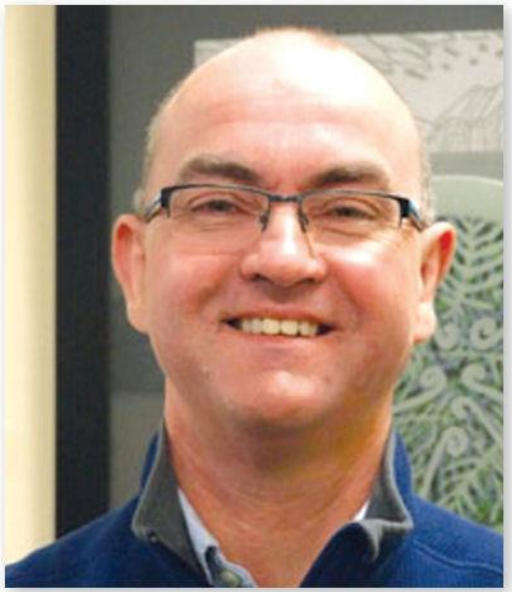


Prof Tim Stokes

General Practitioner

University of Otago, Dunedin

Saturday, August 13, 2016

(Plenary)

14:20 - 14:40 A Career Path Towards General Practice

Climbing Lord Moran's Ladder?

A Career Path Towards General Practice

Tim Stokes

GP, Mornington Health Centre, Dunedin

Elaine Gurr Professor of General Practice

Dunedin School of Medicine

Overview

- Getting medical students to consider a career in general practice
  - Context
  - Why I became a GP
  - Lord Moran's ladder – then and now
  - What do we know promotes medical students to chose GP as a career?
  - What do we do at the DSM?
  - Concluding thoughts

"with skill, tender loving care“

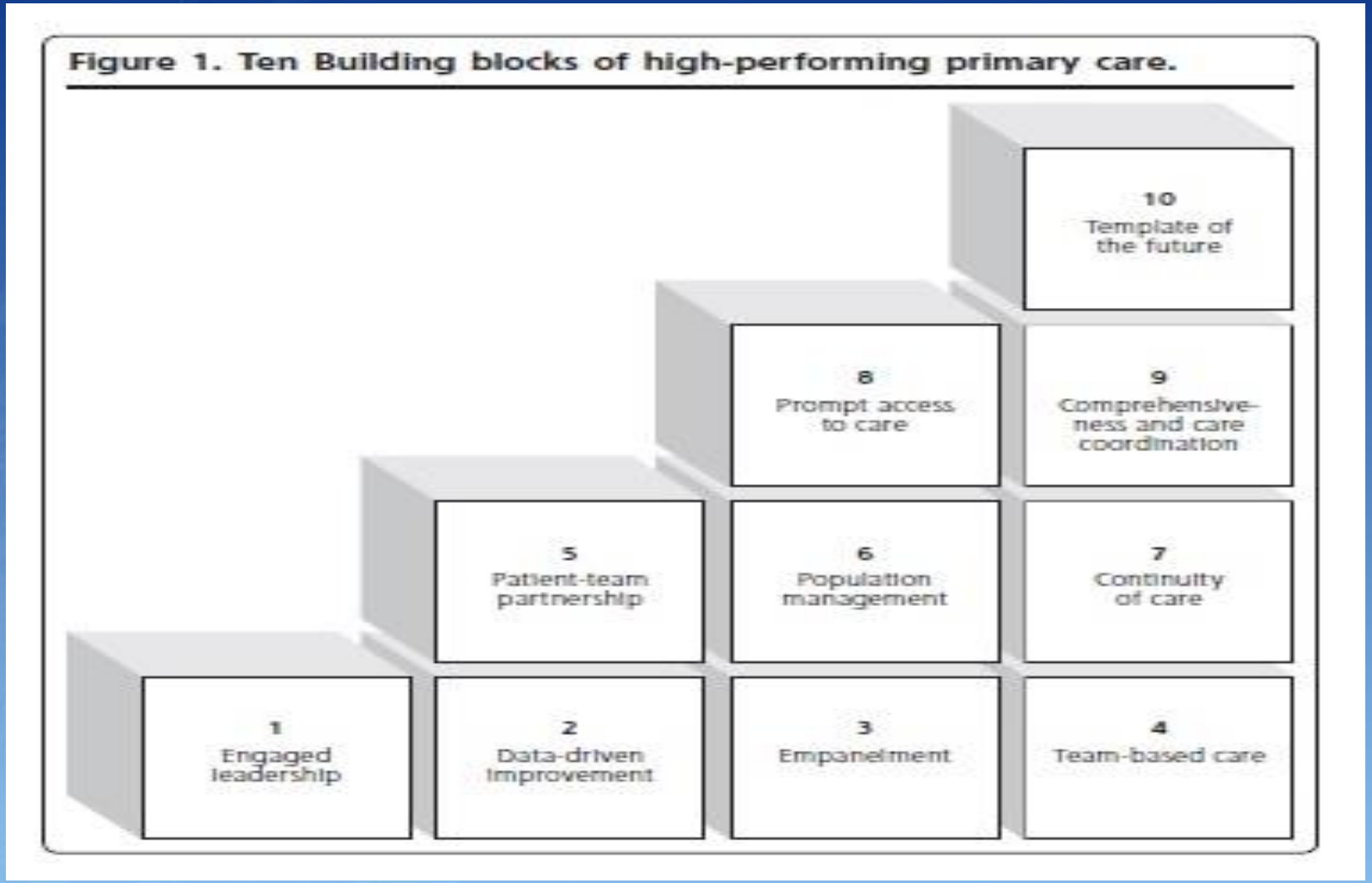
CONTEXT: THE 21ST CENTURY GP

OUR STRENGTHS

Trust **-** achieved by high-quality empathic communication with patients and past experience of good-quality care; - essential for concordance with treatment, co-creation of health, effective gatekeeping, and avoidance of medicalisation. - Underpinned by local perceptions of altruism, fair dealing and other personal qualities, competence, integrity, and probity, and by both a rhetoric and an assumption of good intentions.	**Coverage**
Continuity of care	Leadership
Co-ordination of care	
Flexibility	

Gillies et al. Distilling the essence of general practice. Br J Gen Pract 2009
DOI: 10.3399/bjgp09X420626

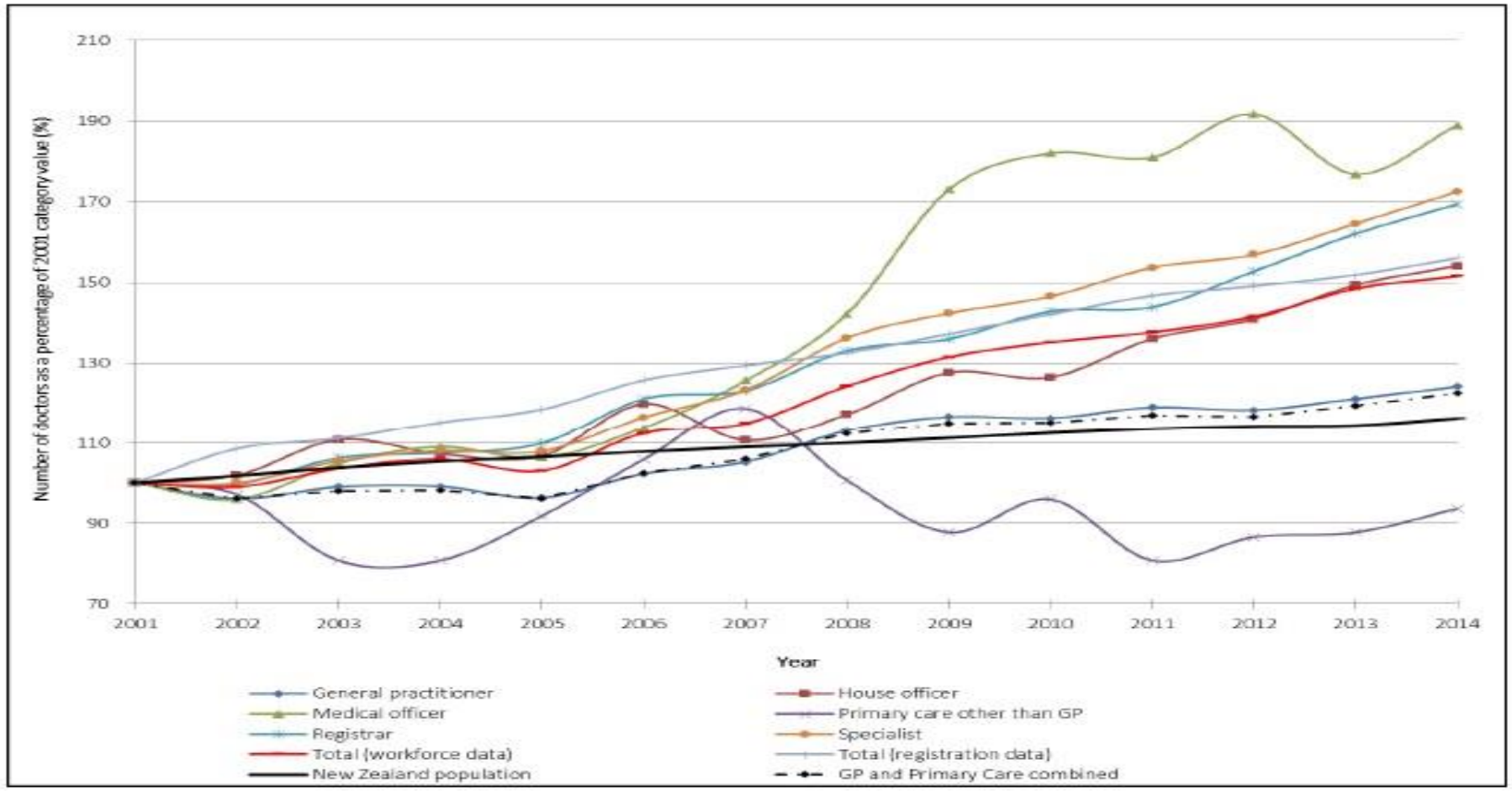
THE FUTURE IS … PRIMARY CARE!



Bodenheimer et al. The 10 building blocks of high quality primary care Ann Fam Med 2014; 12: 166-171

THE REALITY:
SPECIALIST EXPANSION

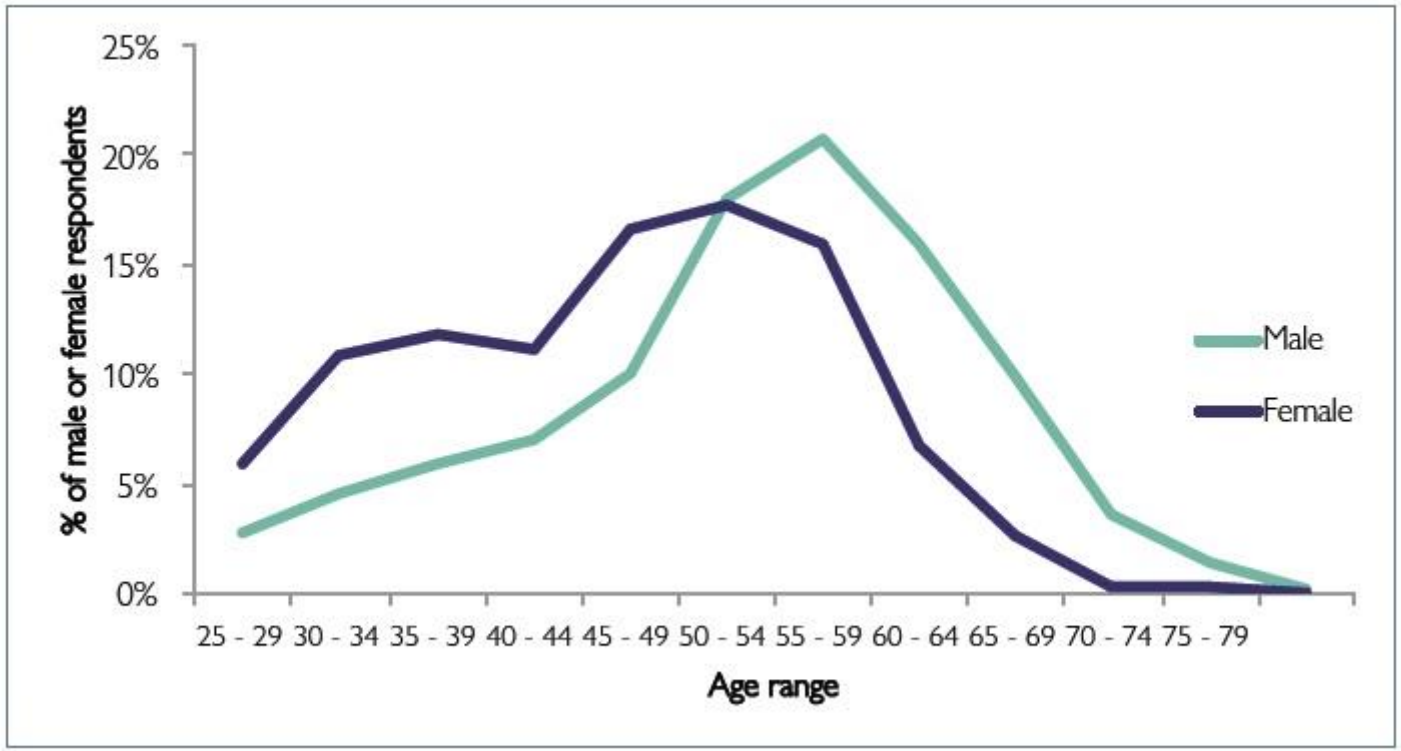
Figure 4: Changes in the medical workforce by work role (2001–2014)



MCNZ The New Zealand Medical Workforce in 2013 and 2014. Wellington: MCNZ, 2016

THE REALITY:
AN AGING AND FEMINISING WORKFORCE

Figure 3: Age profile by gender 2015



RNZCGP. Workforce Survey 2015. Wellington: RNZCGP, 2015

MEDICAL STUDENT INTENTIONS

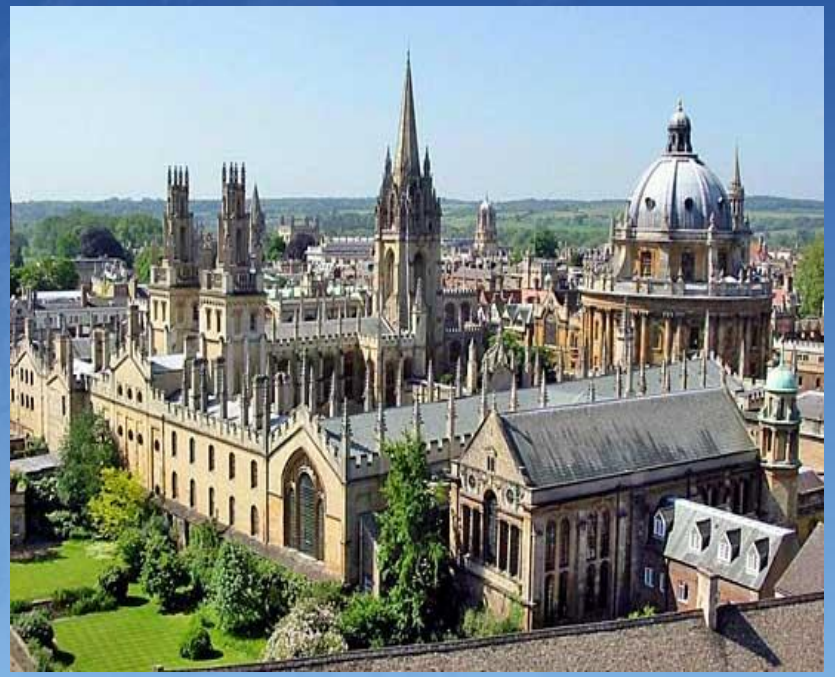
- New Zealand
  - Otago:
    - 1983 MB ChB: 52% entered GP
    - 2003 MB ChB: 18% entered GP
  - Auckland:
    - 2006-2008 cohort: 29% had strong interest on being a GP at graduation
- International Comparisons
  - UK: 7.3-30% of medical school graduates chose GP as a career

LEARNING FROM ANECDOTES: WHY I BECAME A GP

PRIOR EXPERIENCE

- Growing up in the 70s and 80s
  - The age of social democracy
- Dr Hall
  - “doing an exceptional thing for a patient”

Undergraduate Medical Education in the 1980s ….
Oxford and Edinburgh



Undergraduate Medical Education and House Officer Year

- Sense of social accountability
  - Political activism
- Positive Role Models
  - John Howie – General Practice
  - Robert Kendall – Psychiatry
- Engaging clinical attachments
  - General Practice in Livingston New Town
  - Peripheral / DGH attachments ….
- Career choices are fluid
  - Psychiatry or general practice?

Being a Clinical Medical Student

- The ghost of Lord Moran
  - The “hidden curriculum”
- *“the unintended curriculum that can have powerful effects on student Attitudes”*
  - Royal Infirmary of Edinburgh
    - What’s it about Gorebridge …
    - Stone deaf in the operating theatre …
  - “GP is a dead end job”
  - “choose a speciality for a career …”

T. Wilkinson. Stereotypes and the hidden curriculum of students [editorial] . Medical Education 2016; doi: 10.1111/medu.13008

The House Officer Year

- The ghost of Lord Moran
  - Getting on a vocational training scheme in 1990
  - “you are too bright to be a GP”
- Thank goodness for the Airedale VTS ….

Charles McMoran Wilson,
1st Baron Moran (1882-1977)
Churchill’s Doctor

LORD MORAN’S LADDER

Lord Moran
Pietro Annigoni (1910–1988)
Oil painting

Lord Moran's Ladder

- Giving evidence on NHS Consultant Merit Awards to Royal Commission (1958)

off". The chairman then asked him the following question: "It has been put to us by a good many people that the two branches of the profession, general practice and consultancy, are not senior or junior to one another but they are level. Do you agree with that?" To which he replied as follows: "I say emphatically 'No'. Could anything be more absurd? I was Dean of St Mary's Hospital Medical School for 25 years . . . all the people of outstanding merit, with few exceptions, aimed to get on the Staff. There was no other aim and it was a ladder off which some of them fell. How can you say that the people who get to the top of the ladder are the same people who fall off it? It seems to me so ludicrous". In

Curwen M. 'Lord Moran's ladder'. A study of motivation in the choice of general practice as a career. J Coll Gen Pract 1964; **7:** 38–65.

The view from 1964

- *Lord Moran's ladder'. A study of motivation in the choice of general practice as a career.*
  - Pioneering GP conducted research
  - 75 GPs surveyed – by area of practice and year of qualification
  - Qualitative research: "Why did you become a GP?"
- 2/3rds of early career GPs would have been specialists

Curwen M. 'Lord Moran's ladder'. A study of motivation in the choice of general practice as a career. J Coll Gen Pract 1964; **7:** 38–65.

The good …

- “I wanted to be a GP ….”
- My father was a doctor … “
- “An opportunity came my way and I took it”

The not so good …

- “I could never have passed the examinations …”
- “I was beaten before I started”
- “I could never have made a success of consultant practice …”
- “I did it for my wife and family / I did it for the money …”

Warts and all …

- “I could never have passed the examinations …”
- “I was beaten before I started”
- “I could never have made a success of consultant practice …”
- “I did it for my wife and family / I did it for the money …”
- “I was too lazy to do anything else …”

Medical students' perceptions and attitudes about general practice

50 YEARS ON …
THE VIEW FROM 2016

Synthesis of international literature

Scope and context of general practice : perception of a varied specialty, broad practice,holistic perspective and flexibility that allows having a family;	Lower interest or intellectually less challenging: treating common disease, repetitive, quasi administrative job
Influence of positive role models - GPs	Influence of negative role models
Medical school influences **“the hidden curriculum”** **GP exposure: the length and quality of the exposure**	**Medical school influences** **“the hidden curriculum”**
Post-graduate training, where the shorter duration and the lower intensity were perceived as positive aspects.	Negative comments from other professionals, peers and family

Selva Olid et al. Medical students’ perceptions and attitudes about family practice: a qualitative research Synthesis. *BMC Medical Education* 2012, 12:81 http://www.biomedcentral.com/1472-6920/12/81

A New Zealand Perspective

General practice placement during medical school training: Students were positively influenced when they were made to feel part of the team, involved with consultations, allowed to carry out practical procedures under supervision, and witnessed what they perceived as good medical practice during clinical placements. Positive experiences often occurred later in training, when students felt more confident of their clinical abilities.	**General practice placement during medical school training:** - Student made unwelcome, not supported
Personal contact with their own GP	Less positive media portrayal than "ED" / high tech medicine
Positive attitudes of hospital consultants	Negative attitudes of hospital doctors
Positive attitudes of families and friends	Negative attitudes of families and friends

Parker et al. Influences on final medical students' attitudes to general practice as a career. JPHC 2014;6: 56-63.

HOW CAN MEDICAL SCHOOLS INCREASE THE PROPORTION OF MEDICAL STUDENTS CHOSING GP AS A CAREER?

GP UG Education in a nutshell

- Teach Clinical Method in a generalist setting
  - Diagnostic reasoning
  - Three tasks of the consultation
- Promote the components of high quality primary care
  - first-contact care
  - Continuity of Care
  - Comprehensive care
  - Co-ordination of care

Barbara Starfield. Is primary care essential? *Lancet* 1994; 344: 1129-1133

Types of GP exposure at medical school

- Compulsory General Practice Placements
  - Dunedin School of Medicine
    - 4th year Advanced Learning in Medicine (Dunedin / Invercargill) 7 weeks: 2 departmental and 5 in practice
    - 5th year Advanced Learning in Medicine (rural) 7 weeks: 2 departmental and 5 in practice
    - 6th year Trainee Interns (2.5 weeks as part of community based attachment)

5th Year ALM Outline

- Seven week attachment
  - Rural Introductory Week (DGP & RH, Dunedin)
    - Simulated motor vehicle accident; SECO clinics
  - 5 weeks in a rural centre
    - Placement with one or more rural GPs; in a Rural Hospital; or a combination of both
    - seven regions on South Island
      - Oamaru; Dunstan; West Coast; Canterbury; Southland; Motueka; Queenstown
    - 2-3 students per region per attachment
    - 78 students (2014)
  - Rural Review Week
    - Tutorials; Summative assessment (SECO clinic; OSCE; MCQ exam)

Student feedback

- One of the most valued attachments
- Enthusiastic students return at review week
- Some will consider General Practice or Rural Hospital Medicine for the first time
- Opportunities to see lots of patients, do some procedures, feel part of a team

Types of GP exposure at med school

- Compulsory General Practice Placements
- Medical Student Electives
- Longitudinal Integrated Clerkships (LICs)
- students participate in the provision of comprehensive care of patients over time; students participate in continuing learning relationships with these patients' clinicians, and students meet the majority of the year's core clinical competencies across multiple disciplines simultaneously through these experiences (9 – 15 months)
- Been predominantly rural (USA; Australia; NZ)
- Cambridge Community Based Clinical Course (early 1990s)
- NZ exemplar: Otago's Rural Medicine Immersion Programme

Waters et al. Outcomes of longitudinal integrated clinical placements for students, clinicians and society. Medical Education 2012: 46: 1028–1041 doi:10.1111/j.1365-2923.2012.04331.x

Which approach works?

Table 3 Distribution of 72 Studies Included in a Systematic Review According to Region, Study Quality, Intervention Type, and Impact on Primary Care Career Choice

Intervention type	Impact*	United States		Europe‡		Other§	
		High quality studies†	Low quality studies	High-quality studies	Low-quality studies	High-quality studies	Low-quality studies
Compulsory clerkships	Positive	●●●	○○○	●	○○○○		○○○○○○○
	None, negative or unknown	▲▲	△△△	▲	△	▲▲▲	
Longitudinal programs	Positive	●●●●●●●●●	○○○○○○	●			○
	None, negative or unknown	▲	△△				△△△△△△
Electives	Positive	●	○○○○		○		○
	None, negative or unknown		△△		△		
Other interventions	Positive		○○○	●			○
	None, negative or unknown		△△				△

*Impact of the intervention on the relevant outcome (see Appendix 4, Outcome and Impact). For studies including more than one outcome, the most relevant was taken (order of relevancy: final career choice>career choice at graduation>career intention)

†Circles symbolize studies with a positive impact; triangles symbolize studies with no impact, unknown impact or negative impact on the most relevant outcome. ●/▲ = high-quality studies (as defined in Table 1), ○/△ = low-quality studies

‡Includes studies from The Netherlands, Spain, United Kingdom, and Germany

§Includes studies from Australia, New Zealand, Canada, Japan, Pakistan, and Hong Kong

Pfarrwaller et al. Impact of interventions to increase the proportion of medical students chosing a primary care career: systematic review J Gen Intern Med 2015 30(9):1349–58 DOI: 10.1007/s11606-015-3372-9

Systematic review conclusions

- *The review included 72 articles reporting on 66 different interventions. Longitudinal programs were the only intervention consistently associated with an increased proportion of students choosing primary care. Successful interventions were characterized by diverse teaching formats, student selection, and good-quality teaching ….*
- *the evidence is limited by the overall low methodological quality of the included studies. Future research should use more rigorous evaluation methods and include long-term outcomes.*
- Cost effectiveness, as well as effectiveness, is important

Pfarrwaller et al. Impact of interventions to increase the proportion of medical students chosing a primary care career: systematic review J Gen Intern Med 2015 30(9):1349–58 DOI: 10.1007/s11606-015-3372-9

PULLING IT TOGETHER ….
WHAT SHOULD WE BE DOING?

Funding, Quantity, Quality …

Box 1. Actions urgently required to increase uptake of general practice as a career

Increase

- Quantity of undergraduate teaching in general practice
- The proportion of exam questions that are set in primary and community settings
- The proportion of academic GPs and students' exposure to them
- Funding for undergraduate placements in general practice
- Research into career influences of medical students

Review

- The extent that general practice is denigrated in medical school culture, and if necessary confront the phenomenon as a discriminatory issue
- How medical students are recruited and selected
- The career structure and pathways for GPs interested in undergraduate medical education or clinical research

McDonald et al. How can medical schools encourage students to choose GP as a career? [editorial] BJGP June 2016 DOI: 10.3399/bjgp16X685297

What's critical for NZ?

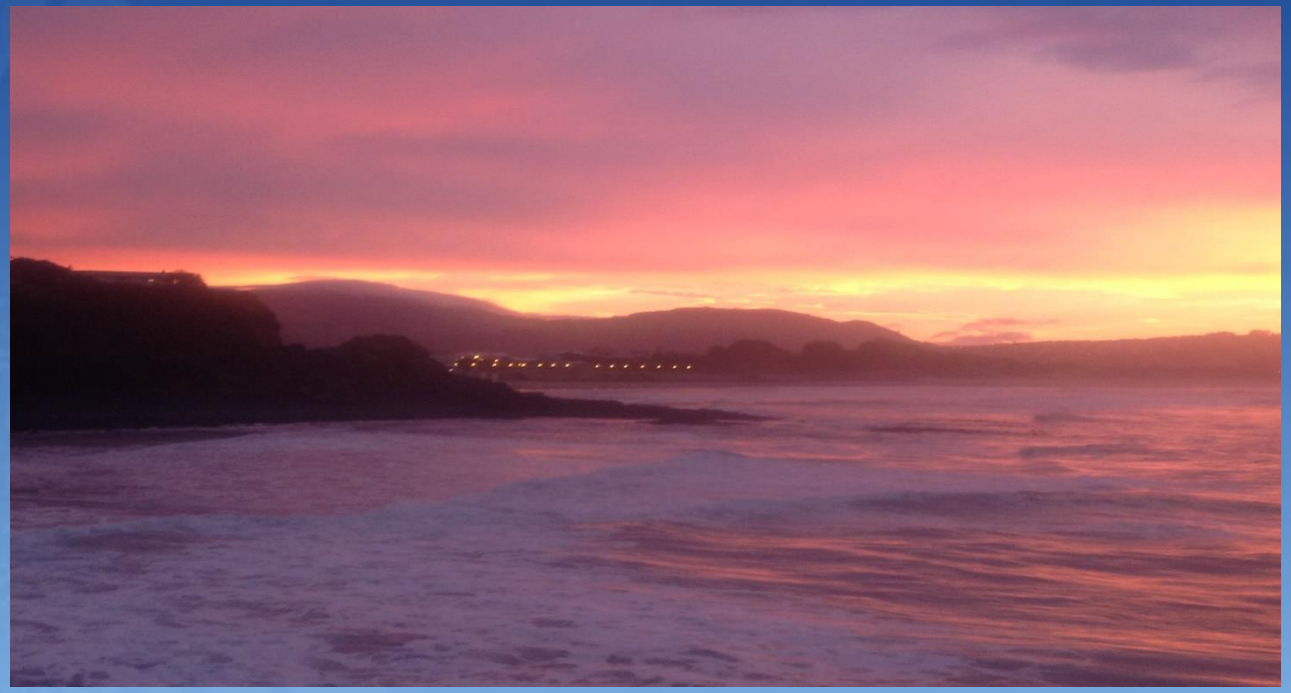
- Capacity and Sustainability
  - High % of Otago and Southland practices teach
  - Physical infrastructure (rooms)
  - PG versus UG …. PGY1 and PGY2 … GPEP … Competing demands
- Championing GP in UG medical education
  - What will mid 21st century NZ health system look like

Concluding thoughts

- *Career choice within medicine is a complex phenomenon combining personal and social influences*
- *Preferences may change at different stages of life and of training*
- *There is no doubt that undergraduate experience has a strong influence on eventual career choice*

McDonald et al. How can medical schools encourage students to choose GP as a career? [editorial] BJGP June 2016 DOI: 10.3399/bjgp16X685297

Thank you!



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