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A future in General Practice? Medical applicant GP experience and career aspirations: a questionnaire study

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Abstract

Background
Increasing access to General Practice (GP) work experience placements for school students is a strategy for improving GP recruitment despite limited evidence and concerns surrounding equity of access to GP experiences.

Aims
To examine the association between undertaking GP experience and the perceptions of GP as an appealing future career among prospective medical applicants. To identify socioeconomic factors associated with obtaining GP experience.

Design & setting
Cross-sectional questionnaire study in the United Kingdom.

Method
Participants were UK residents aged 16 or older and seriously considering applying to study medicine in 2019/2020. They were invited to take part via the University Clinical Aptitude Test. Questionnaire data were analysed using a linear regression of GP appeal on GP experience adjusting for career motivations and demographics, and a logistic regression of GP experience on measures of social capital and demographics.

Results
Of 6391 respondents, 4031 were in their last year of school. GP experience predicted GP appeal after adjusting for career motivation and demographics (b=0.365, SE=0.06, p<0.00001). GP experience was more common among students at private (OR=1.65, 95% CI =1.31-2.08; p<0.0001) or grammar schools (OR=1.33, 95% CI=1.02-1.72; p=0.03) and in the highest socioeconomic group (OR=1.62, 95% CI=1.28-2.05; p<0.0001) and less likely among students of ‘Other’ ethnicity (OR=0.37, 95% CI=0.20-0.67; p=0.0011).

Conclusion
Having GP experience prior to medical school was associated with finding GP appealing, which supports its utility in recruitment. Applicants from more deprived backgrounds were less likely to have had a GP experience, possibly through lack of accessible opportunities.

Keywords
Career choice; general practitioners; widening participation; schools; education, premedical
How this fits in

There is very limited evidence about the effectiveness of GP work experience as a potential recruitment strategy, and concerns about equity of access.

In a large cross-sectional study of 4031 prospective medical applicants, exposure to GP was associated with a higher appeal of GP as a future career, after adjusting for motivation to study medicine and their demographics.

Students who attended private or grammar schools and those in the highest socioeconomic group were more likely to have had GP experience, whilst those of Arab or ‘any other’ ethnicity and from lower socioeconomic groups and state schools were less likely.

Offering GP experiences to prospective medical applicants may help encourage intentions for a career in general practice, but increased efforts are needed to ensure equity of access.
Introduction

There is an ongoing workforce crisis in general practice (GP). One recommendation of the 2016 Wass report (1) was to increase provision of, and access to, work experience placements in GP for medical applicants, ultimately aiming to improve postgraduate GP recruitment.

The UK Medical Schools Council (MSC) describes work experience as ‘an essential part of the medical school application’; (2) their definition of work experience includes paid employment, volunteering (e.g. caring roles) and direct observation of healthcare, such as ‘shadowing’ a healthcare professional. This remains the case during the COVID-19 pandemic although medical schools recognise the limited opportunities students have to gain in person work experience, and MSC recommends two virtual work experience courses (one focussed on GP) as well as volunteering and keeping a reflective diary. (3)

Whilst the role of GP exposure in medical school has been analysed in detail,(4,5) there is little research examining the influences on interest in GP careers amongst medical applicants, including the role of work experience. Two single-institution studies support a positive effect of work experience on motivation and medical career choice, though they also report negative experiences, including difficulty in arranging GP experience.(6,7) In both, applicants and students were more likely to have done work experience in a hospital than in GP. Use of social connections with healthcare professionals to obtain work experience was reported, and those from fee-paying schools received more support. Generally, obtaining healthcare work experience seems more challenging for students from underrepresented backgrounds, such as students at non-selective state schools and students from lower socio-economic backgrounds.

The UK Medical Applicant Cohort Study (UKMACS) is a longitudinal questionnaire study of prospective medical school applicants, run by a study group at University College London, and recruiting primarily from University Clinical Aptitude Test (UCAT) registrants in 2019.(8) Almost all UK medical applicants sit the UCAT (98%% did so in an analysis of
We used UKMACS data to answer two research questions:

1) Is the appeal of GP as a future career associated with having a GP experience after adjusting for possible confounders?

2) Which social and demographic features are associated with having a GP experience?

Methods

Study design

Cross-sectional questionnaire study using Wave 1 UKMACS data. The questionnaire is in Supplementary File 1.

Participant recruitment

Those aged 16 or over, resident in the UK or Crown dependencies, and considering applying for medicine in the UK during the 2019-20 application period were eligible.

All registrants for the UCAT who consented (n=18,359) were invited via email to complete a questionnaire between 1st May and 15th October 2019 (the medical school application deadline). The survey was advertised widely including on the Biomedical Admissions Test (BMAT) and MSC websites, several medical school widening participation events and open days, and on social media.

The UCAT is also used for dental and veterinary degree admissions; respondents were asked to only complete the survey if they were considering applying for medicine.

We limited the analysis to those born after 31st August 2001, who would mostly be in their last year of school on 15th October 2019, to exclude older applicants who may have had more opportunities and/or time.
Study variables

Main variables

The two main study variables were \textit{GP appeal} and \textit{GP experience}.

\textit{GP appeal} was derived from a question in which participants were asked to rate how appealing they found 13 specialty/medical careers (1=very unappealing, 2=moderately unappealing, 3=uncertain, 4=moderately appealing, 5=very appealing).

\textit{GP experience} was derived from a free-text question asking respondents to describe ‘all the courses or activities you have done that are relevant to applying to medicine, such as access to university programmes, widening participation/outreach programmes, summer schools, taster days, or work experience’. Twenty medical students, doctors and staff coded the free-text experience responses. The coding strategy & coding framework are detailed in Supplementary Material. Briefly, experiences were categorised by type of activity (e.g. work experience, course, lecture), whether the activity was specific to medicine, and its location (e.g. hospital, GP surgery, university). \textit{GP experience} included any medical experience (including work experience, volunteering, or shadowing) in a GP surgery or primary care setting in which GPs work (e.g. walk-in centre). ‘Hospital experience’ incorporated any medicine experience in a hospital. The number of experiences was the sum of all experiences of any type in any location.

Background variables

\textit{Sociodemographic and education variables}

The following variables were collected from the questionnaire: gender; ethnicity (using the 2011 UK census groups); whether respondents had at least one parent/carer in the highest socioeconomic group; whether at least one parent/carer was a doctor; the approximate number of doctors or medical students that respondents knew socially; the approximate number of people they knew who were considering applying to medical school; school type (state-funded, English grammar, or independent); and mean GCSE grades. Index of Multiple Deprivation quintile was derived from home postcode, which was provided by UCAT.
Psychological variables

Questionnaire items included motivation for becoming a doctor and appeal of working as a doctor in different geographical and socioeconomic settings (both adapted from McManus et al, 1996,(10) in which they were associated with specialty preference); and ‘big five’ personality traits (from Understanding Society(11)).

Statistical analysis

The data was explored using descriptive statistics and univariate analyses in IBM SPSS for Windows, v26. Multivariate analyses were performed in R v4.0.02, with multiple imputation of missing values using the mice() package.(12) The full list of variables imputed is included in Supplementary Table 1. Missing values were calculated using predictive mean matching (pmm) whereby imputed values are taken from the range of values in the data. The number of imputations was set at 10. Regression analyses were carried out on the 10 imputed mira datasets using the lm() function within the with() function; then the sets of results in the mipo dataset were combined with the pool() function. P values were Bonferroni-corrected for multiple comparisons.

To answer the first research question, a linear regression of GP appeal on GP experience [a binary variable: none (0) vs at least one (1)] was performed, controlling for potential confounders including sociodemographic, education, and psychological variables. To answer the second research question, a logistic regression of GP experience on sociodemographic and education variables was performed.

Results

Participants

A total of 6391 respondents completed the survey. Of the 4160 born after 31st August 2001, 129 were missing postcode data or did not have a valid UK postcode of residence and therefore did not meet the inclusion criteria, leaving 4031 for analysis.
Descriptive statistics

See Supplementary Table 2 for full descriptive statistics.

Application experiences

Most participants (n=3737; 92.7%) reported at least one application experience. Only 16.7% (n=673) participants reported a GP medical experience (89% of these experiences were work experience). By contrast, over half (57.2%; n=2302) participants reported a hospital medical experience. Of those with a GP experience, two thirds (68.5%; n=461) also had a hospital experience. Having a GP experience but no hospital experience was rare: only 5.3% of all participants (n=212).

Appeal of General Practice and other specialties.

General Practice was the sixth most appealing specialty (mean=3.27; SD=1.44). The most appealing were Internal Medicine (mean=4.32; SD=0.91) and Surgery (mean=4.16; SD=1.19).

Education

Most participants (67.4%; n=2638) attended a state-funded school. Similar numbers attended private (16.4%; n=641) and English grammar schools (16.2%; n=635).

GCSE points were self-reported by 92.2% of participants. Scores were normally distributed with a mean of 77.52 (SD=15.7). Participants took an average of 10 GCSEs, making the mean GCSE points score 7.5 (SD=0.9).

Socio-demographic and social capital factors

Two thirds of participants (68.0% n=2635) had at least one parent/carer in the highest socioeconomic group of professionals/senior managers. 11% (n=437) had at least one doctor parent/carer.
Index of multiple deprivation was calculated for 90.5% of participants with home postcodes in England, Scotland and Wales. Participants were reasonably evenly distributed across deciles, except that the least deprived decile contained 14.5% of participants.

Participants knew on average 6 to 10 other medical applicants and only 3.2% (n=128) knew no other applicants. They knew on average two to five people training or working as doctors, with 28.0% (n=1124) participants knowing no medics.

Univariate analyses

Relationship between GP appeal and GP experience

Participants with no GP experiences found GP less appealing (mean=3.22; SD=1.45) than those with one or more GP experiences (mean=3.51; SD=1.43) [t(3951)=-4.65; p<.001].

Participants with a GP experience and no hospital experience were most likely to find GP appealing (mean=3.64, SD=1.41), whereas those with hospital and no GP experience were the least likely to find GP appealing (mean=3.14, SD=1.44) [F(4,3952)=9.69; p<.001]. See Figure 1.

Relationship between GP appeal and background factors

Higher GP appeal was correlated with wanting to practise medicine close to home (r=0.173; p<.001), in the countryside (r=0.129; p<.001), and not overseas (r=-0.108; p<.001). There were smaller (r<0.1) but highly significant (p<.001) positive correlations between GP appeal and: the ‘Big Five’ personality factor agreeableness; being of Asian ethnicity; attending a state school; lower GCSE points; wanting to be a doctor to be helpful to society; having an occupation that was economically secure but not highly pressurised or with a requirement for travel; and wanting to practise in the NHS and privately, but not in a city or in the armed forces. See Supplementary Table 2.

Relationship between GP experience and background factors

GP experience was positively correlated with attending private school (r=0.101; p<.001), having a parent in the highest socioeconomic group (r=0.104; p<.001), having a doctor parent
(r=0.072; p<.001), knowing more doctors (r=0.097; p<.001) and medical applicants (r=0.061; p<.001), living in a less deprived postcode (r=0.056; p<.001), higher GCSE points (r=0.086; p<.001) and being of white ethnicity rather than in the “Arab or any other ethnicity” ethnic group (r=0.05; p=0.002). It was also correlated with having more experiences of any type (r=0.264; p<.001), and with having a hospital experience (r=0.103; p<.001). See Supplementary Table 3.

**Multivariate analyses**

**The appeal of General Practice as a future career**

Regressing *GP experience* onto *GP appeal* in a simple linear regression showed that having a GP experience was a small but highly statistically significant predictor of finding GP appealing (b=0.28; SE=0.06; p<.00001), meaning those with a *GP experience* scored 0.28 points higher *GP appeal* compared to those without.

In the full model (see Table 1) *GP experience* remained one of the most highly significant predictors of *GP appeal* (b=0.37; SE=0.06; p<.00001), the effect in fact being slightly larger. VIF (variance inflation factor) statistics for the predictors were all between 1.0 and 1.4 suggesting this increase was unlikely to be due to multicollinearity, and the multiple imputation of missing values means the effect could not be a result of a reduction in sample size due to listwise deletion of missing values. It seems instead that adjusting for background factors did indeed slightly increase the size of the relationship.

**Having GP experience**

A logistic regression showed participants who attended a private school (odds ratio=1.65, 95% CI =1.31 to 2.08; p<.0001] or a grammar school (OR=1.33, 95% CI=1.02 to 1.72; p=0.03], and who had at least one parent in the highest socioeconomic group (OR=1.62, 95% CI=1.28 to 2.05; p<.0001] were more likely to have a GP experience. Having more application experiences in total was also a significant predictor of *GP experience* (OR=1.36, 95% CI=1.30 to 1.41; p<.0001). Participants in the “Other” ethnic group were less likely than white participants to have a GP experience (OR=0.37, 95% CI=0.20 to 0.67; p=.001). See Table 2.
Discussion

Summary of results

To our knowledge, this is the first large-scale quantitative study of the relationship between pre-medical school GP experiences and appeal of GP in people interested in applying to medicine. Participants were over three times more likely to have had an experience in hospital than in GP. GP experience had a small but highly statistically significant positive association with appeal of GP as a future career choice after controlling for confounders. Students from a state school, without a parent in the highest socioeconomic group, and of Arab or ‘any other’ ethnicity were less likely to have had GP experience, which suggests access difficulties.

Strengths and limitations

The large sample size includes diverse students from across the entire UK. To our knowledge it is the only large-scale study of data on pre-medical school experiences. We analysed all participant experiences in GP together, which was mostly self-described ‘work experience’ but also included ‘shadowing’ and ‘volunteering’, the exact nature of which will depend on participants’ own definitions of those terms. This range of experiences likely differ in length, structure, and quality, and nature. Some might have been negative experiences. This may diminish the strength of association between GP experiences and GP interest, meaning that our results may underestimate any true effect of positive GP experiences on career aspirations. We are also unable to determine which features of GP experience are most strongly linked with interest in GP. Our analysis does not take into account the availability of GP experience, which may vary by geographic location.

We cannot assume that having a GP experience causes applicants to find GP more appealing – it may be that students who are already interested in GP were more likely to seek out GP work experience placements. In trying to understand whether lack of GP experience is due to lack of interest or lack of access, it can be useful to consider hospital and other experiences. Indeed, our analysis of the social capital predictors of GP experiences included hospital experience(s) and total number of experiences as potential predictors, with results showing that participants without a parent in the highest socioeconomic group, those in the ‘other’ ethnic group (vs white), and those at state schools (vs private or grammar schools), were all
less likely to have GP experiences, regardless of whether or not they had had a hospital experience, and regardless of whether they had a lot or few experiences overall. Moreover, attending a private school (vs state school) was negatively correlated with finding GP appealing, yet was a positive predictor of having a GP experience, and there was no significant relationship between parental socioeconomic group and GP appeal, regardless of the number of hospital experiences. Taken together, this makes it feasible that the relative lack of GP experiences in participants with less social capital could be due to lack of access rather than lack of interest, and therefore access may be problematic for students from more deprived backgrounds interested in GP.

Career aspirations and interests are complex and can be influenced by many factors throughout life. Other, unmeasured, factors likely influence how appealing the participants in our study found GP, and appeal at this stage may not predict GP career choice years later.

**Comparison with existing literature**

Our findings accord with those showing positive exposure to GP is associated with career interest in the specialty, though almost all of this was done at undergraduate (4) or postgraduate level(13,14) rather than prior to university entry, adding novelty to our findings.

Fewer students had a GP experience compared to a hospital experience in our sample, which replicates prior findings (6,7); however, the proportion of students in our study who had a GP experience was much lower (16% vs 44.6% from Nicholls and colleagues(6)). Previous studies recruited medical applicants and students, whereas our study includes those interested in applying to medicine who might not apply or applied unsuccessfully. These groups might be less likely to have had a GP experience than those who committed to applying or got in. Alternatively, the medical schools in which the previous studies were conducted may have been more likely to attract or select students with GP experience; indeed, one was operating a widening participation programme focussing on supporting GP work experience placements (6).

GP work experience can be challenging to obtain, perhaps due to a relative paucity of organised work experience schemes compared to hospitals. Students at fee-paying schools
and in higher socioeconomic groups, especially with medical parents, may find it easier to access. (6) Our findings concur, although in our dataset, parental socioeconomic status, but not having a medical parent or knowing doctors socially, was an independent predictor of GP experience. We are not aware of research specifically describing a relationship between ethnicity and obtaining medical work experience.

Implications for research and/or practice

These results support increased access to pre-medical school GP experience as a GP recruitment strategy. Further research will follow up those participants who entered medical school using the UKMED(18) database to determine the longitudinal effects of GP experience. Longitudinal studies of the medical career interests of younger school students could help to determine the direction of causality between GP appeal and GP experience.(19)

Our data (see Figure 1) suggest that the participants who found GP most appealing were those with GP experience but no hospital experience, whereas those who found it least appealing were those with a hospital experience and no GP experience. This finding requires replication, particularly given the small proportion of participants with GP but no hospital experience, but it could mean that those strongly interested in GP pre-application seek out GP experience above hospital experience, or that hospital experience perhaps puts applicants off GP.

Hospital work experience remains more common than GP work experience; access to the latter could be improved in line with the former, and GP work experience could be better promoted. The Royal College of General Practitioners recently launched an online GP work experience platform, “Observe GP”, to increase access.(20) At the time of writing, it had over 10,000 sign-ups and was being evaluated. Practices, perhaps working in networks or federations, could facilitate access to work experience by designing and publicising official work experience schemes, as many hospitals do,(21–23), and by affiliating with widening participation schemes at university, some of which receive funding from Health Education England. The RCGP also publishes resources to support practices who are interested in hosting work experience students.(24)
Stakeholders should consider the potential impact of socioeconomic status, schooling and potentially ethnicity on the ease of attaining GP work experience and should aim to ensure that underrepresented groups of applicants are supported to do so; this would support the goal of promoting a diverse GP workforce. This is unlikely to be limited to GP experiences (17) and so we suggest that this needs to be a ‘cross-specialty’ conversation, (25) and future research between social capital and pre-medical school experiences in all medical settings is needed.

Conclusion

We demonstrated that, in a large sample of UK-based students interested in applying to medicine, experience in GP is positively associated with appeal of GP as a future career. Providing work experience opportunities for medical applicants may be a valid strategy to improve recruitment. However, GP experience was much less common than hospital-based experience. There was evidence to suggest those from lower socioeconomic groups and at non-selective state schools were less likely to have accessed GP experience. Equity of access could be prioritised.
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Ethics Approved by the UCL Research Ethics Committee, Reference 0511/014

Competing interests KW and DH are funded by a National Institute for Health Research (NIHR) Career Development Fellow (NIHR CDF-2017-10-008). A full list of DGJM’s interests can be found at http://www.whopaysthisdoctor.org/doctor/500/active.
References


Tables & figures

(as separate files)

Figure 1 Mean GP appeal by experience type.

Table 1: Predictors of finding General Practice appealing as a future career (pooled results from 10 MI). Positive predictors in black, negative predictors in red. Predictors ordered by significance level. *Bonferroni corrected significance level=0.0017

Table 2: Predictors of having at least one GP experience (pooled results from 10 MI). Positive predictors in black, negative predictors in red. Predictors ordered by significance level. *Predictors statistically significant at the Bonferroni corrected level of 0.0035.
Supplementary files

Supplementary file 1: Coding framework.

Supplementary Table S1: Missing data for all variables. All variables included in the imputation model.

Supplementary Table 2: Descriptive statistics. Numbers and percentages given for categorical variables; numbers, means, standard deviations and medians given for continuous or ordinal variables.

Table S3: Participant rating of how appealing or unappealing they found various medical specialties/careers (1=very unappealing, 5=very appealing). Specialties presented from most to least appealing.

Table S4: Simple correlations (Pearson’s r) between GP Appeal and application experiences, socio-demographic factors, educational factors, motivations for studying medicine, and desired location of clinical practice post-graduation. *P values significant at the Bonferroni-corrected level of p<.0014. Black text = positive; red text= negative.

Table S5: Simple (Pearson’s) correlations between having at least one GP medical application experience, other application experiences, education and socio-demographics factors. * P values significant at the Bonferroni-corrected level of p<.003; positive correlations in black, negative correlations in red.

Supplementary file 2: UKMACS Wave 1 questionnaire
Figure 1. Mean GP appeal by experience type.
Table 1: Predictors of finding General Practice appealing as a future career (pooled results from 10 MI). Positive predictors in black, negative predictors in red. Predictors ordered by significance level. *Bonferroni corrected significance level=0.0017

<table>
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<tr>
<th>Predictor</th>
<th>Unstandardised estimate (b)</th>
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<th>Upper 95% CI</th>
<th>p value</th>
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</tr>
<tr>
<td>GCSE points</td>
<td>-0.005</td>
<td>0.002</td>
<td>-0.008</td>
<td>-0.001</td>
<td>0.00705</td>
</tr>
<tr>
<td>Personality trait: Conscientious</td>
<td>-0.075</td>
<td>0.028</td>
<td>-0.131</td>
<td>-0.020</td>
<td>0.00782</td>
</tr>
<tr>
<td>Wanting to practice in a deprived area</td>
<td>0.063</td>
<td>0.024</td>
<td>0.016</td>
<td>0.110</td>
<td>0.00846</td>
</tr>
<tr>
<td>Motivated by expressing own values and interests</td>
<td>-0.062</td>
<td>0.026</td>
<td>-0.112</td>
<td>-0.012</td>
<td>0.01487</td>
</tr>
<tr>
<td>“Other” ethnicity</td>
<td>0.272</td>
<td>0.113</td>
<td>0.050</td>
<td>0.493</td>
<td>0.01643</td>
</tr>
<tr>
<td>Personality trait: Neurotic</td>
<td>-0.042</td>
<td>0.018</td>
<td>-0.079</td>
<td>-0.006</td>
<td>0.02197</td>
</tr>
<tr>
<td>Attends a private school</td>
<td>-0.145</td>
<td>0.065</td>
<td>-0.273</td>
<td>-0.018</td>
<td>0.0259</td>
</tr>
<tr>
<td>Extraverted</td>
<td>-0.042</td>
<td>0.019</td>
<td>-0.080</td>
<td>-0.004</td>
<td>0.03175</td>
</tr>
<tr>
<td>Black ethnicity</td>
<td>0.151</td>
<td>0.086</td>
<td>-0.017</td>
<td>0.319</td>
<td>0.07784</td>
</tr>
<tr>
<td>Wanting to practice in an affluent area</td>
<td>0.044</td>
<td>0.029</td>
<td>-0.012</td>
<td>0.100</td>
<td>0.12622</td>
</tr>
<tr>
<td>Attends a grammar school</td>
<td>-0.096</td>
<td>0.069</td>
<td>-0.231</td>
<td>0.040</td>
<td>0.16673</td>
</tr>
<tr>
<td>Motivated by opportunities to travel</td>
<td>-0.011</td>
<td>0.023</td>
<td>-0.056</td>
<td>0.033</td>
<td>0.62023</td>
</tr>
<tr>
<td>Mixed ethnicity</td>
<td>0.039</td>
<td>0.106</td>
<td>-0.169</td>
<td>0.247</td>
<td>0.71371</td>
</tr>
<tr>
<td>Total number of experiences related to medicine</td>
<td>-0.002</td>
<td>0.012</td>
<td>-0.025</td>
<td>0.021</td>
<td>0.88662</td>
</tr>
<tr>
<td>Personality trait: Open</td>
<td>-0.002</td>
<td>0.022</td>
<td>-0.044</td>
<td>0.041</td>
<td>0.94475</td>
</tr>
</tbody>
</table>
Table 2: Predictors of having at least one GP experience (pooled results from 10 MI). Positive predictors in black, negative predictors in red. Predictors ordered by significance level. *Predictors statistically significant at the Bonferroni corrected level of 0.0035.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>b</th>
<th>SE</th>
<th>OR</th>
<th>Lower 95% CI</th>
<th>Upper 95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of experiences relating to medicine</td>
<td>0.30</td>
<td>0.02</td>
<td>1.36</td>
<td>1.30</td>
<td>1.41</td>
<td>0.0000*</td>
</tr>
<tr>
<td>Has at least one parent/carer in ‘professional’ socioeconomic group</td>
<td>0.48</td>
<td>0.12</td>
<td>1.62</td>
<td>1.28</td>
<td>2.05</td>
<td>0.0001*</td>
</tr>
<tr>
<td>“Other” ethnicity</td>
<td>-0.99</td>
<td>0.3</td>
<td>0.37</td>
<td>0.20</td>
<td>0.67</td>
<td>0.0011*</td>
</tr>
<tr>
<td>Has at least one parent/carer who is a doctor</td>
<td>0.23</td>
<td>0.14</td>
<td>1.26</td>
<td>0.96</td>
<td>1.66</td>
<td>0.0948</td>
</tr>
<tr>
<td>Number of medical students or doctors the applicant knows</td>
<td>0.07</td>
<td>0.04</td>
<td>1.07</td>
<td>0.99</td>
<td>1.16</td>
<td>0.098</td>
</tr>
<tr>
<td>Mean GCSE points</td>
<td>0.01</td>
<td>0</td>
<td>1.01</td>
<td>1.00</td>
<td>1.01</td>
<td>0.1263</td>
</tr>
<tr>
<td>Black ethnicity</td>
<td>-0.27</td>
<td>0.18</td>
<td>0.76</td>
<td>0.53</td>
<td>1.08</td>
<td>0.1285</td>
</tr>
<tr>
<td>Asian ethnicity</td>
<td>-0.05</td>
<td>0.11</td>
<td>0.95</td>
<td>0.77</td>
<td>1.18</td>
<td>0.6525</td>
</tr>
<tr>
<td>Has had at least one hospital medicine experience</td>
<td>0.03</td>
<td>0.1</td>
<td>1.03</td>
<td>0.85</td>
<td>1.25</td>
<td>0.7787</td>
</tr>
<tr>
<td>Lives in a less deprived postcode</td>
<td>-0.01</td>
<td>0.02</td>
<td>1.00</td>
<td>0.96</td>
<td>1.03</td>
<td>0.851</td>
</tr>
<tr>
<td>Number of other applicants to medicine that the applicant knows</td>
<td>0.0007</td>
<td>0.04</td>
<td>1.00</td>
<td>0.92</td>
<td>1.08</td>
<td>0.9853</td>
</tr>
</tbody>
</table>