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## **Denigration of GP as a career choice: The students' perspective**

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### **Abstract**

**Background:** General practice in the UK and other parts of the world is facing a recruitment crisis with insufficient numbers of medical students selecting it as a career choice. Denigration of general practice has been postulated as one of the contributing factors.

**Aim:** Our aim was to explore comments about GP as a career made by clinical teachers from the medical student's perspective in order to further our understanding of the current difficulties of recruiting into general practice.

**Design and setting:** This was a qualitative, explorative study of three focus groups of medical students from two medical schools in northern England.

**Method:** A semi structured interview format was utilised. Results were analysed using thematic analysis.

**Results:** Students reported hearing both positive and negative comments about GP as a career choice; they perceive the comments to potentially influence student career choice. Three underlying themes emerged: the individual (personal characteristics of students affecting the influence that comments have on them), the curriculum (presence and content of general practice teaching) and culture (in the medical school and profession). These were used to postulate a model which may explain how negative comments shape a students' perception of GP.

**Conclusion:** Denigration of GP is an ongoing problem within the medical profession and strategies to address it must be developed or recruitment to the specialty will continue to decline. This study suggests a model which can help to understand the complex relationship between different factors which result in negative comments being taken on board by a medical student.

**Keywords:** General Practice; Undergraduate education; Postgraduate education

**How this fits in:** Denigration of General Practice as a career choice has been highlighted as an issue in several publications. We have confirmed that medical students are exposed to the phenomenon but also established that comments made about GP are not purely negative in nature. We propose a model which illustrates the interplay between the major themes of the study: the individual, the curriculum and medical culture. We would suggest that this model aids our understanding of how comments which denigrate GP shape a student's perceptions of the specialty.

### **Introduction**

In recent years, there has been a significant increase in the primary care workload in the UK and internationally [1]. Reasons for this include increased patient demand and the drive to move services from secondary care into the community. To address this, the Department of Health in the UK has

set a target of 50% of postgraduate medical training places to be allocated to general practice [1-2]. Consequently, the number of GP training posts have increased and have not been filled. Thus, there is a crisis in recruitment into general practice (GP) training [3].

The literature has revealed a myriad of factors as potential influences on the career choices of students' and junior doctors', such as the opinion of family and friends, the media, potential salary and the prospect of a good work-life balance [4-6]. Denigration of general practice or "GP bashing" as a career is a further issue raised in the literature [7-8]. These issues are not restricted to the UK. Studies carried out in Australia and New Zealand have reported similar factors which influence the career choices of medical students. Indeed, they also highlight the influence of negative comments about GP on medical student career choice [9-10]. Focus groups and surveys of junior doctors have explored this issue and participants in these studies report that exposure to this phenomenon starts as an undergraduate [11-12]. Work from the United States suggested that students attending medical schools with higher levels of denigration produced fewer primary care clinicians [13], but this has not been explored in depth with medical students themselves. Therefore a limited amount of data is available seeking to understand the phenomenon of how denigration of GP impacts upon medical students and influences their careers choices. This study seeks to remedy this.

Our aim therefore was to explore comments about GP as a career choice made by clinical teachers from the medical students perspective. The study is being conducted to further our understanding of the current difficulties in recruiting medical students into general practice.

## **Methods**

This was a qualitative, explorative study consisting of three focus groups of year four medical students. Characteristics of the participants represented a cross section of the year four medical student cohort at the institutions involved i.e. students were male/female, postgraduates and school entry and of various ethnic and socio-economic backgrounds. The total number of participants was 32. The focus groups took place in two medical schools in the north of England – one newer, small institution with a high output of graduates becoming GPs and the other a more traditional, well-established Russell group institution with a lower output of graduates becoming GPs.

Ethical approval was granted by relevant ethical boards at the two participating universities. Students were invited to participate by email and were sent information about the study prior to agreeing to participate. Written consent was obtained from participants prior to conducting the focus groups and further verbal consent sought after the focus groups had concluded.

A semi-structured question framework was utilised. Participants were asked about their experiences of comments made by clinical teachers about GP as a career. Two group interviews were conducted by a GP trainee undertaking an educational integrated post and one by a final year medical student. Data were analysed by the GP trainee. Four broad questions were posed to participants:

Had they heard negative comments?

Had they heard positive comments?

Do they think comments influence student career decisions/is it a problem?

Could they suggest any solutions to the issue?

Focus groups were digitally recorded and professionally transcribed verbatim. Data were analysed using thematic analysis based on the Braun and Clarke approach [14].

## Results

### **Responses to questions and thematic analysis**

Students reported hearing both positive and negative comments about GP as a career choice; they perceive the comments to potentially influence student career choice and they raised some potential solutions to combat denigration. Students reported many examples of clinical teachers making comments which denigrate general practice as a career choice (FGp = focus group 1/2/3):

*"People always say, 'just a GP' – like you've not quite made it to become a proper doctor" - FGp1*

*"Please don't tell me you are going to be a GP" - FGp 2*

*"This will be irrelevant for the half of you that will become GPs" - FGp 2*

This type of speciality "bashing" appeared to be commonplace within the medical profession and is not solely directed towards GP:

*"There seems to be this hierarchy, where right at the bottom are people to be made fun of – GPs, Psychiatrists and Dermatologists" – FGp 3*

Not all the comments which students heard from clinical teachers were negative however:

*"I've just spent time on Geriatrics and the consultant was complimentary towards the GPs in the local area. This was due to collaborative work they'd done with the Geriatricians to improve the diagnosis and treatment of heart failure in the area." – FGp 2*

*"I've had lots of positive comments from GPs themselves regarding their enjoyment of their job and advising me towards it as a career choice. Some are uncertain about the future though." – FGp 1*

Students stated that they perceive this to be a problem given the ongoing crisis with recruitment. However, there was an understanding amongst the participants that the problem was multifactorial and could not be solved by addressing the issue of denigration alone.

Some students felt that comments were unlikely to influence them personally, but they could appreciate how they might influence their peers, particularly because clinical teachers are noted to be significant role models:

*"(clinical teachers) are what we see ourselves becoming and what we aspire to be" – FGp 1*

The participants articulated some potential solutions to the problem:

*"There's this obvious divide between GPs and hospital. Consultants understand each other's job more than they do with GPs, so I don't really think they've much empathy. It might help if that was addressed somehow." – FGp 3*

*"Maybe if instead of having just a weekly placement, we had a block like the other specialties, you'd think of it as more important and you'd get a bit more of a representative view of it as a possible job." – FGp 2*

Three significant underlying themes emerged from the data analysis:

- **The individual**
- **The curriculum**
- **Medical culture**

#### **The Individual:**

This refers to the type of individual hearing the denigratory comment. Participants felt that certain personal characteristics would mitigate the impact of denigratory comments about GP (or other specialties). Characteristics which were suggested would make students more likely to be influenced were being a school leaver entrant student in contrast with a graduate entry student, being in the early years of the degree in contrast with being in the later years and being unclear about the career one wishes to pursue.

*"I think it depends when you hear comments... in 1<sup>st</sup> and 2<sup>nd</sup> year you are quite impressionable."* – FGp 1

*"I feel like if I was younger and come in on the five-year course then they would influence me a lot more."* - FGp 3

*"Negative comments definitely have some impact... that it's an easy option or you're less intelligent if you go into GP... it doesn't put me off, but I can see how it might put someone else off."* – FGp 1

#### **The Curriculum:**

This theme relates to the presence that general practice is afforded on the undergraduate curriculum. Participants referred to the topics that GPs taught within the curriculum and the perception of these as "soft" compared with basic science or certain/specific clinical specialties. Furthermore, students felt that there was not sufficient clinical time spent in GP when compared with secondary care, which they believed implied that it was of less importance. The little attention paid to GP by the formal curriculum reinforces the negative attitudes towards the specialty already being experienced by students as part of the professional/medical school culture.

*"In our 1<sup>st</sup> and 2<sup>nd</sup> year we get very poor teaching about GP... in third year you only go on a Wednesday morning and leave without getting an understanding of how it (GP) works"* – FGp 2

*"Part of the reason I feel negative towards GP is the standard of teaching... the lectures based on GP were on health beliefs... they were the driest, dullest things... I can see why people perceive it as being a specialty for the less intelligent... I think it's how it is taught at medical school"* – FGp 1

*"If it's presence on the curriculum had as big an emphasis as other specialties, I think you'd be more inclined to take (negative) comments on the chin"* – FGp 3

#### **Medical Culture:**

This refers to the implicit or prevailing culture both within medical schools and the profession as a whole. Some students reported feeling apprehensive about voicing their desire to pursue a career in GP for fear of the response from colleagues and clinical teachers. GP is perceived to be a less challenging and less competitive career choice and for those who want an easier life.

*"There is a sense that GP is for those who want part time work... this is perceived as a negative thing... that you're out for an easy life."* - FGp 2

*"It's easier to get into, you have to compete a lot harder to get into surgery and medicine... it's seen as less competitive and therefore a compromise."* – FGp 2

*"It's just like a whole culture where it's not taken seriously... I feel like people are ashamed to vocalise it as their career plan"* – FGp 3

## **Discussion**

### **Summary**

Our study confirms that undergraduate students experience comments which denigrate General practice as a career choice from their clinical teachers. This is consistent with other work undertaken to date [11, 14]. Participants agreed that this issue can potentially influence the career choices of their peers.

Our findings suggest that there is a complex interplay between three underlying factors: the individual, the curriculum and medical culture (see figure 1). These factors may help to explain how denigratory comments are taken on board by some medical students and subsequently shape their perceptions of GP as a prospective career choice.

Denigration of GP has been highlighted in several previous publications [8, 11], [15]. This study further confirms this as a factor which may deter students from pursuing a career in GP. The themes within the data of this study have been alluded to in other work also, albeit under different titles [15, 16]. The theme of 'the curriculum' has been referred to in previous relevant work as the 'formal curriculum' [8,17]. The theme of the individual is relatively novel, and we postulate that personal characteristics of students may indeed determine the likelihood of denigratory comments influencing their career choice.

Our theme of medical culture could be considered to be the 'hidden curriculum' which has been highlighted in other studies of student perceptions of General Practice [17]. Medicine is by its nature, and entry requirement, a competitive career choice and environment. Therefore, when comments are made which allude to the fact that GP is not challenging, or is a good fall-back career option, this will clearly have a negative influence on student's perception of the specialty as a career option. Furthermore, this theme can be considered through the lens of various theoretical frameworks, such as social theory and sociocultural learning. It is an issue which should be analysed and addressed in a similar manner to other discriminatory practices in medicine, such as the issue of women in academic medicine [18].

### **Strengths and limitations**

This study was carried out at two medical schools in the UK in order to enhance its transferability to other similar contexts, but the relatively small sample size is acknowledged. Standard means to ensure rigour in qualitative research were followed [19]. We believe the description offered of the context in which this research was conducted will add to the transferability of it's findings. We have also offered reference to the precise method of thematic analysis utilised, along with clear explanations of the data collections methods. As such, we believe this adds to the dependability of our study. With respect to confirmability, the primary researcher acknowledges he has approached the research from the perspective of a young GP with an enthusiasm for his chosen career and a desire to encourage colleagues into the speciality. Consequently, he has striven to minimise the influence this may have on the conduct of the study.

Participants may have had a positive perception of General Practice given that they agreed to participate in the study although this was not formally asked. Due to its retrospective nature, participants may also have been prone to recall bias.

A further limitation of this study was the fact all participants were at the same stage of their medical school training. Collecting data from students in other year groups and doctors in the foundation programme may provide a deeper insight into the phenomenon being studied.

### **Implications for practice**

By understanding the underlying factors which provide the basis for denigratory comments to take root and shape medical student perceptions of general practice, more robust steps can be taken to address the issue. The issues raised by the participants of this study could be specifically addressed in the following ways, some of which were specific recommendations in the HEE/MSR report “by choice – not by chance” [8]:

- Change university/medical school policy to a zero-tolerance approach towards denigration of any specialty. This may not be possible in clinical environments but certainly should be attainable within the university itself and among employees.
- Publicise and deliver education within the medical profession about the impact that denigratory comments can have on students. Colleagues and clinical teachers should be aware of their position as role models.
- Parity of esteem/increased exposure to GP on the undergraduate curriculum. Furthermore, GPs should be provided with opportunities to teach more clinical topics within curricula.
- Enhanced understanding between primary/secondary care i.e. better appreciation for each other’s roles between primary and secondary care clinicians in order to foster mutual respect and address workforce issues at a fundamental level.

### **Conclusion**

This study sought to explore medical student experiences of denigration of GP by their clinical teachers. We have confirmed that medical students are exposed to the phenomenon but also established that comments made about GP are not purely negative in nature. We propose a model which illustrates the interplay between the major themes of the study; the individual, the curriculum and medical culture. We would suggest that this model aids our understanding of how comments which denigrate GP shape a student’s perceptions of the specialty. We believe that the recommendations for practice suggested, alongside other measures, will go some way to help address the current difficulties in recruitment to general practice.

### **Additional information**

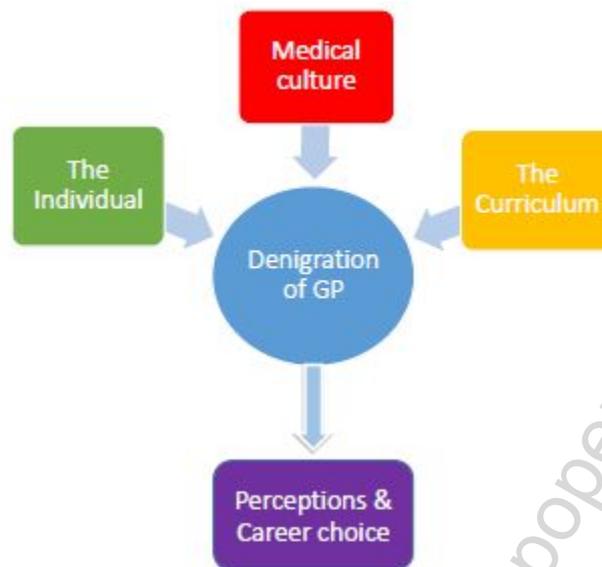
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**Competing interests:** No competing interests.

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**Figure 1:** Factors which permit denigration of GP to influence career choice



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