

*Constantine Mallin**Departement of Family Medecine,
University of Toronto, Canada*

Factors Influencing Medical Students' Choice of Family Medicine And How Can We Promote It as a Choice?

How can we interest medical students in the career choice of family medicine or general practice? So many countries are struggling with this issue. Many academics, health policy advisors and researchers have concluded that healthy national health care systems are optimized when approximately 40 to 50% of practicing physicians do primary care.

It is a given that strong primary care systems are effective, efficient, readily accessible to the public and the responsive to the needs of patients.

Countries such as the United Kingdom or Australia with enviable primary care systems have approximately 45 to 50% of physicians in practice doing primary care.

In examining Canadian data, in 1997, 45% of graduating physicians entered Family Practice. By 2003 only 25% of the graduating medical school class was entering Family Practice. This steep decline has rebounded very slowly and incompletely. Of the most recent graduating class in the Province of Ontario in Canada, approximately 34% of graduates entered a Family Medicine residency program¹.

This crisis in Family Medicine recruiting has led a number of people to ask what are the factors that influence the choice of medical students in their career? The other question is how can we influence the choice of students and how could we promote Family Medicine?

Vanasse² in his recent paper looked at the students choosing Family Medicine. Factors that predicted the choice of Family Medicine amongst medical students were as follows: Female medical students were most likely to choose Family Medicine. Those graduates who had less debt were more likely to choose Family Medicine. Students who had less interest in financial rewards were more likely to choose Family Medicine. In addition those students with less interest in research, more of an interest in public health issues were more likely to choose primary care. Also, students who were exposed to a rural experience were more likely to choose Family Medicine, as were those students who tended to be older than the average student. Another predictive factor of a choice of Family Medicine was an interest in shorter more flexible work hours.

Woloschuk in 2011³ wrote a paper on the "Hidden Curriculum". Maybe some of you have already been exposed to this. For example, if you a student doing well on a specialty rotation in your training, your senior resident or registrar or your staff specialist supervisor asks why you do not apply to train in this particular specialty. You may receive comments such as "You are too smart to be just a GP".

There is a systemic and pervasive prejudice against primary care held by many specialists and academics. Sometimes we as Family Physicians buy into this and are too willing to accept it, but Woloschuk says that Family Practice residents have done just as well academically in medical school as all the others. (This fits in with my own personal experience where many of the brightest and most capable students, both male and female, that I knew in medical school picked a generalist career.)

Gill⁴ in 2012 published a paper looking at 22 factors influencing career choice in western Canada. Factors that predicted that a student would choose primary care included older age, being female, being exposed to rural life, being more readily influenced by family friends and community, a preference for a shorter residency, a preference for an emphasis on continuity of care, attached (marital) status and a preference for clinical variety.

Those students choosing specialties were more interested in prestige, higher income, opportunities for research and faculty status, procedural skills and the perceived intellectual content of their specialty.

A number of strategies have been used to promote primary care choice amongst medical school graduates. In Ontario there has been a change in the way that many family practices are organized. There has been a trend to develop more group practice and there has been a trend to move away from fee for service billing. Primary care reform in Ontario has resulted in a significantly better income for family physicians over the last several years. With the better incomes in generalist practice, I think it is easier for indebted medical students to see Family Medicine as a viable option.

Government has also subsidized the shift to electronic medical records. Multi-disciplinary group practices with blended capitation payment for physicians are now the pre-

ferred places for new graduates to find work.

Family medicine has been taught in medical schools as part of the core curriculum for some time. There are compulsory rotations in Family Medicine. All Canadian medical schools have 4-6 weeks of family practice rotations within the last 1 to 1 ½ years of medical school.

Within medical schools there are family medicine clubs and interest groups that have sprung up for medical students. The idea here is to promote generalist practice as early as possible to the students. Many medical students have community based GP's as mentors and demonstrators.

Early short electives for medical students, whether in an urban setting or especially in a rural setting, seem to be valuable in promoting this profession. (In our community a number of medical students are greeted each year with free room and board for 1 week while they work along side local rural and small town physicians. This project is not only supported by the physicians but also by community leaders such as the local politicians and businessmen, all of whom recognize the importance of having plentiful primary care practitioners in the community).

Family medicine faculties have encouraged the development of a literature by attracting and supporting academic family physicians researchers.

In Canada family medicine training can often be used as a gateway to other areas of practice. For example, family medicine residency graduates have the opportunity of up to one year of extra training in Emergency work, Anesthesia, Geriatrics, Obstetrics and Women's Health, Sports Medicine, Palliative Care, Hospitalist work, and others. This provides family medicine graduates the option to practice both primary care and devote much of their clinical time to other disciplines they find interesting.

More emphasis needs to be placed on generalism in medical school. To demonstrate that schools value generalism, we should see more generalists within medical school faculties. It is good to expose students early in their training to undifferentiated patients and teach team-based learning in medical school.

More work needs to be done on assessing the impact of ameliorating student debt. Perhaps lower debt loads would lead to more students choosing a generalist career. Perhaps choosing medical students with a non-urban background would lead to greater numbers of students choosing family medicine and to eventual practice outside of a city. Encouraging training outside of the hospital, moving training to urban communities and into smaller towns may help to promote more interest in generalism among students.

Regulators need to look at the product they are producing for medical schools and ask does the graduating class ultimately meet the needs of society?

There is no question that we need the cooperation and assistance of our health policy advisors, our medical schools and our specialist colleagues in helping to strengthen general practice.

The work we do as family physicians needs to be recognized as being critical to good population health.

Acknowledgements

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References

1. *Verbal communication*. Dr Frank Martino, President, Ontario College of Family Physicians.
2. Vanesse A et al. *Attractiveness of Family Medicine for Medical Students*. Can Fam Physician. 2011 June;57(6): e216-e227.
3. Woloschuk W et al. *Debiasing the Hidden Curriculum*. Academic Equality Among Medical Specialties. Can Fam Physician. 2011;57:e26-e30.
4. Gill Harbir et al. *Factors Influencing Medical Students Choice of Family Medicine*. Can Fam Physician. 2012 November; 58 (11): e649-e657.
2. The Future of Medical Education in Canada: A Collective Vision for Post Graduate Education in Canada, 2012 The College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada

Other References:

1. The Future of Medical Education in Canada: A Collective Vision for MD Education, The Association with Faculties of Medicine of Canada, 2012

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