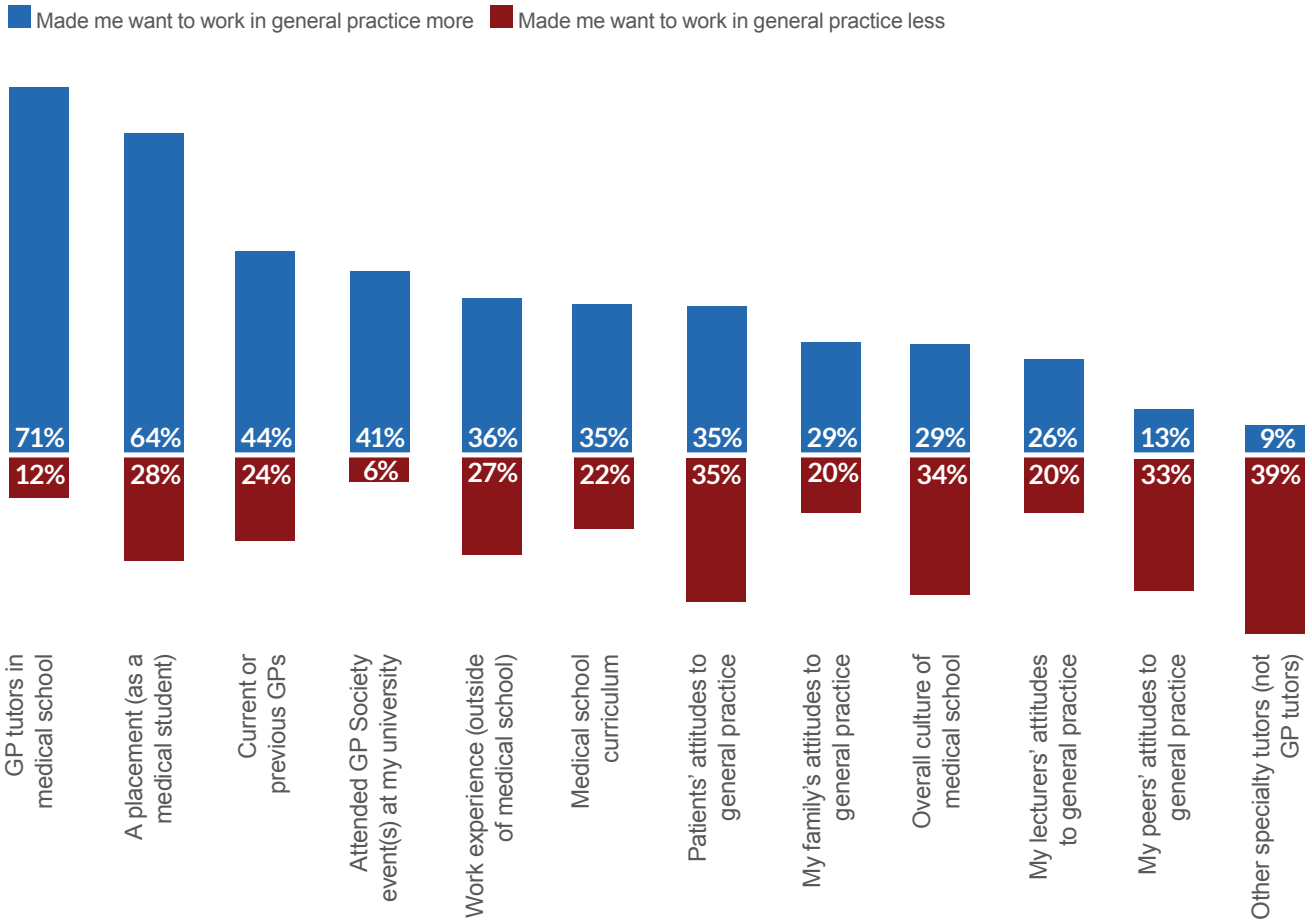
Figure 1: Different groups’ (perceived) associations with general practice - positive/negative (Q5; Q8; Q9; Q10)*

■ Positive ■ Negative



*Students could choose multiple responses from a list of positive and negative associations.

Figure 2: Impact of different factors on interest in working in general practice (Q11)*



*All figures relating to this question exclude students who indicated these sources were not applicable to them.

2. GP tutors and GP Societies have the power to deliver positive messages and there is scope to further build on this.

The impact of GP tutors and student-led GP Societies on students' interest in working in general practice is extremely positive, with some scope to build on this (Figure 2). GP tutors in medical schools have a particularly positive impact, with 71% of students saying this group made them want to work in general practice more and only 12% saying the opposite. GP Society events also have a positive impact, with 41% of students saying attending had a positive influence on their interest in general practice and only 6% reporting a negative impact. These are therefore important avenues for engaging students and ones we should support and explore further.

71%
of students say GP tutors increased their interest in working in general practice

41%
of students say attending a GP Society event had a positive influence on their interest in general practice

3. GPs on placement have a profound impact on student career choices.

GPs interacting with students on placements are the most influential group on students' perceptions of general practice, with four fifths (81%) of students reporting that this group had most influenced their perceptions. This group also appears to broadly have a positive effect on students' associations with general practice. Those who say they are most influenced by GPs on placements are more likely than other students to associate general practice with the words and phrases "continuity of care" and "varied", while they are less likely than other students to associate it with the words and phrases "boring" and "lower status than other medical professions".

Despite indications that most students found their GP placements and tutors to have a positive effect on their views of general practice, when the students who reported negativity on GP placements were asked to elaborate, there were a few examples of negativity coming from GPs themselves.

“**The GP I was with on placement did not seem enthused about his job and was detailing the negative parts of being a GP, especially the differences in pay.**”

Efforts should therefore be made to raise awareness amongst GPs of the impact of negativity on student perceptions on placements, as this feedback is likely to be particularly destructive to a students' career aspirations in general practice. It will be important to recognise that due to current workforce shortages there are clearly workload challenges in many practices across the UK, but that there is still exceptional job satisfaction and that a career in general practice is aspirational and rewarding.





The power of peers and role models

Key findings

1. Students are strongly influenced by each other, and most perceive their peers to be negative about general practice.
2. GP tutors and GP Societies are seen to positively influence career decisions overall.
3. GPs on placement have a profound impact on student career choices; this is usually positive but there is potential to go further in ensuring positive messages are promoted.

Recommendations

- ▶ RCGP should continue to support student-led GP Societies across the UK. As of 2017, 29 Higher Education Institutions now have an active GP Society. GP Societies help to foster positive discussions and information sharing between peers in medical schools regarding general practice.
- ▶ Medical schools should explore increasing their support for and investment in GP Societies.
- ▶ RCGP to explore the creation of its own network of champions to promote and disseminate information about becoming a GP.
- ▶ Additional funding should be provided to practices hosting undergraduate placements, to ensure that the full teaching costs are covered, so that GPs have the time and resources to provide the highest quality teaching placements. This would help to encourage more practices to take on placement students and to increase capacity, building on the recommendations of *By choice - not by chance*.
- ▶ RCGP should help to raise awareness amongst GPs of the impact they can have on the perceptions and career intentions of medical students.

The impact of clinical contact and the need to change discourse

4. Clinical placements are particularly likely to expose students to negative views of general practice.

As students progress through their medical degree, they are more likely to be exposed to negativity. By their fifth year, three quarters (76%) of students have encountered negativity towards general practice from academics, clinicians or educational trainers, indicating that a large majority of medical students leave medical school having experienced this. Seven in ten (70%) have encountered this in a clinical setting (Figure 3).

Students who had experienced negativity towards general practice often described experiences with doctors and academics in other clinical settings.

Unsurprisingly, the study showed that 79% of students believe doctors and other staff on placements have negative associations with general practice (Figure 1).

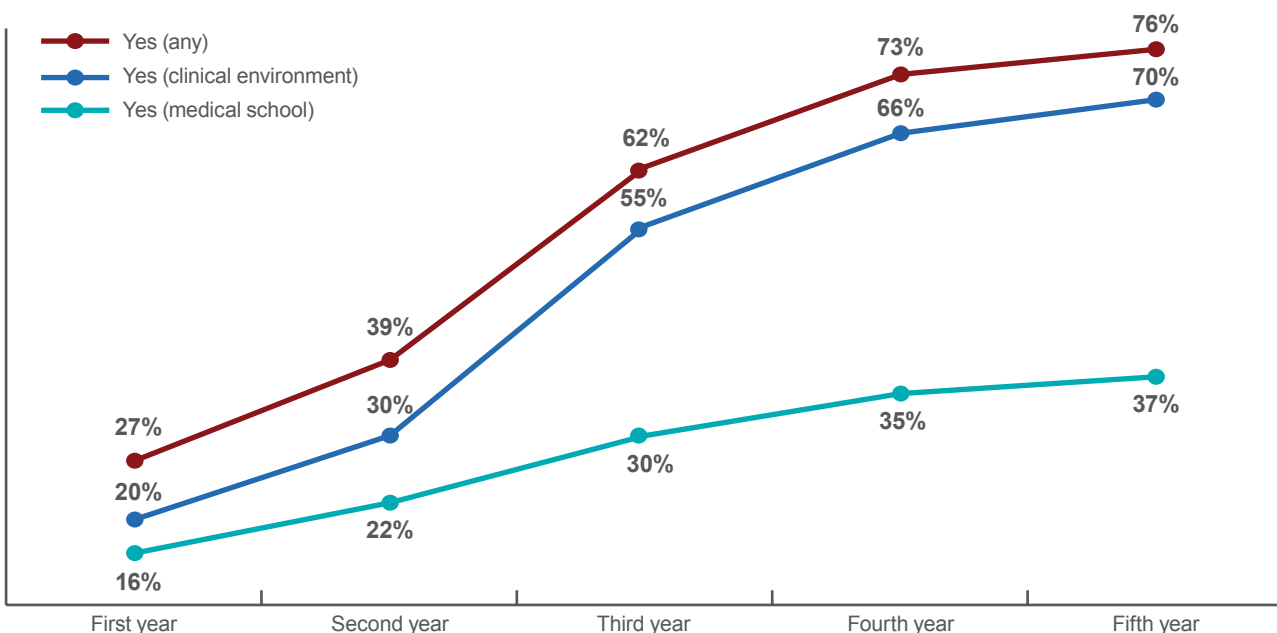
“
One cardiologist seemed worried that I want to be a GP and informed me that I need a lot of patience as a lot of consultations ‘aren’t proper medicine.’ ”

“
One consultant in Obs and Gynae said ‘Don’t you dare think about going into general practice - have some aspiration for God’s sake!’ ”

“
In an acute setting where a referral had been made to secondary care by a GP, [a] secondary care clinician was derogatory towards the GP’s knowledge base and questioned the referral. ”

“
A surgical consultant was very rude and derogatory regarding general practitioners when my placement partner mentioned that he enjoyed his GP placement. This rant lasted for the duration of the ward round and made everyone on the ward round feel very uncomfortable. ”

Figure 3: Whether students have encountered any negativity towards general practice from academics, clinicians and/or educational trainers over time (Q13)



5. Negative experiences and associations around general practice increase sharply in the first three years of medical school.

There are some important changes seen between first and third year. At the start of medical school, students are mixed as to whether they perceive doctors and other staff on placement to have negative or positive views about general practice. However, by the end of third year, a wide gap has appeared and 84% students believe this group has negative associations (Figure 4).

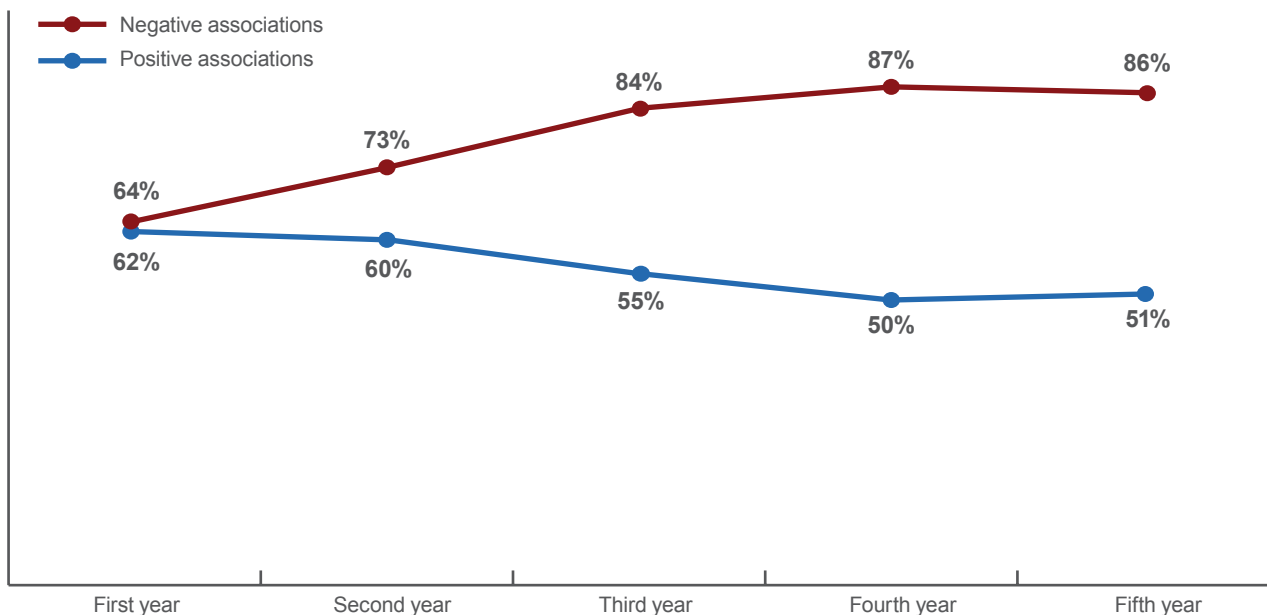
As students take up more substantial placements and have increasing clinical exposure, they become much more likely to encounter negativity towards general practice (Figure 3).

6. Small changes to the discourse about general practice in medical schools could make a big difference.

While not on the same scale as on medical placements, there is a large minority of students who have encountered negativity from academics, clinicians or educational trainers while at medical school. By the fifth year, negativity has been experienced by 37% of students (Figure 3).

When students who had experienced negativity towards general practice then described it, much of the negativity in medical school settings was reported to be in the form of dismissive language, such as talking about students “ending up” as GPs or being “just” a GP. Addressing these negative phrases could help to avoid giving students a negative impression of general practice early on in their medical degree programme. This use of language is likely to be unintentional, and therefore raising awareness about the effects of perpetuating this discourse could have a major impact.

Figure 4: Students' perceptions of the views doctors and other staff on placement have about general practice (Q10)



“
The whole cohort at the introductory lecture at the beginning of the Medicine degree got told that if you don’t know what specialty you want to go in by year 4 you will end up just as a GP. The “JUST a GP” theme has been carried on throughout my medical school career.”

“
We had a lecturer who told us that half of us would end up as ‘Just GPs’ as if it is a substandard speciality.”

“
Derogatory comments made by medical and surgical consultants in lectures e.g. “if you don’t book up you’ll end up working as a GP in Doncaster” was one comment made by a neurologist giving a 4th year lecture.”

7. The relationships between primary care and secondary care need to be stronger.

When the students’ experiences of negativity towards general practice were coded, they most commonly cited issues concerning referrals (37%), which often involved secondary care clinicians criticising referrals they had received from GPs (Figure 5). This is a complex issue and the RCGP is currently doing substantial work in this area, with an upcoming report on referral management which will look at ways of improving the interface between primary and secondary care.

This issue goes far beyond the student experience and is an ongoing challenge for healthcare leaders. Clearly, students will not receive a good impression of general practice if they regularly hear negative views of GP referrals.

While there may be some work to be done around communicating the harmful impact of imposing this negativity on students to secondary care clinicians, it is important that learning around the quality of referrals continues. This complex issue needs to be addressed by a range of stakeholders to improve referrals and discharges and to foster better mutual understanding between primary and secondary care.

Figure 5: Experiences of negativity towards general practice from academics, clinicians and/or educational trainers (coded) (Q14)*



*Showing responses given by at least 5% students



The impact of clinical contact and the need to change discourse

Key findings

4. Clinical placements are particularly likely to expose students to negative views of general practice.
5. Negative experiences and associations around general practice increase sharply in the first three years of medical school as clinical contact also increases.
6. Small changes to the discourse about general practice in medical schools could make a big difference.
7. The relationships between primary and secondary care need to be stronger.

Recommendations

- ▶ MSC and medical schools should work with other organisations including the RCGP to address unintentional denigration of general practice currently found within introductory lectures and throughout the curriculum.
- ▶ RCGP should work with students and MSC to produce resources that present a career in general practice in a positive and accurate light, that medical schools can use in their introductory lectures and curricula.
- ▶ High-quality placements in general practice should be incorporated into the curriculum from the earliest possible stage during a student's time at medical school, to help students to build a positive picture of general practice to stop misconceptions developing.
- ▶ Better collaboration between bodies across the medical profession is needed to protect all professions from denigration. Professionalism and collaboration should be promoted by all organisations that have an influence on the behaviour of doctors.
- ▶ Best practice should be developed across specialities for doctors who interact with students.
- ▶ RCGP should continue to gather and share the views of students to further promote understanding of the impact of discourse on students' perceptions and career intentions about general practice.

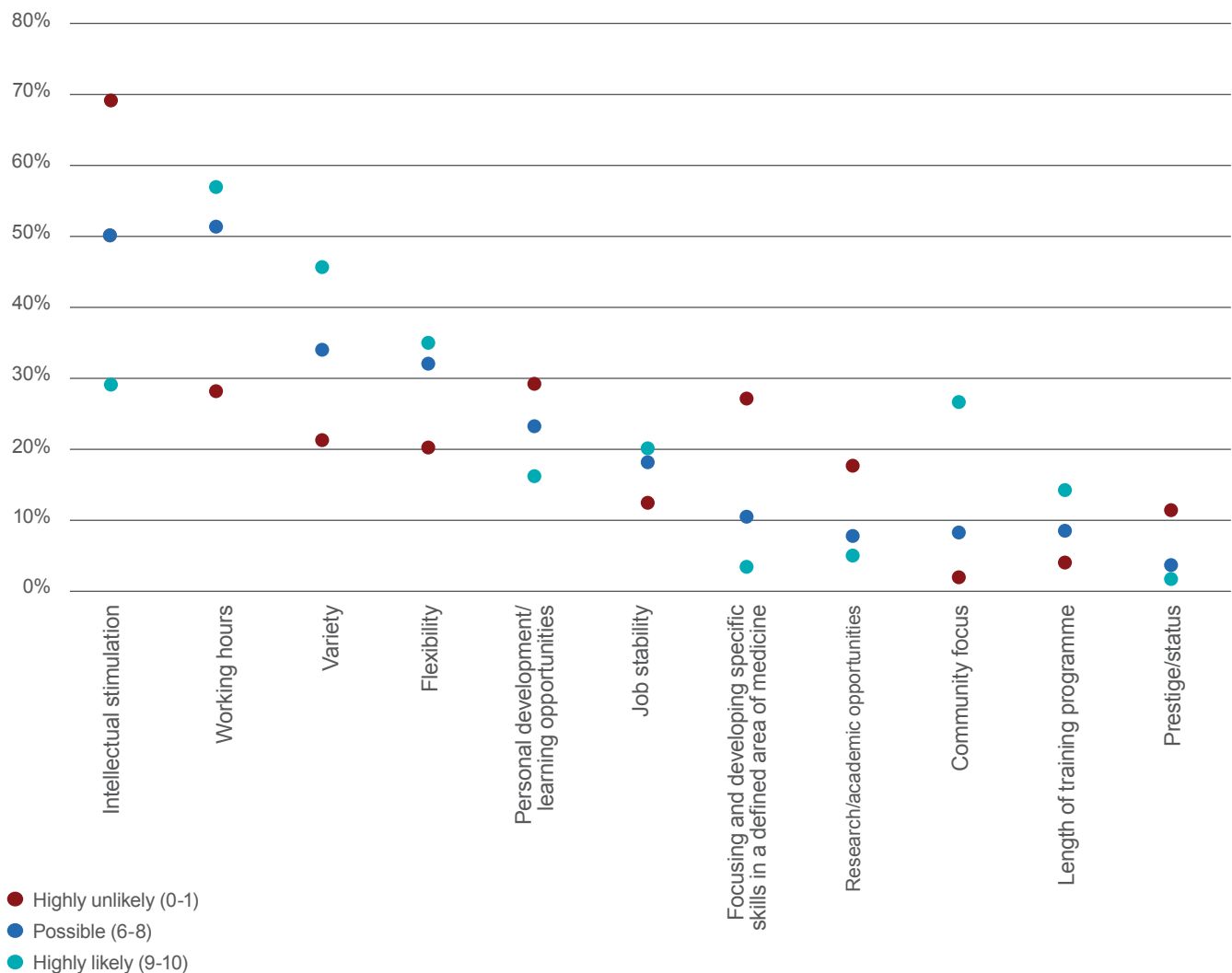
The need for an accurate and informed picture of the current and future general practice landscape

8. Students who have a possible interest in becoming GPs need more convincing that the job is intellectually stimulating.

There are some medical students who indicated they are completely committed to becoming GPs, and some who have indicated they will never consider it whatever messages are disseminated. However, there is a group of students who appear to be open to a career as a GP, but have some misgivings.

There were many areas of similarity in terms of what was important to a student’s career choice between those who indicated a possibility of choosing general practice (scoring likelihood as between six and eight on a ten point scale), and those who indicated a high likelihood of choosing general practice (scoring between nine and ten). This is particularly clear for working hours (51% / 57%), flexibility (32% / 35%) and job stability (19% / 20%). As these are all potentially advantages of working in general practice, they could be key factors as to why the ‘possible’ group are open to this career path.

Figure 6: Importance of factors when choosing a career (prompted) shown by likelihood of choosing general practice (Q2; Q3)*



*Showing responses where at least either the highly unlikely or highly likely group significantly differ from other groups. Only showing responses with over 10% from at least one group shown.

In contrast, there are notable differences between groups when considering the importance of intellectual stimulation. For the 'highly unlikely' group, this is their top priority, chosen by 69%, but less than half (29%) from the 'highly likely' group say this is important. The 'possible' group is in the middle, at 50%, but this shows a potentially wide gap between the aspirations of 'highly likely' and 'possible' GPs. This could be indicative of a perceived lack of intellectual stimulation as a factor putting off those who might otherwise seriously consider general practice.

As students who are more ambivalent about general practice are much more likely to value intellectual stimulation in their future career, this suggests it is a key area where general practice is seen as under delivering.

A further key issue emerging from the results, was that only 3% of students associated general practice with being intellectually challenging, while a quarter (24%) thought that other medical students would associate it with being less intellectually challenging (Figure 7).

Figure 7: Different groups' (perceived) associations with general practice (Q5; Q8; Q9; Q10)

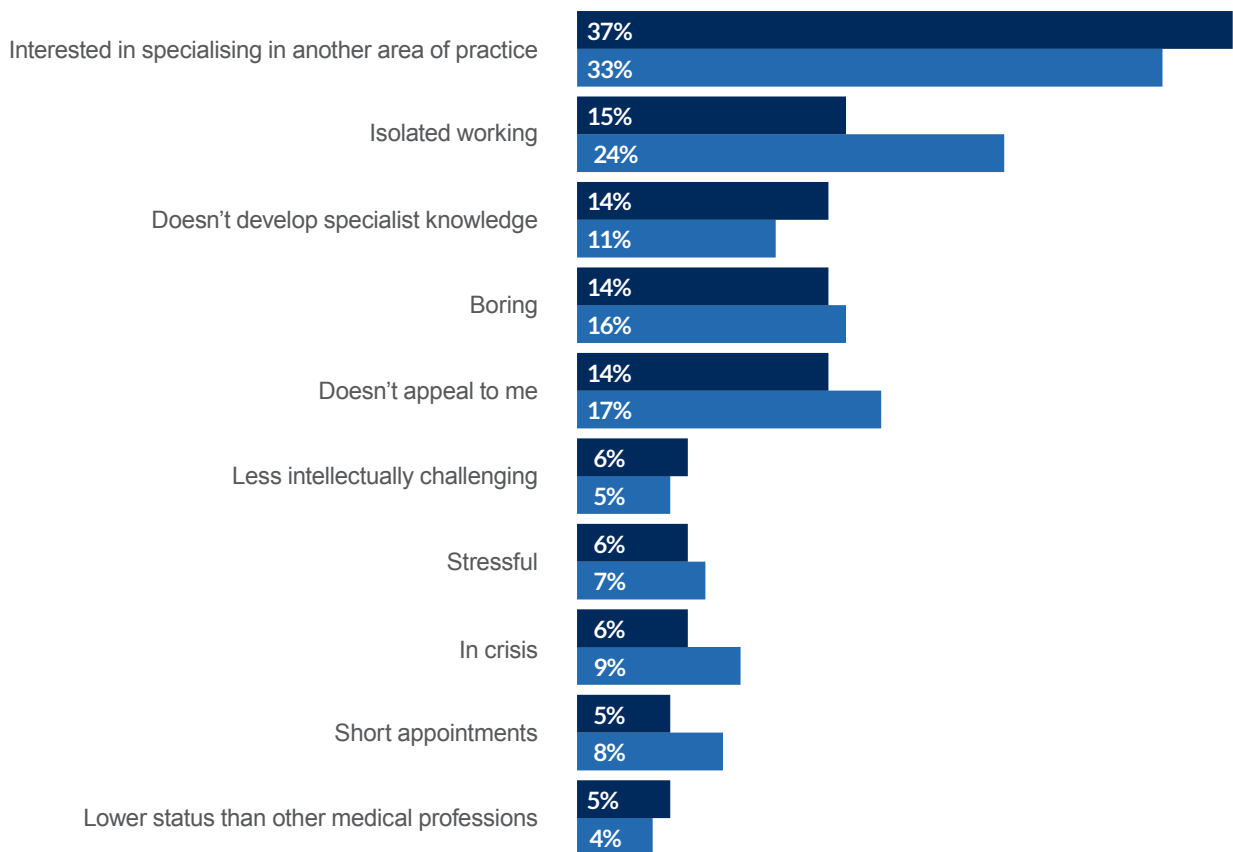
	Personal	Other medical students	Lecturers/ other teaching staff	Doctors/ other staff on placements
Boring	14%	43%	5%	15%
Community based	27%	13%	27%	18%
Continuity of care	40%	15%	29%	17%
Demanding patients	6%	8%	5%	9%
Doesn't develop specialist knowledge	10%	18%	9%	22%
Flexible e.g. gives you scope to do other things in your career	22%	15%	14%	10%
Good pay	6%	9%	3%	6%
Higher status than other medical professions	0%	0%	0%	0%
Holistic "whole-person" care	27%	10%	33%	11%
In crisis	11%	14%	12%	14%
Intellectually challenging	3%	1%	4%	2%
Interesting	3%	2%	6%	3%
Isolated working	12%	10%	3%	8%
Less intellectually challenging	6%	24%	9%	18%
Lower status than other medical professions	8%	32%	10%	23%
Makes a difference to patients	9%	4%	15%	7%
Opportunities for academic research	0%	0%	2%	1%
Paperwork	13%	14%	6%	11%
Poor pay	1%	4%	1%	2%
Rewarding	6%	3%	13%	6%
Short appointments	21%	13%	10%	15%
Shortage of GPs	23%	20%	26%	21%
Stressful	12%	10%	5%	11%
Team working	2%	1%	5%	4%
Varied	15%	7%	16%	8%
I don't know	0%	2%	8%	10%

9. Concerns about isolated working need to be addressed.

In fifth year, students were more likely to associate general practice with “isolated working” than in first year, with the proportion almost doubling, from 10% to 19%. This pattern was also shown in the perceived associations of other medical students, which increased from 9% to 15% between first and fifth year.

Isolated working was also the second most common reason given for not wishing to pursue a career in general practice (other than having more of an interest in a different specialty) (Figure 8). Fifth year students were substantially more likely to cite this reason.

Figure 8: Reasons why unlikely to choose general practice as a career (Q4)



■ All years ■ Fifth year

Base: Students unlikely to choose general practice as a career after medical school
(all students = 1,129; fifth year = 217)
Responses given by 5% or more shown



The need for an accurate and informed picture of the current and future general practice landscape

Key findings

8. Students who may be interested in general practice require greater evidence that the job is intellectually stimulating.
9. Concerns about isolated working need to be addressed.

Recommendations

- ▶ RCGP should further develop its Discover General Practice programme, which aims to promote general practice through the dissemination of accurate information, to provide access to positive general practice experiences and increase exposure to GP role models.
- ▶ Evidence and accessible information should be consolidated into a series of accessible resources to showcase the endless opportunities associated with a career in general practice, emphasising the intellectual challenge it offers. Significant focus should be placed on creating vibrant, age appropriate, digital resources.
- ▶ Clearer career pathways in academia need to be established and promoted for general practice, and more opportunities to carry out research early on should be developed. Student Selected Components (SSCs) within primary care could also be encouraged.
- ▶ Departments of academic primary care should be made more visible to the student body where possible, and they should forge stronger links with their local GP Society.
- ▶ Opportunities for GPs to pursue a special interest and to develop a portfolio career should be more accessible and better publicised to all medical students.
- ▶ GP wellbeing and tackling feelings of isolation should be given greater support.
- ▶ The community centric element of general practice should be promoted, alongside teamwork and collaboration, to help mitigate the perceived isolation of being a GP.

Looking at influences beyond the taught environment

10. There are external negative factors that may also be having an impact.

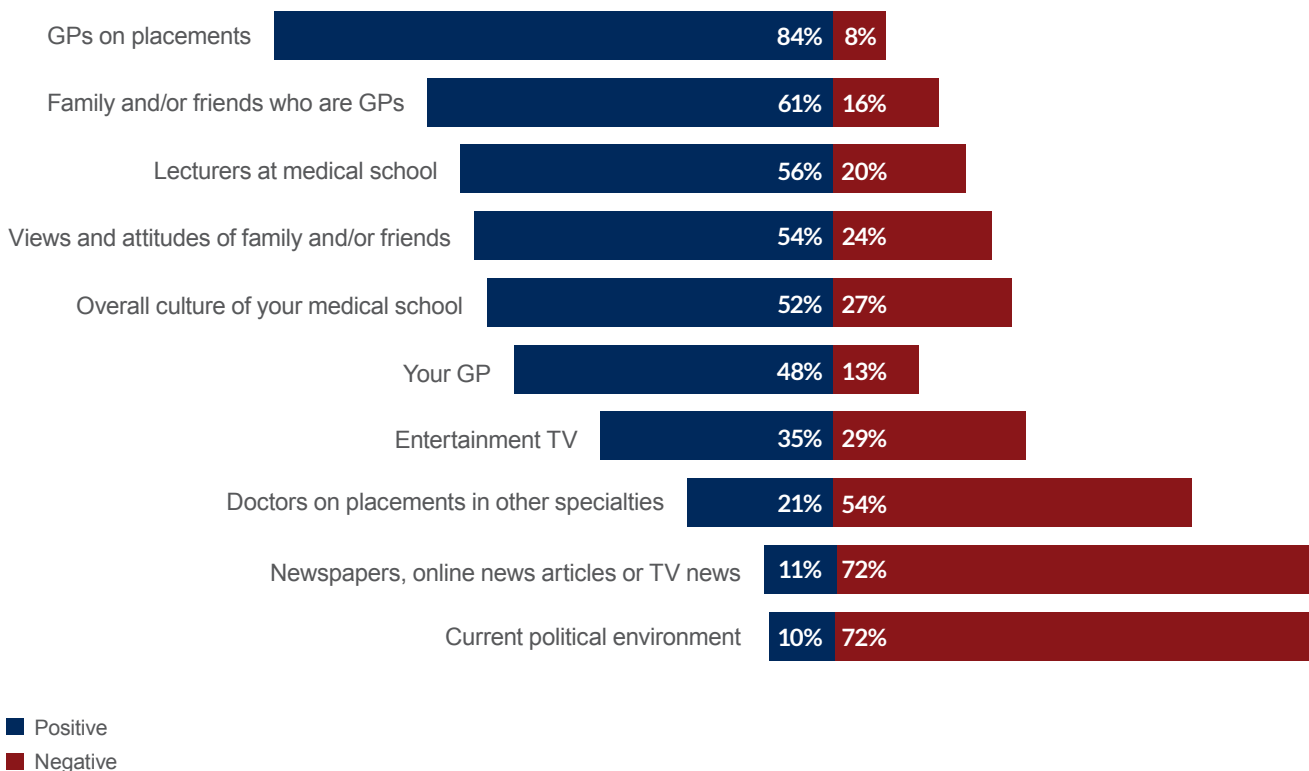
When asked how positive or negative different sources of information were about general practice, students perceived the current political environment and newspaper, online news or TV news as the most negative sources about general practice (Figure 9).

Clearly, students perceive a lot of negativity from sources external to medical schools and clinical environments. Although fewer than a quarter (23%) of students say that the news is one of the most influential

factors on their perceptions of general practice, it is important to consider both the direct and indirect impacts of these information sources, as medical schools and placements do not exist in a vacuum.

This means that positive messages about general practice must be credible against negative external voices.

Figure 9: Perceived positivity and negativity towards general practice of different sources (Q7)*



* All figures relating to this question exclude students who indicated these sources were not applicable to them.

Influences beyond the taught environment

Key findings

10. There are external negative factors that also play a part, including the media.

Recommendations

- ▶ Better resources are needed to demonstrate the opportunities available to GPs and these should be more accessible to a wider audience.
- ▶ There should be better coordination between the RCGP, medical schools and other organisations when promoting a career in general practice. This should help to ensure information is clear, cohesive and accurate.
- ▶ RCGP and the British Medical Association should continue to call for further investment in general practice to make it a more attractive place to work.
- ▶ GP concerns about their working life need to be listened to and addressed by government as a matter of urgency. For example, measures should be taken to increase the GP workforce in the short-term to make it a more attractive place to work. This should include adding GPs to the Shortage Occupation List to make it easier to recruit international GPs. The government should also make protecting the rights of EU GPs to work in the UK post-Brexit a priority during negotiations.

Conclusions and recommendations

General practice is the foundation on which the NHS is built. It is widely accepted that for the NHS to meet the growing and increasingly complex needs of patients, we must recruit more GPs. Improving the experiences and perceptions of medical students to make general practice a career destination of choice is a key part of this.

Our findings show that many students are not being provided with a fully accurate and informed picture of general practice, and in particular, that being a GP is often not seen as an intellectually stimulating career. By their fifth year of medical school, 76% of students say they have encountered negativity towards general practice from clinicians, academics and / or educational trainers.

This report highlights that peers at medical school and GP role models can have a profound effect on students' impressions of general practice. Positive influences on students' interest in working in general practice include GP tutors and interaction with GP Societies. On the other hand, students are also strongly influenced by each other, and most perceive their peers to be negative about general practice.

Overall, seven in ten medical students who responded to the survey had encountered negativity towards general practice in a clinical setting. Many students

described this as taking place in secondary care settings, often citing poor relationships between primary and secondary care professionals.

GPs interacting with students on placements were found to be the most influential group on students' perceptions of general practice, and in the main they have a positive impact. However, the survey found that GPs on placements can, in a small minority of cases, negatively affect a student's decision about general practice as a destination career.

Being a GP is a diverse, fulfilling and intellectually stimulating career offering myriad opportunities. As a sector, we must build on the proactive and engaging work already underway to tackle issues highlighted in this report and inspire students to choose general practice as their career destination. In order to achieve this, it is imperative that we take the following actions to ensure high-quality patient care long into the future.



The power of peers and role models

- RCGP should continue to support student led GP Societies across the UK. As of 2017, 29 Higher Education Institutions now have an active GP Society. GP Societies help to foster positive discussions and information sharing between peers in medical schools regarding general practice.
- Medical schools should explore increasing their support for and investment in GP Societies.
- RCGP to explore the creation of its own network of champions to promote and disseminate information about becoming a GP.
- Additional funding should be provided to practices hosting undergraduate placements, to ensure that the full teaching costs are covered, so that GPs have the time and resources to provide the highest quality teaching placements. This would help to encourage more practices to take on placement students and to increase capacity, building on the recommendations of *By choice - not by chance*.
- RCGP should help to raise awareness amongst GPs of the impact they can have on the perceptions and career intentions of medical students.

The impact of clinical contact and the need to change discourse

- MSC and medical schools should work with other organisations including the RCGP to address unintentional denigration of general practice currently found within introductory lectures and throughout the curriculum.
- RCGP should work with students and MSC to produce resources that present a career in general practice in a positive and accurate light, that medical schools can use in their introductory lectures and curricula.
- High-quality placements in general practice should be incorporated into the curriculum from the earliest possible stage during a student's time at medical school, to help students to build a positive picture of general practice to stop misconceptions developing.
- Better collaboration between bodies across the medical profession is needed to protect all professions from denigration. Professionalism and collaboration should be promoted by all organisations that have an influence on the behaviour of doctors.
- Best practice should be developed across specialities for doctors who interact with students.
- RCGP should continue to gather and share the views of students to further promote understanding of the impact of discourse on students' perceptions.

The need for an accurate and informed picture of the current and future general practice landscape

- RCGP should further develop its Discover General Practice programme, which aims to promote general practice through the dissemination of accurate information, to provide access to positive general practice experiences and increase exposure to GP role models.
- Evidence and accessible information should be consolidated into a series of accessible resources to showcase the endless opportunities associated with a career in general practice, emphasising the intellectual challenge it offers. Significant focus should be placed on creating vibrant, age appropriate, digital resources.
- Clearer career pathways in academia need to be established and promoted for general practice, and more opportunities to carry out research early on should be developed. Student Selected Components (SSCs) within primary care could also be encouraged.
- Departments of academic primary care should be made more visible to the student body where possible, and they should forge stronger links with their local GP Society.
- Opportunities for GPs to pursue a special interest and to develop a portfolio career should be more accessible and better publicised to all medical students.
- GP wellbeing and tackling feelings of isolation should be given greater support.
- The community centric element of general practice should be promoted, alongside teamwork and collaboration, to help mitigate the perceived isolation of being a GP.

Influences beyond the taught environment

- Better resources are needed to demonstrate the opportunities available to GPs and these should be more accessible to a wider audience.
- There should be better coordination between the RCGP, medical schools and other organisations when promoting a career in general practice. This should help to ensure information is clear, cohesive and accurate.
- RCGP and the British Medical Association should continue to call for further investment in general practice to make it a more attractive place to work.
- GP concerns about their working life need to be listened to and addressed by government as a matter of urgency. For example, measures should be taken to increase the GP workforce in the short-term to make it a more attractive place to work. This should include adding GPs to the Shortage Occupation List to make it easier to recruit international GPs. The government should also make protecting the rights of EU GPs to work in the UK post-Brexit a priority during negotiations.



Royal College of
General Practitioners

Inspiring the Future Awards 2017

**GP Society Event
or Initiative of the Year**

Awarded to

South West Student Conference

In recognition of an outstanding student-led event

JHG

Medical Area Senior Lecturer

[Signature]

Medical Area Head

Appendix A: Sample and analysis information

Figure 10: Number of respondents by medical school.		Figure 11: Respondents by nation of university.	
Medical school	Number	Nation.....	%
Aberdeen (University of), School of Medicine	47	England.....	86
Barts and The London School of Medicine and Dentistry	164	Scotland.....	11
Birmingham (University of), School of Medicine.....	281	Northern Ireland	2
Brighton and Sussex Medical School	105	Wales	2
Bristol (University of), Faculty of Medicine	44		
Cambridge (University of), School of Clinical Medicine	21		
Dundee (University of), Faculty of Medicine, Dentistry and Nursing	78		
Edinburgh (The University of), College of Medicine and Veterinary Medicine	211		
Exeter (University of), Medical School	128		
Glasgow (University of), College of Medical, Veterinary and Life Sciences	61		
Hull York Medical School	132		
Keele University, School of Medicine	34		
King’s College London School of Medicine	155		
Lancaster University, Faculty of Health & Medicine	34		
Leeds (University of), School of Medicine.....	143		
Leicester (University of), Leicester Medical School.....	143		
Liverpool (University of), Faculty of Health and Life Sciences	88		
Manchester (University of), Faculty of Medical and Human Sciences.....	253		
Newcastle University Medical School	314		
Norwich Medical School, University of East Anglia	181		
Nottingham (The University of), Faculty of Medicine & Health Sciences.....	234		
Oxford (University of), Medical Sciences Division.....	107		
Peninsula College of Medicine and Dentistry	26		
Plymouth University Peninsula Schools of Medicine and Dentistry.....	106		
Queen’s University Belfast, Faculty of Medicine and Health Sciences.....	72		
Sheffield (The University of), School of Medicine	139		
Southampton (University of), School of Medicine	125		
St Andrews (University of), Faculty of Medical Sciences.....	7		
St George’s, University of London.....	189		
Swansea University, School of Medicine	56		

Figure 12: Weighting applied to year of study.		
Year of study	Unweighted	Weighted
First year	17%	20%
Second year	16%	20%
Third year	19%	21%
Fourth year	23%	20%
Fifth year	20%	17%
Sixth year ⁶	6%	2%

Figure 13: Weighting applied to year of study.		
Gender	Unweighted	Weighted
Female	60%	55%
Male	39%	45%
In a different way	0%	0%
Prefer not to say	1%	0%

Figure 14: Positive and negative groupings relating to perceptions of general practice.	
Included in 'positive' groups	Included in 'negative' groups
Intellectually challenging	Less intellectually challenging
Interesting	Boring
Rewarding	Stressful
Higher status than other medical professions	Lower status than other medical professions
Holistic “whole-person” care	Short appointments
Continuity of care	Demanding patients
Flexible	Shortage of GPs
Makes a difference to patients	In crisis
Good pay	Poor pay
Team working	Isolated working
Community based	Paperwork
Opportunities for academic research	Doesn’t develop specialist knowledge
Varied	

⁶ There are only a small number of universities that offer six year courses. Therefore, analysis by year of study in this report focuses on the first five years.

Appendix B: Questionnaire

KEY: **Type of Question** **Mandatory Y/N** **Routing**

1. What are the most important factors to you when choosing your future career?

Open **YES** **ALL**

2. Which of the following are the most important factors to you when choosing your future career? Please select a maximum of 3 factors.

- The influence of a role model
- Pay
- Flexibility e.g. the ability to undertake work in a variety of settings
- Scope to change the direction of your career
- Working hours
- Prestige / status
- Intellectual stimulation
- Attitudes of friends & family
- Attitudes of academics, teachers & trainers
- Focusing and developing specific skills in a defined area of medicine
- Job stability
- Research / academic opportunities
- Personal development / learning opportunities
- Variety e.g. working with people of varying ages, backgrounds and health problems
- Community focus e.g. treating patients and their families over a prolonged period of time
- International focus
- Length of training programme
- Other (please specify) [fixed position]
- I don't know [fixed position]

Multiple choice | Randomise options | Max 3 **YES** **ALL**

3. How likely do you think you are to choose one of these areas of practice after medical school?

Please rate your likelihood on a scale of 0-10, where 0=highly unlikely and 10=highly likely.

- Anaesthetics
- Dermatology
- Emergency Medicine
- General Practice
- Geriatrics
- Hospital Medicine (the physicianly specialties)
- Obstetrics & Gynecology

- Paediatrics
- Pathology
- Psychiatry
- Public Health
- Radiology
- Surgery
- A career outside of medicine

0-10 scale | Include 'I don't know' **YES** **ALL**

4. You indicated that you would be unlikely to choose general practice as a future career after medical school. Why is this?

Open field **YES** Only if Q3=4 (GP) is <5 out of 10

5. Based on your experience, which words or phrases do you most associate with general practice, if any?

- Less intellectually challenging
- Intellectually challenging
- Boring
- Stressful
- Interesting
- Continuity of care e.g. treating patients and their families over a prolonged period of time
- Lower status than other medical professions
- Higher status than other medical professions
- Varied
- Holistic "whole-person" care
- Flexible e.g. gives you scope to do other things in your career
- Makes a difference to patients
- Rewarding
- Poor pay
- Good pay
- In crisis
- Community based
- Shortage of GPs
- Team working
- Isolated working
- Opportunities for academic research
- Paperwork
- Short appointments
- Demanding patients

- Doesn't develop specialist knowledge
- Other (please specify)
- None of the above [fixed position]
- I don't know [fixed position]

Multiple choice | Randomise options | Max 3 YES ALL

6. Which factors do you think have most influenced your perceptions of general practice? Please select as many as apply.

- Newspapers, online news articles or TV news
- Entertainment TV (e.g. sitcoms & documentaries)
- Lecturers and staff at medical school
- Peers at medical school
- GPs on placements
- Doctors on placements in other specialties
- Views & attitudes of family and/or friends (not with medical background)
- Family and/or friends who are GPs
- Family and/or friends who have a medical background (non-GPs)
- Your GP
- Other (please specify) [fixed position]
- I don't know [fixed position]

Multiple response | Randomise variables

I don't know – exclusive YES ALL

7. How positive or negative do you think the following are about general practice?

Please rate on a scale of 0-10, where 0= extremely negative and 10 = extremely positive.

- Newspapers, online news articles or TV news
- Entertainment TV (e.g. sitcoms & documentaries)
- Lecturers at medical school
- GPs on placements
- Doctors on placements in other specialties
- Overall culture of your medical school
- Views & attitudes of family and/or friends
- Family and/or friends who are GPs
- Your GP
- Current political environment

0-10 scale | Include 'I don't know' and 'Not applicable'

YES ALL

8. Which of the words or phrases do you think other medical students you know associate with general practice, if any?

- Less intellectually challenging
- Intellectually challenging
- Boring
- Stressful
- Interesting
- Continuity of care e.g. treating patients and their families over a prolonged period of time
- Lower status than other medical professions
- Higher status than other medical professions
- Varied
- Holistic "whole-person" care
- Flexible e.g. gives you scope to do other things in your career
- Makes a difference to patients
- Rewarding
- Poor pay
- Good pay
- In crisis
- Community based
- Shortage of GPs
- Team working
- Isolated working
- Opportunities for academic research
- Paperwork
- Short appointments
- Demanding patients
- Doesn't develop specialist knowledge Other, please specify [fixed position]
- None of the above [fixed position]
- I don't know [fixed position]

Multiple response | Randomise | None of the above,

I don't know – exclusive | Max 3 YES ALL

9. Which of the words or phrases do you think your lecturers and other teaching staff within medical schools associate with general practice, if any?

- Less intellectually challenging
- Intellectually challenging
- Boring
- Stressful
- Interesting
- Continuity of care e.g. treating patients and their families over a prolonged period of time
- Lower status than other medical professions
- Higher status than other medical professions
- Varied
- Holistic “whole-person” care
- Flexible e.g. gives you scope to do other things in your career
- Makes a difference to patients
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- Poor pay
- Good pay
- In crisis
- Community based
- Shortage of GPs
- Team working
- Isolated working
- Opportunities for academic research
- Paperwork
- Short appointments
- Demanding patients
- Doesn't develop specialist knowledge
- Other, please specify [fixed position]
- None of the above [fixed position]
- I don't know [fixed position]

Multiple choice | Randomise | None of the above,
I don't know – exclusive | Max 3 YES ALL

10. Which of the words or phrases do you think your doctors and other staff on placements associate with general practice, if any?

- Less intellectually challenging
- Intellectually challenging
- Boring
- Stressful
- Interesting
- Continuity of care e.g. treating patients and their families over a prolonged period of time
- Lower status than other medical professions
- Higher status than other medical professions

- Varied
- Holistic “whole-person” care
- Flexible e.g. gives you scope to do other things in your career
- Makes a difference to patients
- Rewarding
- Poor pay
- Good pay
- In crisis
- Community based
- Shortage of GPs
- Team working
- Isolated working
- Opportunities for academic research
- Paperwork
- Short appointments
- Demanding patients
- Doesn't develop specialist knowledge
- Other, please specify [fixed position]
- None of the above [fixed position]
- I don't know [fixed position]

Multiple choice | Randomise | None of the above,
I don't know – exclusive | Max 3 YES ALL

11. How have the following affected your interest in pursuing a career in general practice?

- My peers' attitudes to general practice
 - My lecturers' attitudes to general practice
 - My family's attitudes to general practice
 - Current or previous GPs
 - GP tutors in medical school
 - Other specialty tutors (not GP tutors)
 - Patients' attitudes to general practice
 - Overall culture of medical school
 - A placement (as a medical student)
 - Work experience (outside of medical school)
 - Medical school curriculum
 - Attended GP Society event(s) at my university
- Made me want to work in general practice less | Made me want to work in general practice somewhat less | Had no effect | Made me want to work in general practice somewhat more | Made me want to work in general practice more

1-5 scale | No more than 5 to a page to better support cognitive load | Include 'Not applicable' YES ALL

12. How important do you see general practice exposure as part of the medical school curriculum?

0-10 scale | Include 'I don't know'

YES ALL

13. Have you encountered any negativity towards general practice from academics, clinicians and/or educational trainers? Please select all that apply.

- Yes, in medical school
- Yes, in a clinical environment
- No
- I don't know

Multiple choice | Exclusive – no, I don't know

YES ALL

14. Please tell us more about any negativity towards general practice you have encountered from academics, clinicians and/or educational trainers. Please be as detailed as possible.

Open question NO If previous Q13=yes

15. In the future it is likely that primary and secondary care will become more integrated. Bearing these changes in mind how would you like to see clinical careers developing in the future?

Open field NO ALL

16. What do you think is the future of primary care? Please select as many as apply.

- More doctors will work in community settings
- Only GPs will work in the community
- Hospitals will take work away from GPs
- GPs will work in new multi-function settings
- The current system of small GP practices will stay the same
- Patients will go into hospital for more of their care
- More care will be delivered in community settings
- Other, please specify [fixed]
- I don't know [exclusive, fixed]

Multiple choice | Randomise YES ALL

17. Are you a member of your local GP Society?

- Yes
- No, but I have attended their events in the past
- No

Single choice YES ALL

18. Are you the first person in your family to go to university?

- Yes
- No
- I don't know
- Other, please specify

Single choice YES ALL

19. Which medical school do you currently attend?

- Aberdeen (University of), School of Medicine
- Barts and The London School of Medicine and Dentistry, Queen Mary, University of London
- Birmingham (University of), School of Medicine
- Brighton and Sussex Medical School
- Bristol (University of), Faculty of Medicine
- Cambridge (University of), School of Clinical Medicine
- Cardiff University, School of Medicine
- Dundee (University of), Faculty of Medicine, Dentistry and Nursing
- Edinburgh (The University of), College of Medicine and Veterinary Medicine
- Exeter (University of), Medical School
- Glasgow (University of), College of Medical, Veterinary and Life Sciences
- Hull York Medical School
- Imperial College School of Medicine, London
- Keele University, School of Medicine
- King's College London School of Medicine (at Guy's, King's College and St Thomas' Hospital)
- Lancaster University, Faculty of Health & Medicine
- Leeds (University of), School of Medicine
- Leicester (University of), Leicester Medical School
- Liverpool (University of), Faculty of Health and Life Sciences
- Manchester (University of), Faculty of Medical and Human Sciences
- Newcastle University Medical School
- Norwich Medical School, University of East Anglia
- Nottingham (The University of), Faculty of Medicine and Health Sciences
- Oxford (University of), Medical Sciences Division

- Plymouth University Peninsula Schools of Medicine and Dentistry
- Queen's University Belfast, Faculty of Medicine and Health Sciences
- Sheffield (The University of), School of Medicine
- Southampton (University of), School of Medicine
- St Andrews (University of), Faculty of Medical Sciences
- St George's, University of London
- Swansea University, School of Medicine
- University College London, University College Medical School
- Warwick (The University of), Warwick Medical School
- Other, please specify

Drop down YES ALL

20. Which year of your medical degree are you in? If you are currently intercalating, please select the most recent year of your medical degree.

- First year
- Second year
- Third year
- Fourth year
- Fifth year
- Sixth year

Single choice YES ALL

21. Please select how you identify.

- Female
- Male
- In a different way
- Prefer not to say

Single choice YES ALL

22. How would you describe your ethnicity?

• **Asian**

- Bangladeshi
- Indian
- Pakistani
- Asian Other

• **Black**

- African
- British
- Caribbean
- Black Other

• **Chinese**

- Chinese
- Chinese Other

• **Mixed**

- White and Asian
- White and Black Caribbean
- Other Mixed Background

• **White**

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish traveller
- White Other

• **Other**

- Arab
- Other Ethnic Background
- Not Known
- Unknown
- I'd rather not say

Drop down YES ALL

23. Thank you for taking part in the survey. Are there any more comments you'd like to share with us?

Open NO ALL

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Medical students' attitudes towards general practice at the University of Liverpool

University of Liverpool GP Society



“
**Students are the future of
medicine and the future
of our profession.**”

Professor Helen Stokes-Lampard
RCGP Chair

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