

Out of Hours

Why doesn't anyone want to be a GP:

and what can we do about it?



Following the recent announcement of an unprecedented third round of recruitment for general practice,¹ we must ask why so many junior doctors, like us, are turning their backs on the profession — and what can be done about it?

EXPERIENCE

For many of us, experience of a specialty during training can be the most powerful 'advertisement' there is for any prospective career. Few junior doctors would commit to a lifetime spent working in a specialty without *some* experience. It is striking, then, how little time we spend in general practice: for us, perhaps 8 weeks over an entire degree. Is it any surprise that hospital medicine appears 'the norm'?

Fewer still would commit to a specialty if they only had poor experiences in it. At heart, GP placements frequently offer one-to-one clinical supervision and teaching; the educational potential is significant, but so is the risk. In hospital, faced with an uninterested consultant, a student can seek teaching from others or go to clinics or theatres. In general practice the student can only sit in the corner of the consulting room and wait for time to pass. Many colleagues recount details of poor GP placements putting them off the profession. We need to ensure that we spend more

time in general practice — and have high-quality placements, which both enthuse and inspire.

PRESTIGE

Competition to enter medical school means that we are increasingly selecting competitive medical students sensitive to notions of prestige. Such views often derive from perceptions of expertise in clinical practice, achievements in academia, or attainment of senior medical leadership posts. With less experience in general practice, and almost no experience of seeing GPs in high-profile positions, it is easy to think the profession lacks these opportunities, appearing to be lacking in prestige. Thus GP recruitment has become a vicious circle. Many know that GP training is 'uncompetitive', and that applicants will often apply both to a hospital-based specialty, and to general practice. But the latter is often seen by many as a fall-back specialty: a 'Plan B'.

In reality of course, general practice can offer tremendous career opportunities; whether in research, education, management, or the development of special interests. This needs to be made much clearer at undergraduate and postgraduate levels.

PROMOTION

Over recent years, we have seen much negative press surrounding GPs. Few will base their career decisions on reading the *Daily Mail*, but the level of criticism can be off-putting. The Royal College of General Practitioners (RCGP) seems to do little to counter such criticism and, at present, is painting a particularly negative and worrying picture of the profession. If the profession's *own College* can't (or won't) articulate a clear message as to why we should train as GPs, is it any surprise we choose not to?

To improve recruitment, the profession needs to communicate a clear message

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about the good parts of the job: variety of clinical presentations, close and continuing patient contact, independence of practice, and opportunities for management.

IT'S NOT WORKLOAD!

While increasing workload may be disheartening to current GPs and GP trainees, for many juniors it doesn't really matter. The hospitals we train in are equally busy, and we want a profession that will be fulfilling, whatever the workload.

GP recruitment is clearly a matter of national importance, and the great and the good have been happy to offer their opinions. Unfortunately, though, these are exactly the wrong people to ask. Fundamentally, general practice is failing to recruit Foundation doctors. The logical next step, then, must surely be to ask these doctors why they don't want to work in general practice, and what would encourage them to do so. We can only offer our views. We suggest, though, that the RCGP seriously considers seeking the views of our colleagues, *en masse*, as a matter of urgency.

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REFERENCE

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