



Piazza Consulting

General Practice Education and Training



Australian medical student and junior doctor attitudes to general practice 2008

General Practice Education and Training
2008

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EXECUTIVE SUMMARY

BACKGROUND AND PURPOSE

The demand for GPs is high and is growing in Australia. At the same time, it has, traditionally, been difficult to encourage high numbers of Australian Medical Graduates into taking up general practice training.

The GPET board has developed several key strategies to ensure adequate future supply of GPs in Australia. A major strategic aim is to increase the proportion of Australian Medical Graduates (AMGs) applying to general practice training from 29% in 2008 to 35% by 2013. GPET's marketing and communications will be instrumental in achieving this.

Understanding the perceptions of Australian junior doctors and medical students is a key area of focus for GPET when developing strategies to increase the uptake of AGPT training. This is a report on a qualitative focus group study to research the needs, attitudes and opinions of Australian junior doctors and medical students, to inform GPET's marketing strategy.

METHODOLOGY

Qualitative focus groups were used for this project as they allow researchers to examine market perceptions to a depth that a quantitative survey cannot achieve. This also more easily allowed researchers to generate ideas for improvements to marketing strategies and demonstrate examples of current marketing materials.

Qualitative focus groups were conducted by Piazza Consulting at hospitals linked to the target medical schools in each target state. In order to encourage the participants to attend the focus groups, GPET offered a \$100 Myer gift voucher as an incentive to attendees.

A total of 73 later year medical students and 33 junior doctors attended the focus groups which were held in all states and the ACT. Attendees were a mix of male and female. The medical student focus groups were all Australian medical students, except for the Melbourne focus group that had a mix of Australian medical students and international medical students. It was decided to exclude

the Northern Territory from the focus groups as there is no university medical school in the Territory.

Separate focus groups for medical students and junior doctors were held with the assistance of the following organisations:

State	Hospital	University
ACT	Canberra Hospital	Australian National University
NSW	Westmead Hospital	Sydney University
QLD	Royal Brisbane Hospital	University of Queensland
VIC	Royal Melbourne Hospital	University of Melbourne
SA	Flinders Medical Centre	Flinders University
WA	Royal Perth Hospital	University of Western Australia
TAS	Royal Hobart Hospital	University of Tasmania

SUMMARY OF MAIN FINDINGS MEDICAL STUDENTS

Perceptions of general practice

The comment most often made about General Practice by medical students was that it gave you considerable independence because it was flexible and could allow you to adjust your working hours to suit your lifestyle and family.

It was noted that there were advantages in getting to know the patient over a long period of time, and providing pre-emptive primary health care.

On the negative side it was felt that there were considerable additional demands on GPs that were not faced by hospital based doctors. The workload was likely to be demanding due to the need to churn patients through every ten minutes to meet the demands of Medicare and there was the pressure and costs of employing staff and running a business.

Medical students generally considered that there were two sorts of GPs, the urban GP and the rural GP. The rural GP positions were seen as more attractive. The work of the GP was seen by many as varied and challenging, but an equal number thought it could be repetitive and boring.

Medical students also voiced concern that GPs were not always highly regarded by the public or other medical professionals when compared to other specialties.

Perceptions of general practice training

Medical students thought that the general practice training program was easier to get into and was quicker to complete than other specialties. The flexibility of the training program particularly the ability to train part time was frequently seen as an advantage.

Some medical students were concerned that there appeared to be a lack of supervision and support for those undergoing general practice training compared to the specialist training in hospitals

It was thought that training as a GP would provide a fairly good income while undertaking training.

Perceptions of GP pay

Students had a wide ranging view of the pay a typical community GP might earn ranging from around \$70,000 to over \$600,000, with most suggesting between \$150,000 to \$300,000 per year.

The majority of students believed that the amount they thought a GP earned was less than a GP should earn. What they thought a GP should earn was heavily dependent on their family circumstances, previous earnings and those of their peers in other careers. The majority would be satisfied earning between \$200,000 and \$300,000 per year.

Perceived 'speciality'

Most students considered general practice as a speciality in its own right, but felt that this was due to the education and training they had received and did not feel that this view was accepted by the general community or by the medical profession generally.

Some of the students considered that general practice training was easier to enter than other specialties and seemed easier to complete. Some thought this may be the reason it was valued less than other specialties.

Knowledge of AGPT product

The medical students' knowledge of the Australian General Practice Training Program was not strong; however students were aware of the program and in most states were able to provide some details. It should be noted that even the most basic details such as training duration varied, and students often had received different information.

Features students liked about the training included the length of the program, and that the training was flexible, allowing you to complete it part time or have breaks during the training.

The compulsory rural placement produced mixed comments. Some students were concerned that being away from family and friends for periods could cause problems. Others said that they only wanted to work in a metropolitan area so going to a rural placement was a deterrent to entering general practice.

Exposure/experiences and career decisions

It was evident that the initial general practice placement the medical student received during their training was critical. While a 'good' GP placement did not guarantee that the student would want to make general practice his or her career choice, a 'bad' general practice placement generally had a very negative impact. Many students suggested that GPs should be 'vetted' before student placements were made.

Students used many resources to obtain information to help them with career decisions. Some used the internet, books, journals and friends and family for advice. A few had attended 'career expos' which they had found useful. The

majority of medical students used personal experience gained during training to help them make a decision.

They also drew on the experience of other members of the medical profession, particularly registrars who they considered to be the most current and accurate source of information.

Many students had experienced bad and good general practice placements during their training and this usually affected the student's attitude to general practice as a career choice. Some students had been dissuaded from pursuing a career in general practice by their experiences in practices with highly stressful workloads, limited patient presentations and cantankerous patients.

Current career/speciality preferences

Almost all the students surveyed had a good idea of the direction they wanted their career to go. In some cases this was a 'short list'; however a considerable proportion had a single definite goal.

When asked to list their three top preferences for career direction thirteen percent (13%) said general practice was their first preference as a career choice, and fifty two percent (52%) of the students placed general practice somewhere in their top three preferences.

Work/life balance

Work/life balance was important to almost everyone however many medical students were prepared to commit to a high workload in their youth in the belief that they would increase their earning capacity and be able to reduce their workload later.

Gender effect on general practice career decision

Students of both sexes regularly mentioned that women chose general practice because it allowed them to balance work and family.

It was thought by many that women were better at multi-tasking and providing general care than men, which makes them better suited to general practice.

Even male students classified some specialties as 'boys' clubs' and stated while men were attracted to these specialties, women could be put off by these attitudes.

Previous exposure/attitudes

The students had been exposed to general practice, however their experiences varied considerably with some indicating that they could have learned more by reading a book while others had found the experience rewarding.

Some students expressed concern that entering general practice training would mean leaving the hospital environment before they felt they had learned what they needed to know.

Students said that they often heard the phrase 'going to be just a GP?' from peers, registrars, and consultants. It was however said that these same people actually recognised that a 'good GP' was very valuable and made their work easier.

Some students were discouraged from entering general practice by the perceived problems of running a business and high stress levels induced by meeting Medicare patient workloads.

When asked if anything could be done to make general practice training more attractive, students thought that placements needed to be improved and having supervisors who were interested in involving students in the patient process was essential.

Several medical students commented that they had minimal exposure to general practice as they were in a hospital environment while general practice registrars and GPs are mostly community based. These students felt that their exposure within the hospital environment was heavily biased toward the hospital based specialties, not to general practice.

Some students felt that they were either not aware of, or did not fully understand, the options available to GPs that made the career more interesting.

Other specialties actively recruiting

No other speciality was seen to be actively recruiting medical students. Most specialties appear to have more demand than places and any 'recruitment' was through informal networking by current members.

Marketing material/video

The GPET video was seen by the medical students as slick and entertaining, however they also saw it as 'contrived' and mainly aimed at first and second year students.

A large proportion saw the video presenting the rural general practice lifestyle and not that of an urban general practice. Several medical students mentioned they would have liked to have seen some positive clinical/patient content in the video to balance the lifestyle message which they considered they already knew.

SUMMARY OF MAIN FINDINGS JUNIOR DOCTORS

Perceptions of general practice

Flexibility was recognised by most junior doctors as a major positive factor in general practice. GPs were also not restricted by hospital rules or locked into a hospital environment. Junior doctors also saw patient contact over a long period of time as being a positive point.

Some saw the work as challenging and rewarding with a wide variety of patient presentations, however many saw the work as potentially repetitive and uninteresting with a limited range of patient presentations and lots of referrals.

Some junior doctors were unsure of the career progression for GPs and thought that there may be better prospect of promotion and therefore more remuneration within the hospital system.

While some junior doctors saw the advantages of being their own boss and not being subject to the constraints imposed by a hospital, the additional problems of running a business, the pressures of the Medicare bulk billing system and medical insurance were seen as deterrents by others.

Rural practice work was seen as more interesting than an urban practice, both because of the specialisation option and due to a perception that the patient presentations would be more varied.

Both urban and rural practices were however seen as potentially isolating, both physically and professionally.

Perceptions of GP training

Junior doctors thought the shorter training program compared to other specialties was a major advantage. Many of the junior doctors also believed that GP training was easier to get into than other specialties, the training was easier, and that the exams were easier to pass.

The flexibility of the training program was again mentioned frequently by junior doctors with the ability to train part time being seen as an advantage over other specialties. A number of those surveyed thought that the level of support during training was good.

Perceptions of GP pay

Junior doctors suggested that a typical community GP might earn from around \$100,000-\$400,000, with most suggesting around \$200,000 per year. The majority of junior doctors believed that the amount they imagine a GP earns was less than a GP should earn. The majority indicated they would be satisfied earning between \$200,000 and \$300,000 per year.

Perceived 'specialty'

The majority of junior doctors who attended the focus group sessions believed that general practice was a specialty in it's own right, however a few saw it as a lesser specialty or did not see it as a specialty at all.

Most junior doctors agreed that neither the general community nor the medical community perceived general practice as a specialty.

Career information sources

Junior doctors obtained information to help make a decision about their career from their peers, family and consultants. A large proportion mentioned that more experienced registrars were an important resource.

Peer perceptions of GP

While junior doctors generally felt that their peers often made negative comments about GPs, they saw this as being due to a minority of 'bad' GPs. Many of the patients seen were due to referrals by lazy or bad GPs, while the good GPs fixed the problem. Also they realised that the things that people generally comment on are the 'bad things' and they ignore the 'good things'.

Work/life balance

Most junior doctors agreed that work/life balance depended on your current personal circumstances and commitment to any training would reflect this.

Gender effect on GP career decision

Junior doctors were less likely to deny that gender stereotyping affected the proportion of males and females in general practice, both sexes considered that women chose general practice because it allowed them to work around having children. A few were even prepared to admit that male ego played some part in the decision with GP being seen as a soft option. It was pointed out that if other specialties had part time training they may be more attractive to women.

Previous exposure/attitudes

Most of the junior doctors reported having positive GP placement experiences, particularly in rural areas. This did not translate to an increase in enthusiasm for a career in general practice; if the doctor was previously considering GP then he/she simply wasn't discouraged. A bad placement was likely to discourage a potential GP.

To make GP training more attractive junior doctors agreed that initial placements were critical and having supervisors who were keen to train students was essential.

When asked if anything could be done to make general practice more attractive as a career most junior doctors wanted information on career plans and potential salaries. It was also pointed out that they were in constant contact with hospital registrars who could help with this sort of information, but GPs and GP registrars were further away.

Current career/specialty preferences

The junior doctors surveyed had a very good idea on their career direction and in the majority of cases had a single definite goal.

Other specialties actively recruiting

Junior doctors mentioned that psychiatry and pathology appeared to be actively recruiting. Junior doctors also indicated that most specialties appear to recruit through informal networking of current members.

Marketing material/video

The GPET video was also seen by the junior doctors as slick and entertaining, and while they saw it as advertising and presenting the best view, a large proportion thought the video sent a good message, with a much lower proportion placing it in the 'contrived' category. Some of the doctors wondered if there was a need for a recruitment ad for general practice, and if there was then perhaps it needed to contain more hard information.

Detailed Results Medical Students

Initial understanding of general practice

To start, we'd like to get your initial understanding about general practice as a career. Write down what you think it would be like to be a GP?

The comment most often made about General Practice by medical students was that it provides considerable independence because it is flexible and allows doctors to adjust working hours to suit their lifestyle and family.

It was noted that there were advantages in getting to know the patient over a long period of time, and providing pre-emptive primary health care.

On the negative side it was felt that there were considerable additional demands on GPs that were not faced by hospital-based doctors. The workload was likely to be demanding due to the need to see patients within a tight (ten minute), timeframe to meet the demands of Medicare.

The pressure of employing staff and running a business were considered unattractive by many. There was concern that while the GP was providing primary care there was often a community perception that the GP was a referrer to tertiary care and was not expected to have substantial involvement in patient treatment.

Medical students generally considered that there were two sorts of GPs; the urban GP and the rural GP. The rural general practice positions were seen as more attractive, with (perceived) greater opportunity to specialise, providing a more varied and challenging career. The work of the GP was seen by many as varied and challenging, but an equal number thought it could be repetitive and boring.

Medical students also voiced concern that GPs were not always highly regarded by the public compared to other specialties. They also reported that this view was reiterated by medical professionals in the hospital system.

Medical students also perceive that GPs are underpaid for the work they do.

Typical comments Medical Students

- You can determine your own workload, either take on full time and extra hours or work part time for family reasons.
 - You can work with the community or you can have other priorities. In other specialist areas you don't have this flexibility to the same extent.
 - GPs have better hours and lifestyle, there is a large variety of patient, you never know who will walk in the door, and you can work anywhere. If you're a specialist – you're stuck wherever you're needed – GP is a better option if you have a family because of the hours.
 - Demands on work hours if you're an urban GP you can suit the work hours to yourself, if you're more rural you would tend to have more after hours.
 - Quite dull in a city practice, it would be a lot more interesting in a rural practice. I did my placement in rural and that was the only time I considered General Practice as a career because you get to do stuff like catch babies.
 - The big difference between GP and other specialisations is the diversity of work available and the opportunity to sub-specialise, especially in rural areas where there is a mix of office and hospital work.
 - I like that you can change your practice over the years where you can go and get training and pursue your practice down that way.
 - It provides a diagnostic challenge.
 - GPs have a broad knowledge base which I think is positive.
 - A feeling that you're a jack of all trades but a master of none.
 - Seeing a wide range of people from different cultures and backgrounds. From adults to teenagers.
 - My GP was talking about the way Medicare is structured doesn't really fit with the way general practice is structured, like the chronic disease management and taking the some medicine out of it. They think the whole system is going to crash and that doesn't make it an inspiring choice to go into something that's kind of being not funded well and not structured properly.
 - Government controlled, highly legislative, poor support, no security, poor money controlled by college bodies and with the female work most of it is tears and smears.
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- I feel like general practice is slowly being shut down, many GPs are forced to refer patients due to legal, time or money reasons and they're becoming 'tears and smears' practitioners.
 - They experience social isolation in rural areas which can be very difficult.
 - An opportunity for promoting health rather than just treating a disease.
 - Working independently is something I probably look forward to doing myself, kind of being your own boss.
 - Preventative system - you have the chance to treat the whole patient. I've noticed in surgical wards there's there is less willingness to treat outside your specialisation, like I've seen people with blood pressure problems and surgeons won't treat it – they call in a GP instead. It's appealing to know you can treat all aspects instead of one area.
 - The responsibility that a GP has as the first medical practitioner to see a presentation where they are often a gateway to the rest of the medical system. So if someone comes in they can dismiss it or they can bring them straight to a specialist and the right specialist. That is a lot of responsibility.
 - Bulk billing is a problem, as patients demand bulk billing, and satisfaction can be based upon the price of their consultation, but look at the cost of seeing a lawyer and doctors who use bulk billing don't get as well remunerated as lawyers.
 - Too much time distracted to administrative rather than medicine.
 - Medicine is an insecure culture, where anyone outside one's own field is criticised or ridiculed. Surgeons are at the mercy of this too, but between other specialties the tone is tongue in cheek, compared to more serious criticism of GPs.
 - In general hospital there's a disparaging attitude towards general practice, people sort of expect GPs to do what they want.
 - Underestimated by other health professions by like anyone that is not a GP.
 - Respect ties in with remuneration and there is a conflict between patient satisfaction and having profitable practice.
 - Quite tiring to practise as a GP as you have the constant time pressure of people waiting in the waiting room. Never get a break. You can't take the time out for a tea break if you have five patients in the waiting room.
 - You can't take a lot of time with things. Lots of time pressure. A lot of in the
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door - out the door.

- I'd like to head into GP direction, but worried that you don't really manage really sick patients, instead hand them over to a tertiary hospital- so I'd like to stay a RMO for a while – so I get the chance to manage acutely ill patients for a while.
 - Boring, repetitive, at times rewarding and intelligence underestimated by your peers.
 - Requirement for stamina given highly emotional case load.
 - There's a slack national attitude towards primary care and you're deemed a second class doctor. For me there's no national support in terms of primary care, and there is a poor relation with tertiary care (and primary care) Australia is dominated by tertiary care.
 - You've got flexible hours but you don't get sick pay or holiday or maternity pay.
 - GPs are underpaid.
 - I think there are misconceptions about pay, apparently GP registrars get more than their hospital registrar counterparts.
 - The pay is less than a specialist, although possibly the same as a public specialist.
 - GPs make up the broader part of healthcare providers in Australia; it's easier for the govt to amend regulations, Medicare requirements – to change Medicare laws etc that GPs have to adhere to more than other specialists.
 - I think the attitude of hospital doctors to GPs is varied; many consultants I know have a huge respect for GPs, most have tried it out and have decided it's too hard.
 - GP's are not recognised or rewarded for their role appropriately by the medical community, general public and media.
 - A lot of repetition of presentations.
 - Tedious, overwhelming and scary because you're in a room by yourself.
 - Stressful.
 - Maybe it could be isolating professionally if you were working by yourself.
 - GP has options for post grad – you can be a surgical assistant – mountain
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medicine whatever you like, you can subspecialise.

Perceptions of general practice training

On your sheet, write down 3-5 words that describe your perceptions of general practice as a training option.

Medical students thought that the general practice training program was easier to get into than other specialties. The shorter length of the training program was seen as a major advantage. The flexibility of the training program was again mentioned frequently by students with the ability to train part time being seen as an advantage.

Some medical students were concerned that there appeared to be a lack of supervision and support for those undergoing general practice training compared to specialist training in hospitals. It was also felt that this could cause problems where the GP registrar may be expected to work beyond their capabilities, particularly in rural locations where support options may be limited.

Students generally recognised that the compulsory rural placements would be disruptive to an individual's social and family life; however this was not always seen as a deterrent to undergoing general practice training.

It was thought that training as a GP registrar would provide a good income while undertaking training.

Some medical students appreciated that GPs needed additional skills such as business skills and legal knowledge which were not generally required by hospital based doctors. Some students were attracted to the idea of being independent, away from the hospital environment and in control of their own career. Others however, believed general practice training would be isolating and unsupported.

Typical comments Medical Students

- One of the best things would be flexibility just in case you want to start a family because it's 9-5.
 - You can do it part time. It comes across as the 'soft option'. It's more 9 to 5.
 - An attractive aspect of GP once you specialise in a field is the chance to control your commitments and working hours, as opposed to the training programs which can be very difficult to manage. Many colleges don't really support part time, family commitments or maternity leave although
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they say they do.

- Better lifestyle and less stressful.
 - General practice training is great if the registrar is involved with the consultation and not simply observing.
 - There is a lack of supervision - the GPs don't sit down in the room with registrars and patients. Some clinics are extremely busy. Many have experienced that their only feedback is given over a quick cup of coffee or lunch.
 - Difficult as you would have to travel to different places and different rural towns and that means being away from your normal social contacts for a certain period of time. And the training is not so much like in a hospital where you can get weekly training or whatever but the training is more once in a few months or at least that is my impression.
 - Getting paid more, pretty good as an initial training program – my knowledge isn't broad enough to practice as a doctor. Be good to do it for a few years whilst deciding which area to move into later. – jumping off point.
 - Better trainee pay, shorter training, ability to do advanced training in areas of interest – great to build on general practice training. You can get less support than other specialties which is a negative.
 - I see it as being trained by peers instead of a hierarchical training system.
 - Able to get away from politics in hospitals.
 - Lack of hospital experience. It feels like if you leave the hospital too early and do general practice training it feels like you would be missing out.
 - Shorter time, less competitive, flexible but quite 'cruisy'. It seems less intense.
 - Specialists that started in general practice training raved that general practice training was a great base for further specialisation.
 - Part of the quandary for colleges which is linked with creating the new training programs, is to present GP as a respectable direction, likened to other specialties. This would need to involve training of similar length to the other specialties, I think by choosing a shorter training program you will come out earning less, or choose the longer specialist training programs and come out with a specialisation, better pay and more
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respect. It's a real problem to attract students into GP.

- I presume working with a GP would be a good thing also the training is one of the shortest courses by where it is four years so that would be a benefit. It would be disruptive with the rural placement of the compulsory six months that you have to spend and trying to get into the right training network.
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Income (perceived)

How much do you think a typical community GP might earn?

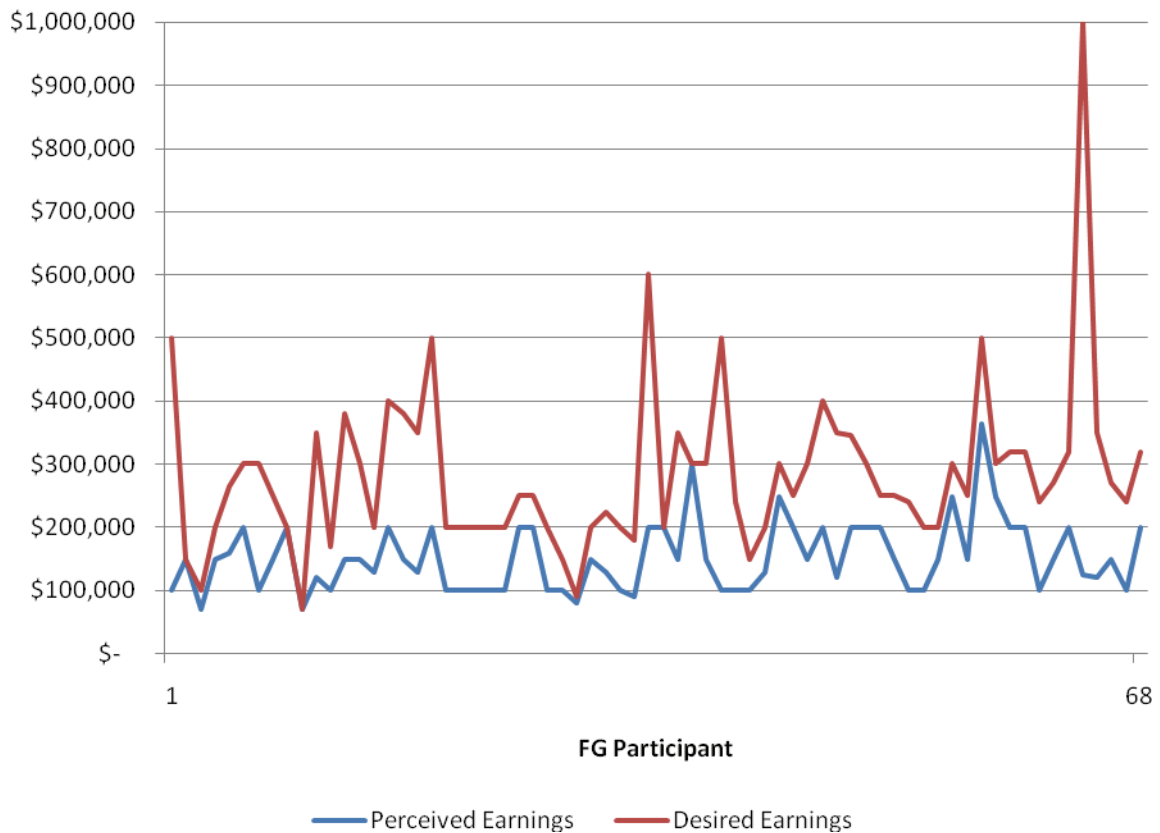
Students had a wide-ranging view of the pay a typical community GP might earn ranging from around \$70,000 to over \$600,000 with most suggesting between \$150,000 to \$300,000 per year.

The majority of students believed that the amount a GP earned was relatively low. Like junior doctors, medical students' perceptions of what a GP should earn were heavily dependent on their family circumstances, previous earnings and those of their peers in other careers. The majority would be satisfied earning between \$200,000 and \$300,000 per year with an average of \$240,000.

The following graph is indicative of the salary medical students believed they would have as a GP (perceived earnings) and the salary they believed a GP should earn (desired earnings).

Please note: These figures are indicative only. The figures provided in response to this question varied considerably depending on the individual's concept of general practice, i.e. salaried vs. own practice, urban vs. rural, pre-tax vs. post tax, full time vs. part time etc. Participants usually provided a dollar range rather than a single figure.

It can be seen however that most participants imagined their earning potential would be lower than they desired.



Typical comments Medical Students

- We actually had to research this for a presentation. We were in rural and the GP there was just on salary and they are assumed to earn less than if they have their own Medicare patients and his salary was \$220,000 plus a car and it was a 9 to 5 job.
- \$100,000 urban, \$200,000 for rural. I said the rural would be enough but the not the urban.
- I thought for urban it would be \$250,000 but for rural it could be \$300,000 depending on the work load.
- \$100,000 – seems heaps, but not sure exactly how much.
- \$250,000-300,000 – more than adequate – I could live on \$150,000
- \$150,000 take home – totally fine
- \$200,000-\$250,000 – fine for weekdays (40hours) but I want another \$100,000 for weekend work

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- \$200,000 – absolutely awesome – but more hours = a lot more money expected compared to what I'm earning now – \$200,000 sounds great!
 - \$150,000-\$250,000 – I was on a rural GP rotation in Hervey Bay I found out the GP in the practice earned just over \$500,000 a year (after tax). The population was booming and they have closed their books so can charge what they want. I want to earn over \$300,000.
 - \$70,000 p/a or \$100,000 p/a.
 - On average: \$100,000 p/a but can be in excess of \$500,000 p/a.
 - \$150,000-\$200,000 p/a.
 - \$200,000-\$300,000 p/a.
 - \$400,000 and I'm quite happy earning that.
 - \$200,000-\$600,000 - reasonable – I've seen GPs earning over \$600,000 a year. I'd like to earn \$200,000-\$450,000, - I had a career before and I turn down job offers now for \$150,000 – I expect to earn more considering the time I've invested in this.
 - \$90,000 pre tax.
 - \$1,000 dollars a day is enough.
 - \$200,000 is enough and is drastically more than an average wage.
 - \$250,000 I'm happy with that, and it's a lot of shoes!
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Income (desired)

Is this dollar amount enough for you? What pay range would satisfy you?

Typical comments Medical Students

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- \$100,000 p/a – No: Hard to justify training so hard to get where we are for that. I want more financial freedom. I invest in more intensive training than other vocations so I can make more than the average household.
 - \$70,000–100,000 p/a - Yes: As a part time wage.
 - \$200,000–300,000 p/a or more if sub-specialised e.g. in anaesthetics – Yes: It's not about money but an indication of respect for amount of training invested in medicine and the pressure to deal with.
 - \$150,000–200,000 p/a – Yes: I'm currently a nurse for \$24 p/hr and working very hard, so the GP salary is much better. If I was a young person without a
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house etc, money not be so important priority.

- \$80,000-100,000 – No: After seven-plus years of studies the first year salary is a joke compared to other fields. Arts students entering public service are earning more.
 - No; not enough for me because GP is a speciality. There's a lot of paperwork and business side of things.
 - I think you should be paid according to how good you are.
 - \$120,000 p/a – No: In other fields such as IT regardless of training you can 'work your way up' if you are very resourceful and could end up making more than a GP. Salary should reflect the time invested into training. It's decent but not what you get in other specialty fields. \$300,000.
 - It's really a comparative thing; it depends on what every other profession is being paid. Money is an arbitrage figure really so I think we could compare it to what a teacher gets paid or a CEO gets paid.
 - I think \$200,000 is enough to live comfortably, would you be equally as happy with a million or not do you need this. How much do you need to be happy?
 - Compare the longer training of an anaesthetist who earns a similar amount to the GP that has a shorter course –maybe it doesn't matter.
-

Is General Practice a specialisation?

Do you consider General Practice as a specialisation in its own right? Why / Why not?

Most students considered general practice as a specialisation in its own right, but felt that this was due to the education and training they had received and did not feel that this view was accepted by the general community or by the medical profession generally. It was also highlighted that the term general practice itself implies that it is not a speciality. Some felt that a new name was needed to overcome this perception.

Some of the students considered that general practice training was easier to enter than other specialties and seemed easier to complete. It was argued that this may be the reason general practice may be valued less than other specialties. General practice training was seen by many of the students as a 'fall back' option if they weren't accepted for their preferred specialist training. This was not necessarily

considered as 'failure' as it was accepted that many specialties provide very limited training positions.

Many of the students who had placed other specialties higher than general practice expressed views that general practice was not necessarily an easier option than other specialties. A few admitted that they were worried by the breadth of knowledge needed to be a good GP.

Typical comments Medical Students

- 'Specialisation' means to specialise – so no, it's not a specialisation if it's 'general' practice. It's still worthy of training and is still considered an advanced training program.
 - Give it a more appropriate name change, such as 'family practitioner/physician' as GPs are often more than just 'GPs'.
 - To create the idea of GP as a speciality requires further training. Even 10 years after implementing further training for GPs, it's still not recognised as a speciality.
 - Due to the paper pushing, the hours and the amount of effort to pass exams, GP is a fall back option in case you fail exams or don't do so well in other 'specialisations'. It's not as time consuming and not as hard as other areas, so it is subordinate.
 - GP is incredibly demanding and challenging, not subordinate. You need a substantial knowledge base of all the other specialties, and also recognise your own limitations to deal with a mix of patients who have also been to other specialists. Sometimes it takes nine months to see a specialist - the GP needs to meet demands in the interim.
 - I'm not too sure. Yeah. I do, but I don't. I think a specialty is focusing on one area.
 - I would say no it's not. You're not a specialist you specialise in being a generalist.
 - They have tried to market it that way recently but I don't think they specialise in anything in particular. I don't see it that way.
 - I think the word 'general' takes it away from being a 'specialisation'.
 - I don't see how a job called a general practice can be called a specialty. You're not a specialist you're a GP.
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- May not be a specialisation – but it's not subordinate – but others seem to perceive it that way. Reason for this perception due to bad GPs that are out there – but it's difficult, it's not easy.
 - I think so but the public think you're JUST a GP and it's the just I don't like.
 - I know it is a specialty but it's not as high as the others. Also I don't think other people see it that way I always get asked: 'Do you want to be a specialist or a just a GP?'
 - It's much harder for someone to slip through the net in other specialties (a bad bedside manner etc); the standards are much higher. It's easier to get away with more as a GP; there are many bad GPs that bring down the good reputation of good GPs. Then you find an excellent GP who is amazing but they all get lumped into same basket. It is easier to pass general practice training than other specialties.
 - I don't agree that the GP is subordinate in the public view - when you think of a doctor, you think of your GP. The public have respect for doctors. They don't think of the specialist who cut their bowels out, they think of the person who referred them and realised they were sick and sent them to the specialist.
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Knowledge of AGPT program

What do you know of the Australian General Practice Training Program?

The medical students' knowledge of the Australian General Practice Training Program was weak, but students were aware of the program and in most states were able to provide some basic features. It should be noted that even the most basic details such as training duration varied, and students had often received different information.

Typical comments Medical Students

- It's three years but if you decide to go rural it's an extra six months.
 - Four years city, six years rural apparently.
 - I thought it was three years.
 - We are not sure if it is three years or four years.
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- You can enter (the program) after internship year.
 - It is three years and 12 months and is hospital based.
 - There is an advanced training year to sub specialise.
 - Two streams of the AGPT, easier exams.
 - If you don't kill anyone you can pass.
 - You can get credit for any work you have done in the hospital.
 - Variation – professional placements in GP.
 - It is three to four years - there are different ways you can do it though.
 - It's three years training and there are incentives to do it. You can also do it part time.
 - You get placed in rural areas and you can end up somewhere that you don't like. The upside you can take time off and go travelling or have kids and the exams are pretty easy.
 - The easy entry system is too easy.
 - You can do extra training in rural areas. The training in GP is a lot more structured.
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AGPT likes and dislikes

What special features or benefits do you like or dislike about the training program?

Features that students liked about the training included the length of the program, and that the training was flexible, making it possible to complete it part-time or have breaks during the training.

Some students were attracted to the ability to do extra specialist training in rural areas.

The compulsory rural placement produced mixed comments. Some students were concerned that being away from family and friends for periods could cause problems. Others said that they only wanted to work in a metropolitan area so going to a rural placement was a deterrent to entering general practice.

Typical comments Medical Students

- I wonder how hard it would be once you start to relocate to another state. If you're going rurally you'll pretty much get what you want. Most of the o/s GPs go to rural areas for training because it's easier to get into. O/S tend use rural training as a backdoor way in.
 - You could start off rural and move onto urban.
 - Rural doesn't have to mean remote – it sounds very positive and supportive and good conditions – it's not enough if you don't want to be a GP – but you could end up in a nice country town.
 - It's good that you can do it after only working one or two years in hospitals.
 - Get out of hospitals early, as I don't like the hospital.
 - You can do additional stuff or specialise in dermatology etc.
 - I'm not really sure how the program works.
 - They have occasional training sessions but it seems like if you are in a hospital you would get a lot more.
 - The length is good, it's quick to enter GP.
 - It's run by doctors. It has it benefits. Doctors can have different ideas.
 - I like the country more because it's more laid back with fewer clients.
 - You get placed in rural areas and you can end up somewhere that you don't like. The upside you can take time off and go travelling or have kids and the exams are pretty easy.
 - You can do extra training in rural area. The training in GP is a lot more structured.
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Who do you ask for career advice?

When it comes to making a decision about your career path (i.e. which specialisation you might want to pursue e.g. GP vs another specialty) how do you make that decision? Who do you ask? Where does your information come from?

Students used many resources to obtain information to help them with career decisions. Some used the internet, books, journals, friends and family for advice. A few had attended career expos which they had found useful. The majority of medical students used personal experience gained during training to help them make a decision. Many cited positive role models and people who were happy with their careers as influencers, and these had made particular specialties attractive.

They also drew on the experience of other members of the medical profession, particularly registrars who they considered to be the most current and accurate source of information. The career advice offered by consultants was accepted to a degree, although students thought that consultants were likely to promote their own speciality.

Typical comments Medical Students

- The registrars. They tend to know the answers to the questions that you ask.
 - I'd listen to someone who is going through training; they tend to be more realistic whereas the consultant just thinks their field is the best.
 - Generally the best info is from registrars and not consultants – they're learning the hard way – some consultants may have forgotten what it's like.
 - For myself the lifestyle is a pretty big factor. I don't want to dedicate all my time to research. Every consultant tries to sell you their registry.
 - My decision comes from people you see and that are happy in their field.
 - The length of training program, interest and demand for the specialty. 40% of your decision could be based on say, a role model or someone who is passionate about that field.
 - We experience a lot of specialist courses in our training and the best way is to do a term in it and decide if you like it or not.
 - You get others' perceptions – and you can see it's interesting – you might be attracted to it – but you need to try it out – I thought I was into
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orthopaedic surgery – but I experienced it and I'm not interested in it anymore.

- I've used the internet and my peers.
 - Stopped considering GP as an option as I was getting rubbished for it, but realised I don't have the attributes for other specialties. Need the focus and ability for specialising.
 - The career expo every year, listening to other specialties that you might not have considered.
 - Also friends that have qualified and they say you would be a good such and such. So I'll go and look into that.
 - Your peers, registers and consulting specialists. They might look happy from the outside but the speciality really isn't what they thought it was.
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Independent advice

Where would you (or do you) go for independent/neutral advice and information about medical career specialisations?

Junior doctors could provide few sources of independent or neutral career advice. A few suggested Australian and overseas websites and publications, however felt that these were often biased views. Getting advice from other junior doctors was suggested. It was pointed out that information on individual specialties was relatively easy to find, however comparative information was difficult to obtain.

Typical comments Medical Students

- We're not really aware of the training.
 - Friends that are higher up but still junior doctors and ask about the training etc.
 - AGPT or GPs because they have had experience.
 - Realistically I think the advisory bodies aren't as effective as asking an actual GP.
 - GPET website.
 - I found the AMA magazine useful – I found articles about various things.
 - There are American books about career options – also some online website
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for this also.

- Pretty easy to find info on other specialties – hard to find comparative reports between specialties – pros and cons of each and breaking down how they compare.
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Perceptions of hospital staff

From your experience in working in the hospital (and/or university study for med students), what would you say the general perceptions of your peers, supervisors, and colleagues are regarding GP as a career? Does this impact on the likelihood of you considering GP as a career?

Students said that they often heard the phrase 'going to be just a GP?' from peers, registrars, and consultants. It was said though, that these same people actually recognised that a 'good GP' was very valuable and made their work easier.

Many students had received the impression that it was easy to be a GP, but hard to be a good GP and that bad GPs gave the rest a bad name.

Some students had found that hospital based specialists often lost interest in training them when they discovered a student intended to enter general practice training, as the specialist considered it a waste of time.

Typical comments Medical Students

- I think it really depends. I've always noticed that when you do have a really good GP that's referred a patient on, the specialist is generally quite impressed and this is an example of what a good GP should be like.
 - We kind of covered that with the 'Just a GP talk'.
 - I think as a GP you know a little bit about everything but you can't possibly know lots about everything like a specialist would know lots about one thing so I think people almost expect a bit too much. Like that they should know all that detail that a specialist knows but that's their area.
 - There is a perception that most GPs are bad. Some give the others a bad name.
 - Easy to make fun of as they have that primary responsibility and took the easy way out.
 - I've had surgeons tell me that my medical education is a waste of time if I am going to be a GP and I'm wasting their time training me.
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- They talk about being out in GP land as if it's this wilderness where no one goes.
 - There's the perception that it's easy to be a GP but hard to be a good GP.
 - 'Never let it be said that you're just a GP' a consultant said a good GP's worth their weight in gold.
 - Specialists and others lose interest when you tell them you're going to be a GP.
 - Cardiologist might look down on the GP because they referred their patient to them that - but maybe the GP only has time to check their history briefly and it may be obvious to the cardiologist how to treat the problem because they work in their small area all day – and GPs get a huge range of exposure to many areas.
 - Most specialists are like – oh you're just a GP.
 - The teaching sometimes tends to look down on GP and not respect it that much – they perceive it as a soft option.
 - I was at a GP conference and they weren't even talking up their own specialty. Obviously they don't want to convince me to become a GP.
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Top three career directions

Write down your three top preferences for your career direction. Where is general practice for you in order of preference?

Almost all the students had a good idea on the direction they wanted their career to proceed in. In some cases this was a 'short list'; however a considerable proportion had a single definite goal.

When asked to list their three top preferences for career direction thirteen percent (13%) said it was their first preference as a career choice, and fifty two percent (52%) of the students placed general practice somewhere in their top three preferences.

Students who had not included general practice amongst their preferences said that they were not good at dealing with people or that they were more confident within a limited sphere of knowledge (as opposed to a wide breadth of knowledge needed for general practice). A smaller number said they did not like the perceived isolation of working alone without the support of their hospital

colleagues. A smaller number either found general practice work boring; lacking challenge or that other specialties interested them more.

Typical comments Medical Students

- I can't deal with breadth of knowledge – I prefer to hone in on one area and make a living from this, and I also want to spend the majority of my time in a hospital setting.
 - I like the practical aspect of things I like to keep it simple. I find surgery simple. I'm a simple person. A GP has lots of people coming through the door, I don't want to have to think – I can do it now when I'm young, but when I'm fifty I want to do one or two operations a day. You have to be nice. I don't have the personality to deal with people in that way.
 - I considered it but it's not my top two. It depends on where life goes and if I decide to have a family I see it as an attractive lifestyle.
 - Neurology, General physician and GP would be not that far but if I was going to do it, it would have to be rural.
 - One: GP, two: Intensive care, three: Cardiac surgery – GP – shortest training, best work life pay balance.
 - You don't talk to patients in anaesthetics you put them to sleep. Anaesthetics can earn you roughly more than GP.
 - My background is physiotherapy and I've only ever worked in a hospital environment. You have lots of other professionals around and I like to be very good with a certain body of knowledge and not the breadth of knowledge.
 - I have GP on second position but I would definitely want to have a sub-special interest as well like paediatrics.
 - Mine was third as well same reasons because of the lifestyle and stuff. I put sports medicine first because I'm a sports nut. My GP he's a sports physician as well so I like the idea of doing both.
 - GP was third for me as well only because of the interest. There seem to be all these bells and whistles going for the other stuff but not so many going for GPs. But it's still an option. I didn't have a first but mine are anaesthetics and surgery but I don't have an idea.
 - Neurology, Neuropsychiatry, Colorectal surgery. GP 72 on the list.
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- GP O&G and emergency – work life balance – why I'd choose GP.
 - Surgical specialisation – in different areas – surgery is where I have the most fun.
 - I have GP as first second and third for me, it varies.
 - It would be nice to have a life but it depends what I want to do I might have to sacrifice it. Seeing what some of the specialists do.
 - Hasn't got it. I don't like the generalist thing as much as I like the specialist thing I'd like to know a lot about something and not know much about everything. The time pressure.
 - I'm not too sure where GP is on mine but it's up there. I'm not too sure between ED or anaesthetics.
 - Physician, I'm not sure what type yet, GP and paediatrics.
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Work/life balance

In deciding on your career, how important is it to you to find a career that allows you to balance your home and work life (e.g. Parenting, lifestyle, free time etc)?

Almost all the medical students said that work/life balance was important to them and that general practice provided access to this relatively easily. Many students however, were prepared to commit to what they saw as a higher workload in their youth in the belief that they would be able to reduce their workload later to achieve work/life balance.

The students who were most prepared to commit to an initial high workload tended to be younger males without family commitments, although a smaller number of female students also felt this way.

Typical comments Medical Students

- It's important for me because I have young children.
 - I'm quite young, lifestyle is important it always is – but I have a few things- money – everyone will say no, but it's the truth. But while I'm young I'm happy to commit to a heavy work load but as I get older I'd have put in the work and hopefully I won't have to work as much later on.
 - Depends on what stage of your life you're in. Working harder while you are younger but not your whole life.
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- I'm sitting on the fence – if I was really passionate about something I'd put off life balance for it – for a while.
 - Don't want to break down the family for it – but if it's a passion I want to see it through.
 - GP is more of a lifestyle option. The other fields aren't the same. In most fields you're on call 24/7, as a GP you're not.
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Gender balance

While there are many male and female GPs, statistically, males are less likely than females to pursue general practice training or careers. I'd like to explore this with you. Answering from your own point of view (firstly men), why do you think this is the case?

Although students generally denied that gender stereotyping affected the proportion of males and females in general practice, both sexes regularly mentioned that women chose general practice because it allowed them to work around having children.

It was thought by many that women were better at multi-tasking and providing general care than men making them better suited to general practice.

Male students often stated that women may be less inclined to put the effort into becoming a specialist because it was more demanding. Female students often argued that this was not the case.

It was also suggested that some specialties were exclusive 'boys' clubs' (surgery was mentioned frequently) and that women may be deterred but men attracted. At least one student mentioned that the male ego may be a considerable factor in males choosing the specialties perceived as more difficult to enter ahead of general practice.

Typical comments Medical Students

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- Not sure if this is fair, but some of them are scared to try surgery if they are planning on starting a family.
 - Women tend to prefer ongoing patient care.
 - GP is very relationship based and maybe women prefer that in general. Surgery tends to be nasty and the women don't like getting involved in too much of that. It's like a boys' club.
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- Flexibility both in training and when they start. Stress is less, it's an ego thing.
 - Women are more multi-skilled and men prefer to work at one thing.
 - Women tend to go into less hands on GP work and into counselling, mental health and other caring areas attract more women and the flexible hours.
 - Entry into surgical colleges not perceived as female friendly or family friendly – if they were you'd see less female GPs.
 - Women may shy away from surgery – traditionally a boys' club – might be off-putting – you see the attitude around hospitals and that attitude might attract guys.
 - Blokes don't want to consider the impact of family – traditionally doesn't affect guys as much – women have to take off nine months to have a baby.
 - It's traditionally something you won't think about but eventually it may affect you, but guys don't tend to use this consideration to affect their choices.
 - Maybe it's an age thing – having a family and getting married seems so far in front of me I just want to get my career going, but seeing that I can do both, gives me more inspiration.
 - There's another way that lifestyle is important to me. I don't want to work in an urban setting. I need to choose something that allows me to work where I want to work.
 - I'm a girl, but I'm happy not to have a life – seriously, it's pathetic.
 - Lifestyle is such a huge thing in my choice I think in most careers you're going to earn enough money in what you are doing.
 - You're going to have a good enough income in medicine so it doesn't really matter what field you choose. It's more of the interest you have in the field. Lifestyle may not be important now but it will be in the future. So I'll take it as it comes.
 - Male ego.
 - Women are dumb and reproductive.
 - Women are better at GP.
 - You can work part time and there's more time for family.
 - It's much easier to get into specialist training after doing a few years of GP work like becoming an obstetrician, because you have the work experience
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– become a GP in the meantime, have some kids and then assess your options later. The door's always open.

- Easier to get into - not as competitive as the specialist areas.
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Exposure to GP

How much and what type of exposure to (or information about) GP have you had in terms of being able to make an informed decision about whether or not GP is a real option for you?

All the students had been exposed to general practice through placements of differing length, however their experiences varied considerably with some indicating that they could have learned more by simply reading a book while others had found the experience rewarding.

Some students had been placed with very busy practices and reported that due to the supervisor's workload they were unable to provide the level of supervision or assistance they felt was needed.

A number of students thought that their rotation in some practices had revealed high levels of stress and patient anger, which had made general practice a less attractive career choice.

A number of students reported that their supervising GPs had suggested that general practice was not a good career choice.

Typical comments Medical Students

- Have seen practices that after each appointment the doctor sat with the registrar and debriefed, maybe they have more money in these practices and have more time to support their trainees.
 - There is a lack of supervision, in a room on your own with patients, the GPs don't sit down in the room and really supervise how the registrar is working with the patients.
 - Worked in a country town with a rural GP – very stressful – short appointment times, elderly patients annoyed and angry for not getting the 'same' GP – they get frustrated, an every day occurrence – in rural areas they expect more consistency and continuity with GPs.
 - The stress of dealing with client anger is hard. The GP was stressed by this – stressful working conditions, a lot of responsibility. Busy practice and lots of demands on time. I didn't see so much paperwork.
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- I would have never considered it as a career until I had my time in a rural practice.
 - My rotation in an urban setting – only five minutes with patients just referring them on, but the rural experience was excellent – really varied and exciting.
 - Before I started medicine I saw urban GPs as not good enough to be a specialist and rural GPs to be not good enough to be an urban GP – but after my experience now I understand why people go for it and I see it as a viable employment choice.
 - It's about half and half some placements are good but some are really bad.
 - You think sometimes you could learn more at home looking at a text book rather than sitting in the corner of the GP office and doing nothing.
 - The time I spent in general practice it was really good but the teaching was really poor but that's a university problem not a GP problem.
 - More flexibility with family, a more balanced life, but my general experience was negative.
 - Others have an experience where there is a chance to create relationships with patients – assess history – but very time consuming – the patient is seen very often – very time consuming whilst training, but very rewarding and able to learn a lot from this. This is fulfilling but not really viable in terms of time.
 - It won't turn you off if you are interested in it.
 - Want to be a GP but the experience so far is off putting.
 - My third year rotations gave me a good taste and that confirmed my interest in GP.
 - My rotations were done in the middle of flu season – I saw two people that didn't have the flu.
 - Most GPs I had come into contact with had gone through some big changes in the way they worked they had more hours and different responsibilities – they had almost overdone it to start with– were doing equivalent of three jobs and even though they had flexible hours, it was very demanding.
 - It depends on the GP. You get some people that have gone on their training courses and have ruled it out; they enjoy it and come back with a
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different mindset. While other people could get someone who is not so good and then they're like 'No, I'm not doing that'.

- Financial pressures are huge – trainees have to just keep churning through patients, no chance for a break, have to do as much as everyone else.
 - Almost too much exposure to GP – so it was enough to give us an idea as to whether it's an option or not. Half a semester of exposure/training.
 - We get a good idea because our GP course is quite good. Some people don't even take the time out to teach you they just sit you in the corner and you learn nothing, while others who get paid take the time out to help you and to understand it better.
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PGPPP awareness

Have you heard of (or taken part in) the Pre-vocational GP Placement Program (PGPPP)?

Very few of the medical students interviewed had heard of, or taken part in, the Prevocational General Practice Placements Program (PGPPP). One of the students who had heard of it had found it difficult to obtain information about it.

Typical comments Medical Students

- No
 - Yes but can not get any information on it
 - I went to one. It was interesting the info was good but I haven't signed up. I don't think they increased their market by doing it.
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AGPT careers seminars

Had they attended an AGPT careers seminar at their university/hospital and whether or not they found it interesting/useful and if it changed their perceptions about GP positively or negatively?

Some of the students had attended AGPT careers seminars while others hadn't. The attendance patterns appeared to be university or hospital dependent.

Typical comments Medical Students

- I might have attended, can't remember.
 - Yes.
 - No – haven't, what is it? – is that where you get paid 20,000... Oh yeah yeah I get it.
 - One person has been to one.
 - Some of us have heard of them but most of us are not aware of them.
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GP student rotations

What were your experiences during your GP rotations as a medical student? Positive / Negative? How did this shape your view of GP as a training and career option?

Many students had experienced bad and good GP placements during their training and this usually affected their attitudes to general practice as a career choice. Some students had been dissuaded from pursuing a career in general practice by their experiences in practices with stressful workloads, limited patient presentations and cantankerous patients.

Some of the students felt that their GP supervisors had viewed them as an inconvenience and they had consequently received little training. Others had seen that the pressures of general practice had demoralised some supervisors and this had a negative effect on them.

The attitude of the GP they were placed with had considerable influence on how an undecided student regarded general practice. Most students whose first placement had been a negative experience said that it had definitely dissuaded them from entering general practice and they placed it lower on their list of career options even though later placements may have been positive. Students whose placements had been positive experiences considered general practice an option; however they gave it equal consideration with other career choices. The

only students who were generally unaffected by GP placements were those who had always intended to become GPs.

Typical comments Medical Students

- On my GP rotation the senior practice manager was interested in teaching so he took a lot of time out – in that environment was very supported – I could learn a lot there.
 - I had a term with a good GP, whose day was spent mainly on paperwork, leaving him incredibly frustrated. He did enjoy his work in the past, but the work load and amendments to general practice such as the introduction of super practices have lessened the quality of GP-patient relationships. It's now about seeing as many patients as you can, doing as much paperwork as you can, earning as much cash as you can, and relationships are secondary, people will pick the first GP they find. This GP was very open, and the 15 minute lunches we shared each day for six weeks were filled with complaints.
 - It's the luck of the draw - your mentor could affect the amount you learn and are supervised.
 - My supervisor did try and influence my decision. 'So, what do you think, are you interested in becoming a GP?' but he didn't push me, he was very positive.
 - Mine tried to encourage me and said the lifestyle was good.
 - He said it's long hours and very hard and said 'If you decide to do it look me up we're always looking for people'. A good lifestyle.
 - A lot of it is watching them. If they enjoy their job and they're into it they are more positive towards it, but if you have someone that is doing it because it's a job and money and they have no interest whatsoever, you don't want to end up like that.
 - It depends on the placement you went to. Some people liked having us there and taught us well while others didn't really care about teaching us and you sat in the corner and was negative experience.
 - People are giving up time to teach you – you're vulnerable to those teaching you – depending on how they approach training you – you're dependent on being attached to a GP who'll give you the time.
 - I did my GP rotations in Toowoomba and it varied – some were with their patients very briefly and people wanted this from them, other GPs were
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there to get to know their patients better and chat to them for longer – I thought the varied nature was interesting – you can choose how to approach practice, in the hospital it's different, you're not really choosing the patients and they're not choosing you. I found that appealing, maybe once you specialise you can, but I think it would take a while to get to that point as a specialist.

- From my GP rotation I learnt that some GPs were known for their subspecialisations like sports medicine – people would hear about you and you would be able to treat your primary interest. Other GPs were broad knowledge.
 - I find the general 'knockers' (of GP) are the GPs themselves and they give negativity about being a GP and I can't look up to a GP.
 - I didn't want to do GP but when I got put out on my placement I really enjoyed it and it opened my eyes because you saw a GP who is good at their job, respected and made it really enjoyable so it depends where you get placed. So you tend to reconsider things when you have a good experience.
 - Yes our supervising GPs encouraged us to be GPs, but they wouldn't be offended if you didn't become one.
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Perceptions of University staff

Thinking about your final years of University as a medical student, would you say the attitudes toward GP from the university educators, lecturers (or consultants) teaching you, were positive toward GP as a career option or negative? How did this affect your own opinions about GP?

Students generally said that university educators were supportive of general practice. It was mentioned that the more distant or detached an educator was from the hospital environment, the more supportive they were of general practice.

Typical comments Medical Students

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- General practice training is automatically different from other specialties because it's the only speciality that doesn't take as much time and doesn't earn as much.
 - Training standards may not be considered as high, with a much higher pass rate making it a fall back position. This influences medical students in
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choosing which direction to take.

- The more removed from the hospital setting they are the more interested they are in becoming a GP. In University they tend to push it on you a little more.
 - I think everyone knows that general practice can be a good lifestyle.
 - It's flexible you can work as much as you want.
 - You're not on call, but in rural you can do specialist work. This is good.
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Can general practice training be more attractive?

Do you think there is anything that could be done make general practice training more attractive to you?

When asked if anything could be done make to general practice training more attractive, students thought that placements needed to be improved and having supervisors who were interested in involving students in the patient process was essential.

Some students thought that their initial exposure to general practice was too early because the student wasn't able to really do anything and found the experience boring. Other students thought that their general practice experience came too late in their training.

Some students expressed concern that entering general practice training would mean leaving the hospital environment before they felt they had learned what they needed to know.

Several thought that because general practice training removed GP registrars from the hospital they weren't exposed to general practice to the same degree as those in the hospital settings.

Some students felt that they were either not aware of, or did not fully understand the options available to GPs which made the career more interesting. There was a general feeling that the urban GP was doomed to a life of mundane treatments while rural GP work was substantially more interesting. Unfortunately many of the students wanted an interesting career while living in major cities which for them seemed to eliminate the general practice option.

Typical comments Medical Students

- More the structure of our course than anything, you need to know the structure of medical practice to get a lot out of it. The first clinical rotation, students have a hankering to get stuck into medical practice and end up stuck in a consultation room doing nothing – I think this should be something that you do at the end of your degree -so you get a lot more medical exposure first, put medical rounds behind you and then get into the consultation room setting and then it may seem more appealing.
 - Change the name, you can't be a GP and call yourself a specialist – need a new name. Rural generalist is used for rural practitioners but this isn't much better. Family physician? It's too American, but appropriate.
 - Unis could recruit better GPs for students to do their training with. A negative experience with GPs early in the degree can really influence students. Unis are in a bind, they need GPs to take us because there are so many of us, but some of the ones they take are terrible. It's the early mentoring experiences that you have that set you up for later.
 - I think training with people who are really interested in what they are doing and are really keen to transfer that interest in you. In your formative years you have all these people with specialties and surgery but no one from GP. If GP became more of an internship it would expose more people to it but the problem is people are taken out of that and put into a hospital and they want to keep you in the hospital because that's their business.
 - It would be nice to hear what options there are for students – when I was a third year I was sick and visited my doctor when I told her I was a med student, she explained to me, all the options available for an urban GP so I realised that it was more interesting and varied than I had imagined.
 - Making the placements better. Make sure students go somewhere we will learn something and have a good experience. Being able to get involved, not just sit in the corner.
 - Yeah not just sit in the corner. The students don't feel they're a part of the placement and they're wasting the GP's time.
 - More money.
 - Idea of general practice training that you can do three years of school and rush through training and out into the workplace. There should be more emphasis on general medical rotation, get an experience of medicine so you are well informed and have had exposure. Some people don't want this
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exposure, they want to get to the stage of earning - but how can they assess an emergency situation if they have no previous exposure.

- Where there is a chance to create relationships with patients and assess their medical history the experience is very rewarding and although it's very time consuming allows the registrar to learn more.
 - Ideally have the registrar assess/diagnose the patient initially and then bring in the GP to provide feedback. This allows the use of initiative in a supportive environment.
 - I know a GP practising anaesthetics. Although a bit less qualified and limited in what they're doing, they are happy with that. It's quicker to get through the training that way and they are for all purposes an anaesthetist.
-

Speciality recruiting

How are other specialist areas promoting or communicating with you? / Where are you getting information about careers in other speciality areas?

Apart from general practice no other speciality appears to be actively targeting students nationwide. Pathology and Emergency were mentioned as having localised 'recruitment' programs in particular states. Most specialties appear to have more demand than places and, as per junior doctors; recruitment was often conducted through informal networking.

Typical comments Medical Students

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- Emergency have a special interest group where they run an afternoon tea and get the students around and they try to win or push you.
 - It was good. They talked about the career and they teach you stuff. Very interactive.
 - It depends on who inspires you and you get more exposure to another field and you enjoy it then you might want to come back and it's who you know who you worked for. It's about who knows you and who you worked for rather than who doesn't know you.
 - The other specialties don't really try and market themselves. The other specialties rely on word of mouth or whether it is popular.
 - Pathologists get news letter from things that are going on – always some poster around
 - GP is the only area that has an organisation recruiting GPs and they put
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posters up everywhere too.

- They don't need to advertise but we need so many more GPs than we have
 - There's so much more of a need for GPs than anything else – people are falling over themselves to get into a specialisation.
 - I think it wasn't attractive to anyone in the past because you just were a GP when you walked out of med school, now there is a training program but people still consider it as they did previously in some instances – even though it's different now.
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GPET video

I'm going to show you a short video on GP produced by GPET. Can you please look at it and take note of messages and aspects of this video that appeal and detract for you?

The GPET video was seen by the medical students as slick and entertaining, but also contrived. They commented that it seemed to be aimed at first and second year students. A large proportion saw the video presenting the rural GP lifestyle and not that of an urban GP. Another large proportion thought the video was good and showed how GPs can continue to learn and have special interests.

Several medical students mentioned they would have liked to have seen some positive clinical/patient content in the video to balance the lifestyle message which they considered they already knew.

Those who reacted most favourably to the video were more likely to be interested in general practice work while those who were more critical were likely to be those who had no intention of becoming a GP.

Typical comments Medical Students

- When they're trying to sell you something like that it's a bit suss. People who are interested in becoming GPs will already know it's a good lifestyle and that there's good variety. They should take a different approach to advertising this field. Like 'don't ask to be bulk billed or get a crap consultation'.
 - I don't think an advertising campaign is necessarily going to attract to you. Needs to be more realistic.
 - Who is the audience? Seems to be aimed at second year university student because it's almost like an ad for ambulance worker. Most GPs aren't out
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on the scene, they're in a room. This is the reality, not glamorous like PD type work.

- Maybe good for first or second year students who haven't made up their mind yet – by the time you've hit clinical practice you have already made up your mind and have had exposure to GP.
 - It doesn't do anything for the urban people, it's more rural. If it was an ad for rural practice for people who are already GPs it's probably good.
 - I don't think showing the lifestyle side of things necessarily helps you choose the profession – people know that already – I think we'd like to see the other side, see the more clinical side.
 - The lifestyle - how it's exciting and how you're not always in an office. The fun speciality so you don't need to work hard.
 - I liked how it said "it's medicine with life". I got annoyed when he said it allowed me to go into my areas of interest and he had six areas of interest and he listed what GP mostly is. I thought that was a bit over the top. I did like how it showed you how you can learn more and was you can have special interests too. I liked how it showed different areas of GP.
 - I got the lifestyle message and you're not just always in an office. It made me wonder how many GPs get the opportunity to do that and how well you would be supported in doing that. I would want to find out more info.
 - I didn't know about the extra training. I didn't like the music. I'd like more about how you can make a bigger difference in life.
 - It didn't do anything to dispel the negative image of GP but it reinforced all the positive things in GP.
 - It put me off. I found it very patronising. I didn't find any likable people in that DVD.
 - It's too full on. There was one thing I liked; it was that 'you look after the families'.
 - Make it more believable – they're pitching it to intelligent people, if you see through it, the message is unsuccessful.
 - Went to a seminar and old GPs there were saying to be prepared for having no life – so this was the extreme opposite.
 - I thought it was good – I don't have a huge inkling for GP, it is kind of appealing – get the balance of hours and still get a chance to tailor your
-

practice to your interest.

- They're telling us what we already know. General Practice is more lifestyle based.
 - To be honest I thought it was bullshit – the GP I worked with last year was on call at all hours, his life wasn't good.
 - It's saying the 'other interests' or options that you can have but it makes me wonder – I can go and do expedition medicine if I want to – but I think you do GP if you don't want to do anything else.
 - Give us information about the pay rates and the hours for GPs – have someone tell you these things – it's hard to research these facts – some actual examples of interesting cases i.e. an early stage meningitis and GP saved his life by giving him the right antibiotics – something you can see – realistic examples.
 - More geared towards paramedics or anaesthetists or those in rescue/flying doctor type roles – I think it was all GP registrars talking, not older GPs saying – this is what I've done for the past 10 years
 - She said you can take time off when you want as a GP. They seem to be happy in GP and their patient interactions. The ability to expand your knowledge.
 - They made an effort to mention the work specialisation to change the way people view it.
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Detailed Results Junior Doctors

Initial understanding of general practice

To start, we'd like to get your initial understanding about General Practice as a career. Write down what you think it would be like to be a GP?

Flexibility was recognised by most junior doctors as a major positive factor in general practice. This flexibility included not only flexible or more regular work hours but also flexibility in location and working environment. GPs were not restricted by hospital rules or locked into a hospital environment. They also saw patient contact over a long period of time as being positive.

Some participants saw the work as challenging and rewarding with a wide variety of patient presentations, although more saw the work as potentially repetitive and uninteresting with a limited range of patient presentations and many referrals.

Some junior doctors were unsure of the career progression for GPs and thought that there may be better prospect of promotion and therefore more remuneration within the hospital system.

There were a number of junior doctors who were concerned about the lack of consultation time caused by the pressures of the Medicare bulk billing system.

While some junior doctors saw advantages in being their own boss and not being subject to the constraints imposed by a hospital, the additional problems of running a business and having medical insurance were seen as deterrents.

The possibility of specialising was seen as attractive, typically viewed as a rural only option. Rural practice work was considered more interesting than an urban practice, both because of the specialisation possibility and due to a perception that the patient presentations would be more varied.

Both urban and rural practices were however seen as potentially isolating, both physically and professionally, which caused concern for some junior doctors.

Typical comments Junior Doctors

- I think city practising, suburban practice would be boring, but I think a country practice would be more interesting. You would have more procedural work.
 - It's quite satisfying to follow families, the same patients over time. You can
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take the opportunity to subspecialise.

- There's interesting work in urban settings too, for example with indigenous health in Redfern. That's a city practice which would have interesting work compared to say, a Neutral Bay clinic.
 - One good aspect about working in a practice is the follow up with patients. In the hospitals you see a patient and then discharge them.
 - The challenge would be dealing with patients efficiently. They would demand more time with the doctor, so there'd be a tension I would find quite frustrating.
 - Lifestyle, hours and flexibility. It's good for other commitments i.e. families, other interests.
 - GPs' work can be uninteresting, not cutting edge. Less acute medicine.
 - It's a broad field; good for variety and larger variety in patients from paediatrics to women's health to geriatrics etc.
 - A lack of career progression. What would be the difference of someone who has been working five years to someone who's worked 20 years? - As a GP you may gain a wider clientele and know more families however in terms of skills there may not be that much change. However in the hospital you can achieve different titles, pay rises and more responsibilities, through progressions. This may be a perceived lack of knowledge on the part of residents. Specialists have titles and differing jobs.
 - Quite repetitive, seems simple, unrewarding but a good lifestyle.
 - Potentially good but limited career – limited by govt medical billing. High volume patient load and short consultation times. Flexible times, shift work
 - I'd be concerned about running a practice and the business side as well as the remuneration. Overall you hear about low pay compared to other specialists, although you do hear stories of general practice registrars receiving high remuneration.
 - As a GP you are highly employable – generalist.
 - You have less regulation than in hospitals.
 - Flexible hours, and easily transferable in terms of location, you can work on the mainland or overseas.
 - In the urban setting you work with other colleagues in a practice in larger clinics so you have fellow colleagues to support you. If you maintain a good
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relation with hospitals also you can maintain contact with them.

- There is a lot of scope for thinking outside the square. You can tailor your GP future. A diverse range of clients, providing continuity of care. It's demanding but worthwhile.
 - GPs are well remunerated especially if they have some specialisation or have other skills such as counselling skills etc.
 - Pretty good lifestyle. Sometimes difficult, isolated and unsupported by other doctors. You can be alone in a practice. You have independence. Continuity of care and self employed which can be a good thing, but it depends.
 - Flexible. Depending on where you work, it would be varied on what disease presentation you'd get and what you are willing to look after. Some urban GPs in super clinics see a lot of the same old same old, compared to the rural doctor who has a varied workload.
 - Urban practice – bored, brainless very repetitive.
 - The range of different presentations we get in hospitals is demanding but rewarding. GPs can have the continuity of care as opposed to hospital where there is a lack of it. Here we only deal with acute illnesses.
 - Professional isolation is a worry and the income is considerably less than other specialties. Get about \$250,000 a year compared to ophthalmology or radiology where you make millions of dollars. This is the biggest disincentive, but you have good lifestyle with a more session-based occupation. You can choose your work load, you don't have this choice due to college pressure – you're expected to maintain a high workload.
 - Opportunity to work part time a few days a week for six months. GPs geared towards more varied work like skin clinics, working some days in theatres. I've experienced this in my GP rotations.
 - There is a restriction of time and the stress of high patient turnover. Highly regulated; GPs spend time justifying to Medicare or writing reports in response to complaints.
 - You become a generalist but have the opportunity to do procedures without having to be a specialist.
 - Busy and stressful but a big differentiation between city and rural GPs. In the city you have huge time pressures. In GP you wouldn't deal with many extra procedures like oncology or obstetrics.
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- In rural areas you have the chance to do different things. It's very procedural and keeps it interesting. In my rural rotation experience, you have to factor in another two or three hours on top of your consultations because you have your hospital patients. You can spend the whole weekend in emergency, contactable all the time. It's interesting but in small town with only one or two GPs it's very demanding.
 - If you've got something that's seemingly simplistic like a deep vein thrombosis or an isolated cellulitis and you try to treat it in a GP setting and you get it wrong, the first thing the courts will say is why did you get this wrong.
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Perceptions of general practice training

On your sheet, write down 3-5 words that describe your perceptions of general practice as a training option.

Junior doctors thought the shorter training program compared with other specialties was a major advantage.

Many of the junior doctors also believed that GP training was easier to get into than other specialties, the training was easier, and the exams were easier to pass. Participants in two groups however pointed out that, in the previous year for certain regions, GP training had been almost as hard as other specialties to get into.

The flexibility of the training program was again mentioned frequently by junior doctors with the ability to train part time being seen as an advantage over other specialties. A number of those surveyed thought that the level of support during training was good. Others were positive that the training was generally under the supervision of GPs and the ability to do advanced skills training was attractive.

Some pointed out that junior doctors in hospitals were isolated from GP registrars and it was difficult to learn about their training directly.

Junior doctors generally believed that GP registrars were well paid during training and that the idea of free training was good.

Typical comments Junior Doctors

- The hours are more flexible, the way you can do it part time so it's easier.
 - It's an easier training program to get into. It makes it more appealing.
 - I hear the training and the exams are easier. I've heard from a GP that the exams are designed to rule out people who are incompetent, but not people who are competent but not the best, so I don't think the exams are amazingly difficult. I don't think an exam is going to rule you out anyway, for some people they become a GP because it's easier.
 - Apart from being shorter you can count the years of training; it's only three years plus the training, so it makes it more attractive because you can do some specialisations.
 - It's well supported and quite flexible – they are happy if you take off six months to travel.
 - Well remunerated especially in the country – they support your college fees, and the pay is good.
 - Suffers the perception that GP is a lower skill option or lower choice or less competitive option. If the college looked at changing perception at an early age this may improve.
 - I don't really know much about the GP training program, being in hospital you know about the other training programs because we are around them, however once GPs finish their training they disappear, there is a detachment.
 - Quite well supported but there are other training programs that are supported too so it's not a deciding factor.
 - I think it would be quite well supported by other doctors – a varied and hands-on experience, good idea of GP practice – more condensed course – opposed to specialist.
 - Certain amount of hospital rotations. Three years and you're into your career.
 - Good things: well supported. Your own patients who would keep returning unless they didn't like you. A lot less demanding compared to shift work.
 - Advanced training programs – skin lesions etc. You're able to specialise.
 - I like the idea about knowing a little about everything.
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- No knowledge about exams, sometimes you hear about a paediatric rotation – more education would be good.
 - Specific hours and being under supervision of a general practitioner.
 - Three years of training before you can become a GP as opposed to a specialisation that can take years of study.
 - Work for a practice – can negotiate your salary with that practice - in terms of money for hours worked for a trainee GP it's a pretty good deal.
 - Quite competitive for Sydney jobs – almost equivalent to specialist programs just to get in.
 - Training is flexible – partially hospital and partially GP – family friendly – part time hours – short – so quicker getting to full employment – I hear the exams are relatively easy.
 - My sister had people say to her when she was studying to be a GP 'that's a waste of your talent'.
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Perceived earnings

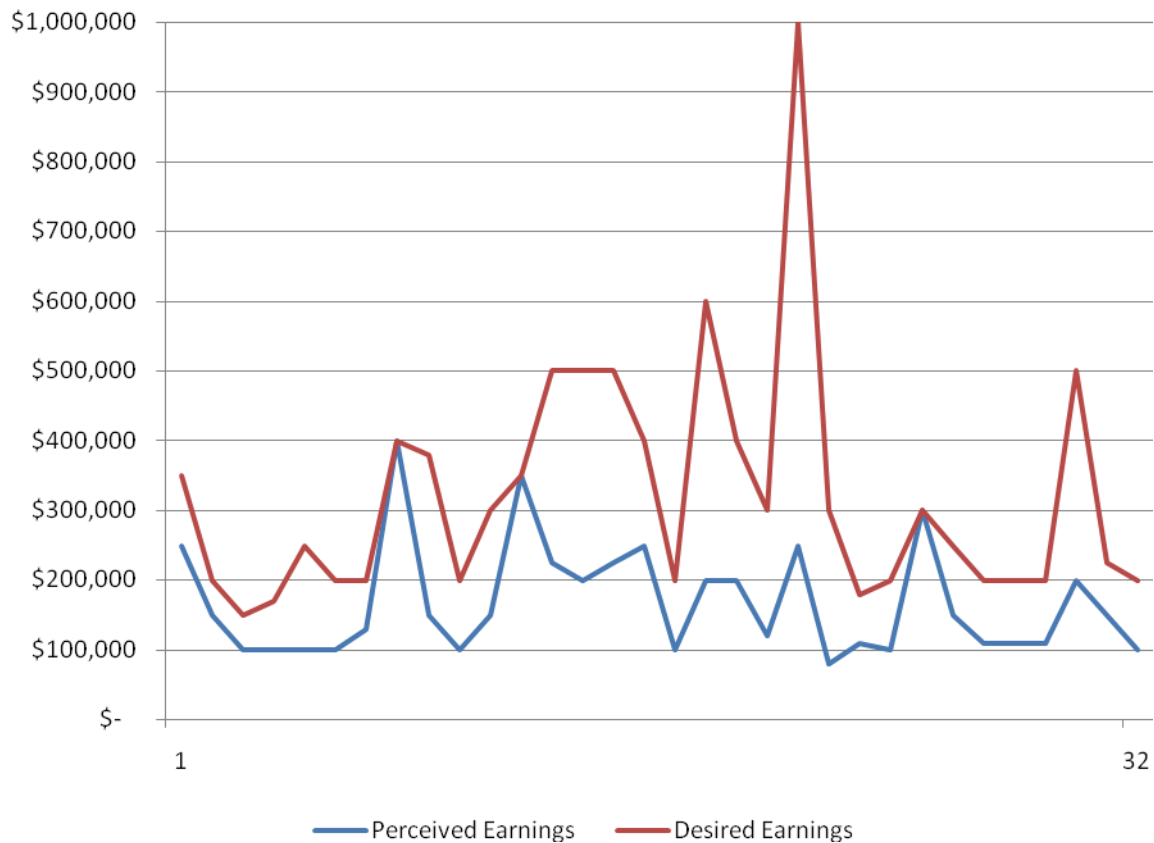
Write down how much you think a typical community GP might earn?

There was a very wide range of values given regarding what junior doctors believed a typical community GP might earn (from around \$100,000 to \$400,000) with most suggesting around \$200,000 per year. The majority of junior doctors believed that what they thought a GP earns was less than what they wanted. What they thought a GP should earn was heavily dependent on their family circumstances and previous earnings. When asked what they wanted to earn, the majority indicated they would be satisfied earning between \$200,000 and \$300,000 per year with an average of \$270,000 per year.

The following graph is indicative of the salary junior doctors believe they would have as a GP (perceived earnings) and the salary they believe a GP should earn (desired earnings).

Please note: These figures are indicative only. The figures provided in response to this question varied considerably depending on the individual's concept of the GP configuration, i.e. salaried vs. own practice, urban vs. rural, pre-tax vs. post tax, full time vs. part time etc. Participants usually provided a dollar range rather than a single figure.

It can be seen however that most participants imagined their earning potential as a GP would be lower than they desired.



Typical comments Junior Doctors

- \$300,000-350,000.
- \$100,000-200,000.
- City GP \$150,000, rural GP \$200,000.
- No idea
- City – \$100,000-\$130,000 rural \$130,000-\$170,000.
- \$250,000.
- \$200,000- practising full time, nowhere near enough.
- Seems so variable – potentially can earn a lot more than that – it's hard to really know what they earn.

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- It's so complex. Can you provide good care with a high turnover? It's a conflict of interest. Potentially you study a lot longer in specialisation – but you come out with higher remuneration.
 - It's hard to think of your practice as a business without thinking of the profit, but that's not aim of practising medicine – it's about providing the best care. Study enough to know enough?
 - 13 years of study and pay off HECS. Look at the time investment, for the amount of study it's not much.
 - \$300,000 – by talking to some GPs, but there are also a lot of practice costs and staffing costs – but you'll probably get only \$100,000 – but the more patients you see the more you earn.
 - Rural – \$250,000 – urban: \$150,000–\$200,000 that includes accommodation allowance, training, car, the whole package.
 - \$80,000-250,000 – depending how many days they do in suburbia or \$300,000-320,000 in more isolated rural places involving procedural work they do.
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Income (desired)

Is this dollar amount enough for you? What pay range would satisfy you?

Typical comments Junior Doctors

- \$300,000-350,000. That's enough.
 - Over \$100,000 would be ok.
 - \$100,000-200,000. I could make it work, depending on the benefit of the job flexibility to have kids later on etc.
 - City GP – \$150,000, rural GP \$200,000 – enough for me, but I think as well to justify an income is by the training and level of skill involved and the fact that the gp training program is for about half of all the other specialties, so I don't think you could justify a income as high as the others, so they won't get paid as much as a specialist – it's just the reality – if you want the faster training – take a pay cut.
 - I don't think that choosing a career for income isn't the reason you should follow it – if you're doing it 24 hours a day it needs to be worth it (in other
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ways)

- City \$100,000, rural \$150,000 – enough money, but whether or not you'd be frustrated if you're working harder than everyone else around you it might frustrate to see others working less and getting more money than you. And very easily without having to put up with long hours and abuse from patients.
 - City – \$100,000-\$130,000 rural \$130,000-\$170,000 – I think that's enough compared to what I'm earning now – way below average – I think if you want more you can go and do something else, do some extra training especially these options in rural areas.
 - \$150,000 city, rural \$100,000-\$150,000 – think it's enough in rural settings because there's less expenses, and in the city it's enough for me, but maybe not for my wife's shoes.
 - Deserve to get more, but it's not a deterrent to doing GP.
 - Not enough, because you'd see your colleagues earning the more than you.
 - \$250,000 – not enough if you take out your practice fees and nurse fees.
 - \$150,000 net – not enough – I think most feel they are under paid.
 - \$300,000 is good enough considering the training they go through to become a GP.
 - Should be closer to \$200,000-\$250,000 considering the training that is done and the responsibility that they have.
 - A six-minute-a-patient GP could make \$500,000. That would be enough I think. It's a trade off between how much you want to earn and the balance of life.
 - \$200,000 – definitely adequate.
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Is GP a specialisation?

Do you consider General Practice as a specialisation in its own right? Why / Why not?

The majority of junior doctors who attended the focus group sessions believed that general practice was a specialty in its own right; fewer saw it as a lesser specialty or did not see it as a specialty at all.

Most junior doctors agreed that neither the general community nor the medical community perceived general practice as a specialty.

It was considered that older members of the medical community were finding it difficult to accept the idea that a person needed training to become a GP because 'training wasn't needed in my day'.

One student asked why anyone would specialise as a general physician when a GP did much the same work for much the same pay.

Typical comments Junior Doctors

- Yes it is but the public don't see it that way. Perception is different to reality.
 - It is sold as a specialty by the colleges.
 - A good GP as a primary preventative medicine can make the reactive medicines in hospitals redundant which can make it more of a specialty.
 - No. A GP can't do anything that a cardiologist can do, but a cardiologist can, given the time, do what the GP does.
 - It used to be different, you used to be able to just finish medical school and become a GP, but now you have to go and do training. So maybe that's why people have this perception.
 - Focusing on skills that specialists don't use can make it a specialty.
 - I think it is becoming a specialisation. Before you finished med school and by default if you didn't want to do anything you become a GP.
 - There are fundamental things that are part of the training that if you weren't exposed to you wouldn't be a GP.
 - Recognised as a lesser specialty if it is recognised as a specialty
 - I've had it ingrained in me that GP is a lesser occupation.
 - I think being a generalist is being a specialist – the way the health care system is set up – it will never be considered a specialty – people won't grasp that concept because people go to the GP for primary and can then
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get a referral.

- Yes I do but I think it's more highly sought after elsewhere in the world.
 - You can get into the training program in second year it's for a shorter time of training – it's seen as a soft option and maybe that's to attract people – but it is really.
 - I don't think it's a specialty – I see you used to do a year of internship then go out into general practice – now there's a training program.
 - People ask if you're going to be a GP straight out of third year [inferring there is no extra training].
 - I think people who have exposure to medicine are aware it is a specialisation.
 - Some older specialists consider it subordinate because they recall the previous direction of GP training, instead of looking at it in the current context.
 - I've heard that it's really hard.
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Knowledge of AGPT program

What do you know of the Australian General Practice Training Program?

The junior doctors had a slightly better knowledge of the Australian General Practice Training Program than the medical student groups; however their knowledge was not strong. Junior doctors were aware of the program and in most states were able to provide some details. It should be noted that even the most basic details such as training duration varied, and doctors often had received different information.

Typical comments Junior Doctors

- Very well supported – teaching is excellent – even in the country. Good communications via teleconferences; emails –they made me go into the royal medicine college and are still sending me stuff on education even though I did it a year ago. Good.
 - Aware you're rotated to different areas, rural and city.
 - Finish internship then further 18 months in hospital with paediatrics compulsory.
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- Program is about four years with an extra year for rural and remote medicine
 - It's three years, but if decide to go rural it's an extra six months.
 - Two pathways – rural or urban.
 - One year or two years hospital training.
 - Not clear on the details.
 - The urban stream is three years, two of which are in hospitals and you must pass one set of exams before you go to GP. If you do the rural stream you can also do an advanced skill in other areas, like anaesthetics, emergency, paediatrics – it's one year extra for your skill.
 - One program over three different geographical areas with a few organisations working together.
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AGPT likes and dislikes

What special features or benefits do you like or dislike about the training program?

Junior doctors thought the shorter training program was an advantage over other specialties. Doctors were divided on the rural placements with this dissuading some and others seeing it as attractive.

Junior doctors also

saw advantages to the higher remuneration that GP registrars have and some were aware that other specialties deliberately limit accredited positions.

Typical comments Junior Doctors

- Rurally there's a lot more pressure on registrars to see a volume of patients that's consistent with the practice's average – which is unreasonable when they are only in their first few years of their training – compared to regular GPs who know their patients and have developed relationships.
 - Having a remuneration system that's different from a certain percentage of billings plus a base, so that it takes away that pressure and gives them a chance to train.
 - It's fairly flexible.
 - It's short and you're earning a lot more than your other colleges earlier on.
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- I'm more a city person so I wouldn't do rural.
 - GOOD: GP exams are much easier than a physician's exams – that's my assumption – the pass rates of physician exams – bell curve - if you fall into the lowest 30% it doesn't matter what your score is – you don't get in. But as GP you are guaranteed a future as a GP. As an orthopaedic registrar you can slave away for years in unaccredited roles while waiting for an accredited position. How many people pass is determined by how many places there are.
 - Two pathways – rural or urban.
 - One year or two years hospital training.
-

Who do you ask for career advice?

When it comes to making a decision about your career path (i.e. which specialisation you might want to pursue e.g. GP vs another specialty) how do you make that decision? Who do you ask? Where does your information come from?

Junior doctors used their training rotations to help them make career path decisions. They examined how they felt about the work, if those already working in the field enjoyed it, and if they felt that they could work with their potential colleagues. A number said that their rotations had helped them eliminate specialties they had earlier considered.

Junior doctors also obtained information, to help make a decision about their career, from their peers, family and consultants. A large proportion mentioned that more experienced registrars were an important resource as they were actually undertaking the training and could provide good feedback.

A number of junior doctors said that their decision would be affected by lifestyle in addition to the clinical aspects of a career.

Typical comments Junior Doctors

- You have to be interested, have to enjoy the work and you have to get along with the people who will be your colleagues and superiors who'll be training. You have to have a goal at the end of it.
 - Look at people who are in the job now, that are 50, surgeons and GPs and physicians, what area they are in, look at if that's where you want to be or if it's what you want to do. Will you be happy? How happy they are, how their
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family is, if they are standing up arthritic in surgery.

- I like to go to a fair few talks and seminars to see what's involved, you get a range of views. It's not necessarily unbiased though.
 - My views are formed from rotations, but also from my family and being a patient myself.
 - There are all sorts of things that are important and matter. We get to try out all these things and see how people respond to us and how people rate us. So if I'm a GP and other people think you're wonderful you might do it. If I'm a surgeon and everyone thinks you're awful, then you're not going to follow it.
 - In the hospital system it is mostly the consultants and registrars who play a big role. Especially those who are passionate.
 - We're not actually exposed to GPs – If we were exposed to good GPs and exposed to their lifestyle they may be more inspirational. It would be sought out rather than a fall back option.
 - Your mentor and other friends in the field.
 - For technical information, college websites are helpful.
 - Registrars and your peers they have experience doing different terms - I listened to other peers about their terms they did last year – that influenced me for when I was picking my terms this year.
 - Consultants, people who are specialising and then going down in levels – people in the training programs how is their lifestyle, what sacrifices are they making, and then peers another level down like us how they are finding.
 - Observing the work, the consultants, and the registrars – are they happy – would they recommend it – would they do it again if they had the chance.
 - Even if you ask someone from outside they will also have a biased view – each hospital has a training unit you can go to ask questions they are biased also – so talk to people in college, but many different colleges to get a feel for it.
 - You can get moulded through medical school by a good or bad GP rotation – I was influenced by how happy the teaching staff were and how they sold the job i.e. GP as a career.
 - I found my information from various people – my peers, various consultants, people in this environment and those a few years above me who are in GP
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now. Also the question of location, can I stay in Tasmania, does it suit me? The availability of training positions, many specialties have few training positions and are difficult to enter because I'm mature age. They wouldn't be interested in mature age students – training length of three years is attractive.

Independent advice

Where would you (or do you) go for independent/neutral advice and information about medical career specialisations?

When looking for independent or neutral advice junior doctors again asked their peers and other doctors for advice. Some mentioned that they asked their family.

Typical comments Junior Doctors

- Weigh all stuff up – combo of type of work you do and what doctors say about it, what goals for family are, lifestyle, income, so I never could work in a lab so pathology and all those kind of things aren't for me.
 - Parents would be but they're not in the medical industry.
 - Previous colleges and doctors.
 - Colleagues and their experiences.
 - Previous colleges and doctors.
 - I didn't know it was free training for GP.
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Perceptions of hospital staff

From your experience in working in the hospital, what would you say the general perceptions of your peers, supervisors, and colleagues are regarding GP as a career? Does this impact on the likelihood of you considering GP as a career?

Junior doctors thought that a considerable number of their supervisors and peers made negative comments about general practice. However, it was pointed out that most people tend to discuss or focus on instances of poor practice rather than instances of good practice; it only takes a minority of 'bad' GPs to give the appearance that all GPs are the same.

In the hospital environment many patients seen appeared to be due to referrals by lazy or bad GPs, while the good GPs fixed the problem.

Some female students thought that they were less likely to be criticised for choosing general practice as a career than male students. It was felt that for some consultants and senior registrars, general practice seemed to be a more acceptable career choice for females than males and those who undertook GP training were considered subordinate because they had taken an 'easy option'.

Typical comments Junior Doctors

- I think more often the comments are negative, but in general that's when you tend to comment, if you have a great conversation with a GP (or anyone) you don't go and tell everyone, but if you have a terrible conversation, you'll get off the phone and say 'what a bloody idiot' and tell everyone about it – I know I do.
 - I think emergency is a good place to see examples of good and bad practice. I've seen some shocking general practice, I saw a GP send a neutropaenic but otherwise well chemo patient to emergency, the last thing a neutropaenic patient needs to be doing is to sit amongst sick people in emergency. On the other hand I've seen some fantastic GP follow up that has been potentially lifesaving.
 - I've seen more of the other side, there is a touch of arrogance in relation to the GPs, about the problem that the GP sends patients to them about - like that's simple I can't believe they didn't pick that up. It's very easy for a surgeon or a neurologist to brush them off, there's lack of understanding about the role of the GP. It's easy to get caught up in that especially if your boss is saying things about them.
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- I found that anyone who expressed they'd like to do GP training they get a positive response from bosses; they value the fact that you have a goal at this stage. I've never heard anything in the negative response to GPs.
 - I think a lot of this is sexist as well that doesn't bother me because I want to have lots of babies and I see that GP is a great fall-back option that allows you to have babies as well if I don't want to continue with the other things. I don't think that's a negative thing as well. I think when I speak to people about it I get a good response, like 'oh yeah I would do that too or my wife did that'. But I think it's not viewed as positively with guys if they want GP as a fall-back option.
 - I have read anecdotal reports of colleges balancing their intakes, skewing their intake gearing towards males because there is the assumption that at some stage women will go part time and have kids or move to one of the caring profession like psychiatry or GP. So whether or not we exceed that stereotype or not.
 - It works both ways. The odd bad GP gives them some bad names. It's more the junior doctors that have that opinion.
 - Excellent career choice but I wouldn't want to do that. A big group from my year that knew from very young that they would do that – there's a big group of GPs and doctors that want to do GP as a career.
 - One of my GP supervisors was very negative about his work and warned me about never becoming a GP – negativity can come from within and outside the areas.
 - Attitude amongst registrars – maybe due to training – it's shorter training – so they compare it to their own surgical training – it's seen as a soft option.
 - Consultants make comments about specific GPs but use the specific examples to generalise about all GPs – but it's comments about behaviour of GPs as opposed to general practice being subordinate.
 - Occasionally GPs mightn't do everything they are supposed to do or may misdiagnose – but it's related to the patient volume and there's not the opportunity to spend a long amount of time with a patient – a specialist has an hour to see their patients – it's the context in which the issues arise (why they send them to the hospital) it could be one of many issues presented by that patient to the GP.
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- But to be fair, we do see good GPs that are teaching students and we don't see them as much, they manage their patients well.
 - I get the question a lot are you going to specialise or are you going to be a GP. You get this question from medical professionals and family and friends, like they want to figure out if you're good or not.
 - You can't help look at GPs like that they are often classed as second class citizens, I rate it as my number one but people look at me like 'oh she's a lost cause'.
 - A lot of the consultants when they discharge a patient they do value that in order to get the best care they need a good GP – especially in a country where some GPs are well known.
 - Great variance – even the consultants who value the GP role, recognise the GP as a low skill option. They are also very quick to dismiss GPs – to jump on their mistakes. A feeling that GPs don't have the skills. There's a lot of 'bagging' between different skill sets but the 'bagging' of GPs isn't seen as reciprocated.
 - I think consultants have a working respect for GPs, because once you become a consultant you realise how important a GP is. But the registrars and training doctors are taught to look down on GPs.
 - I agree with that, but I suspect there is not just a respect for their work there is also the knowledge that if they slag the GP they won't refer their patients to them.
 - It's very mixed. There are positives like lifestyle, but there are a lot of negatives as well but I'm not too sure. GPs seem to come across lazy.
 - Residents who have gone to GP training have chosen the easy option, that's the end of their career.
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Top three career directions

Write down your three top preferences for your career direction. (From all of the various specialties available we'd like to know where GP is, for you, in order of preference).

The junior doctors generally had a very clear idea about their career direction and in the majority of cases had a single definite goal.

When asked to list their three top preferences for career direction six percent (6%)¹ said it was their first preference as a career choice, and twenty six percent (26%) of the students placed general practice somewhere within their top three preferences.

Typical comments Junior Doctors

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- I did think about it, but I'm not going to sit there and look after well kids that have got the sniffles, who knows, they may have meningococcal. I'm not just being careful. I like the backup and support of hospital systems, I can get a MRI done, but I can't get them into theatre and get their knee washed out and get the bone marrow in 48hours in general practice. It's hard to organise this in general practice, send them to ED? No. Send them through to registrar clinic? No. Talk to this registrar, whereas in a hospital it's all there.
 - When other things fall through I would be a procedural GP. There are reasons, one because I like to be doing things, two I don't like tweaking medication, and three I don't like treating or dealing with psychiatric patients and that's about 25% of your load.
 - One: obstetrics and gyno, two: GP and three: infectious diseases. O and G seems more exciting than a GP but the lifestyle's not as good.
 - Orthopaedics, anaesthetics, GP – all have pros and cons – I've always enjoyed orthopaedics. It's straightforward but the lifestyle and surgical training and everything related to it so it may steer me away from it. Anaesthetics I like the medicine of it, but sleepy patients are boring. General practice, I like the broad general medical knowledge.
 - Paediatrics, emergency medicine and GP, paediatrics and GP are quite similar because you get quality of care. Paediatrics is very broad and generalist in Tasmania but the lifestyle is not as good, you're on call more. I
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¹ NOTE: Percentage figures used here are not based on quantitative data and should only be used as a broad indicative guide.

enjoy working in hospital and I enjoy the team work and the social side of hospital work. The super clinics are still isolating there's not the same degree of personal and professional interaction, more one on one with the patients.

- GP, emergency, O&G – GP due to the training program, my age and not wanting to relocate – I have family living at home – the GP rotations I had were the most enjoyable – having worked outside most of my life, the idea is off-putting to deal with hospital politics – the bureaucracy - you're in charge of your own future to an extent – Medicare aside.
 - The reason GP is there is that it has a short training period, everyone gets in, and you can set up your family on the income.
 - Emergency med, I enjoyed my time in the country so rural GP is number three. City GP is boring work and you need to cram in patients to make any money, and although rural GP is really varied and interesting and hands on I couldn't live in the country there's so much more on offer in terms of lifestyle in the city. I enjoy the city or a very large town otherwise anything smaller. Not enough resources.
 - GP, always been interested in being a GP if not then I'd do a general physician training. I'm intending to mould GP to what I want in terms of lifestyle and areas of interest. New super clinics offering help for muscular skeletal, neurologist, diabetes centres, and GPs can have a part in this. Interesting to focus on the other areas.
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Work/life balance

In deciding on your career, how important is it to you to find a career that allows you to balance your home and work life (e.g. parenting, life-style, free time etc)? What's the main thing you are looking for in a career?

Most junior doctors agreed that work/life balance was important however it also depended on your current personal circumstances and a person's individual commitment to training or a career path would influence this.

The junior doctors interviewed generally agreed that general practice was different to other specialties in that it was possible to work standard hours, while in other specialties this was not the case.

Typical comments Junior Doctors

- GP is also a less pressurised option, if you think about your life in five years, it's less pressure, for me personally it's not important, but I can understand other people at certain stages in their life where that would be an attractive option.
 - I'd work hard, but I wouldn't sacrifice everything, there'll come a point in your life when you'll need other stuff, even if you think 'Oh I don't care I'm in my 20s 30s and 40s' but there'll be a point when you'll have regrets.
 - I'm happy to work hard if I'm really into something, but I'm happy to have a certain amount of balance, I don't want to work from 7-7 and on call every night and not have a family.
 - I'm very lifestyle driven, family driven, family high priority, and for that reason I'd do 9-5 and if I was interested in something I'd do the extra tuition.
 - No concept of fixed work time in hospital – work until the work is done.
 - In general practice if something goes wrong there is the emergency department where patients can go; as opposed to if you're at home and you're on call you have to come in.
 - I think it's very important. You see how a lot of your colleagues donate their life to medicine; some enjoy it while others are not happy with it. Depends on your social life. You need a good work balance.
 - Throughout medical school in junior years you deal with specialties and you think it's a really interesting area, and you'll have this view for a few years – but then after a few years you realise that GP offers a better lifestyle.
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- Comes a point when workload and lifestyle collide – maybe you're doing what you love, but don't have a life, so you find some compromise - do something you like but have time for family too.
 - It's a personal choice – some colleagues are working flat out and getting extra shifts for more cash – but others won't give up their lifestyle – it depends what you get out of your work and how much you do or don't want to give up
 - Job satisfaction, I want to do something I enjoy doing and will enjoy doing. Personal satisfaction is more important to me than the money.
 - I agree the lifestyle is so important because I don't want to be married to medicine but the other specialties are starting to help out their fields to help their lifestyle.
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Gender balance

While there are many male and female GPs, statistically, males are less likely than females to pursue GP training or careers. Answering from your own point of view, why do you think this is the case?

Junior doctors were less likely than medical students to deny that gender stereotyping affected the proportion of males and females in general practice.

Both sexes considered that women chose general practice because it allowed them to work around having children. A few were prepared to admit that male ego played some part in the decision with GP being seen as a soft option where anyone can make the grade.

Some junior doctors believed that females were better at relationships and enjoyed patient interaction more than males and this may make general practice more attractive to them.

It was suggested that if other specialties had part-time training they may be more attractive to women.

Typical comments Junior Doctors

- Traditional roles of women still stand – lifestyles and family life – pressures of raising a family is offered through GP – the offer of part time.
 - Relationships and continuity with patients is more important to females.
 - Females are more patient than males – more compassion with small problems.
 - The flexibility of GP programs enables the possibility for pregnancy for women. No other programs offer this kind of flexibility.
 - For the males it seems the soft option. It could have something to do with the ego of some males.
 - It's more of a balance and lifestyle career. You can come home at five and look after the family while another specialty could require you to work late nights.
 - Second part of lifestyle is style and money buys style. In a doctor's family where the wife is a GP and the husband makes more money – then you can live from his income and still have good money - if both were GPs not owning their own practice they'd have time – not money not style.
 - Mainly because other attractive programs aren't as open to women – in terms of family and flexibility – so they are directed into GP work. They may wish to do something else if they had some choice.
 - Surgery is still the biggest issue – very disproportional male: female ratio – what you have to do to get into surgery is to give up your life – mould yourself into the surgical mindset - become an alcoholic. With GP you just need to get through the training period and get on with it.
 - You can't pick something just for lifestyle – you need to have an interest and passion what you do otherwise you'll be bored – I want balance to work to live – I don't want to sacrifice everything for it.
 - I don't want to live to work, I couldn't handle that.
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Exposure to GP

How much and what type of exposure to (or information about) GP have you had in terms of being able to make an informed decision about whether or not GP is a real option for you?

Junior doctors reported having mixed exposure to general practice. All had undertaken GP rotations as part of their training and often an individual's experience had positive and negative aspects.

Some of the junior doctors thought that they would have liked more autonomy during their rotations believing that they were over-supervised at times.

It was suggested that a GP rotation during residency may provide a more valuable insight for prospective GPs, but it needed to be seen as not being an easy option.

Typical comments Junior Doctors

- I've seen a lot of GPs work in hospital systems on rural rotations, and in med school we had four weeks - two rotations as GPs. In reality it's an artificial environment where you're incredibly over supervised, you get no autonomy in the system, if I was really keen on being a GP I'd like to spend some time consulting patients myself, I think med school really prepares you well incredibly well for GP you get a broad exposure to GP problems.
 - Almost no exposure, 4-5 weeks as medical students, there should be the option of a GP rotation a community GP accredited medical placement.
 - I had a great experience with rural GP in Merimbula – we had another GP with a practice that did acupuncture and things like that. The urban GP that I had was at a practice in Tuggeranong also. It would be nice to have a term as a doctor being there and consulting patients, because you don't actually face GPs again until you do the training course and become a registrar.
 - Enough exposure during medical school, really good to have the option for GP rotation as a resident. During residency you see things differently/value things differently.
 - My sixth year rotation in GP was rubbish, fifth year was good – sometimes in terms of set-up – in sixth year it was boring, there were few patients, I didn't get the chance to see the more interesting side.
 - I had a Greek GP who spoke Greek to his Greek patients and would ask me
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questions in the context of a consultation that I couldn't understand.

- I went through the Adelaide course and there was a fair bit of exposure to general practice – for rural and urban. Working in an urban setting is another subset to GP training - I think dealing with addiction medicine and homelessness and lower socioeconomic status – very interesting. Fair bit of scope to do a lot more as an intern – I've got broad experience from going to varied locations, Jamestown, indigenous health in Port Augusta, Uluru, Lord Howe Island – it was good experience –you get at least a couple of weeks as a student even if you don't want to go out to those areas.
 - Most of my friends have gone down the GP path and they only work three days a week and earn a lot more than me and they have time to do so much more than me. So I know the training program quite well.
 - Mine were at medical school. I don't know many people in the GP field. From my medical school I didn't like how it was taught. I felt they weren't qualified. And they didn't teach me much. Maybe if I had a better experience. Needs to be more hands on.
 - I had a very genteel rural term in Bowral; there were respectable patients, with money or who had retired down there, five or six GPs in the practice. I had the opposite experience in a Redfern GP practice. The GP wasn't really on her game, she really struggled, she was depressed, worked really long hours, a lot of methadone patients came through, I think she struggled with confidence. I just wanted to get out of there, it was so awkward.
 - I had a really good rural GP medical school - I had such a nice practice, they had really broad group of patients, they did all their own basic procedures. They had a practice nurse who came in and drained all their own abscesses, and in that practice was a GP obstetrician, which I'm interested in. So in a country town if one patient went into labour, we'd be called in when they were waiting to deliver, see the patient and say 'Oh we'll be back in half an hour'. He worked really hard, and he had patients in hospital, he'd do a round before he went into his room. He was an impressive guy, really nice, three or four kids, his wife had an avocado farm which he visited, so he worked hard and played hard.
 - I didn't get enough hands on – I like to get right into things – I did do four weeks with the Royal Flying Doctors as an alternative to rural GP – that was a fantastic subsidiary to standard practice, emergency work a bit of clinic work.
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AGPT careers seminars

Have you attended an AGPT careers seminar at your hospital?

Some of the junior doctors had attended an AGPT careers seminar at their university or hospital. It was generally felt that the people attending the seminars were generally those who already intended to enter general practice.

Typical comments Junior Doctors

- Unless you go to their 'store' you don't hear from them.
 - They come to the careers expo.
 - No.
 - There was one at the hospital.
 - Most people attending intended to apply.
 - They could have advertised the prevocational placement program.
 - If you do that prevocational orientation it doesn't count towards your GP training.
 - I don't agree – hospital rotation in your first year of training.
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GP student rotations

What were your experiences during your GP rotations as a medical student? Positive/negative? How did this shape your view of GP as a training and career option?

Most of the junior doctors reported having positive GP placement experiences, particularly in rural areas.

A number of junior doctors expressed concern that some of the GPs supervising them had said they mostly wanted students for the extra payment and weren't actually interested in training them.

Typical comments Junior Doctors

- I went to a few rural GPs and metro GPs and had a ball – some had specialist areas – Women's health chronic pain, skin cancer etc – it wasn't interesting – it goes back to it being 'just a GP' thing – the influence from your family and friends expectations.
 - I was in a busy city practice in my third year and he didn't care about my learning. In my final year placement I spent five weeks in a diverse placement and they were keen to teach me new things and it was more enjoyable.
 - Out in Mitchell they have a 10-week term as a GP – to give us experience out in the bush – but often you only stay five weeks because you swap around – others thought five weeks is good – he was a very good GP – he thinks GP experience should be positive and he's promoting positive rural GP experiences – he's doing that program very well – often our only experience of rural GP is isolating and scary because we are the only GP on duty.
 - I wouldn't say my experience was totally negative – lots of assurance you're going to be ok – a lot of prescriptions, every day this is very repetitive very different from surgery.
 - It was positive for me and I enjoyed more than I thought I would. But it really depends on who you do it with. If the supervisor cares about teaching you. I didn't find it mentally stimulating.
 - On the whole positive – especially in rural - some GP training providers are very passionate about what they do and push the idea that what the rural GP does it's so much more than the urban GP. Compared to working in the ED here –GPs sending people to ED when it's not needed. Rural GPs need to have high knowledge – they know their stuff and need to deal with acute cases – because the city is too far away.
 - When I worked in Katherine the practice was welcoming and supportive – as a student the experience depended on how willing the supervisor was to supervise. Sometimes they want a student, sometimes they have been told to have one and then you are stuck sitting in the back room which is useless.
 - I know some practices pay GPs to have students. Some other students have said they were told by GPs that they needed the money. They didn't take students because they wanted to. If they are interested in teaching the
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money might be an incentive, but they will teach anyway – but if someone doesn't want to teach - they never will want to teach so why take the money to have a student if they are not interested?

- It's good to have someone to debrief with – to run things by them – not to hold your hand. To get advice. I was on call 24hours a day.
 - I've done rural work with my placement and I really enjoyed it I've seen different ways of practising away from the city and I think that's important.
 - High expectations about what you should know – a lot of politics involved in different practices. I get this impression from my GP training.
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Supervising GP attitudes

During your GP rotation as a med student, did your experience with your supervising GP encourage you or discourage you to consider GP as a career option?

Only a few junior doctors commented specifically about their supervising GP but these were usually negative comments. Most of the doctors had been encouraged or discouraged by their experience in the practice and the attitude of the doctors there.

Typical comments Junior Doctors

- Discouraged me as I felt it was poorly taught.
 - He was a very good GP, he thinks GP experience should be positive and he's promoting positive rural GP experiences.
 - One of my GP supervisors was very negative about his work and warned me about never becoming a GP.
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Can general practice training be more attractive?

Do you think there is anything that could be done make GP training more attractive to you?

To make GP training more attractive, junior doctors agreed that initial placements were critical as was having supervisors who were keen to train students.

Some junior doctors suggested that if it was possible to get the work variety that GPs in rural settings or hospitals experienced, it would make the training more attractive.

Typical comments Junior Doctors

- If you knew you could get the same variety in general practice as in a hospital it would be more appealing. If instead of being stuck in a family practice, you had a few days in ED, theatre assisting or in hospital and in the practice it would be more interesting.
 - Do the stuff that rural people do but not in a rural area.
 - I think people who are really interested in what they are doing and are really keen to transfer their interest to you. In your formatting year you have all these people with specialties and surgery but no one from general practice. If general practice became more of an internship it would expose more people to it but the problem is people are taken out of that and put into a hospital and they want to keep you in the hospital because that's their business.
 - You need to make your first experience of general practice quite good. I don't know how you would do that but I think you would get a lot more people interested.
 - Yeah the people teaching here don't really teach it well. They seem disinterested. It should be hands-on based.
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Knowledge gaps about GP

As a junior doctor (or medical student) what would you want to know about GP to make it a genuine career option for you to consider? Do you feel that you have knowledge gaps about GP that you would need to know in order to make an informed career decision?

When asked if anything could be done to make general practice more attractive as a career, most junior doctors wanted information on career plans and potential salaries. An effective way to communicate the range of different configurations of a general practice career was to present various models of general practice life e.g. showing GPs who only work part-time and how much they can be expected to earn, as well as those working full-time, plus those who also do another subspecialty etc.

Junior doctors suggested that while they were in constant contact with hospital registrars who could provide some career information, actual GPs and GP registrars were further away and generally inaccessible.

Typical comments Junior Doctors

- Financial stability. GP as a business model. That seems quite difficult. If there was a better way to have that. With GP a lot has to do with like Medicare and bulk billing.
 - Have the options clear and laid out so you know your options. More info on specialisations. Is it financially viable? Can you stick to a specialisation (or sub) and get good remuneration?
 - Clarify the salary. Will I be able to afford my lifestyle? It's very blurry, I have no idea what to expect in terms of salary. If you know what to expect as a registrar you can then plan your life.
 - I went online to find out this information but I was disappointed.
 - Give us a model, a career summary. "This is how much you will get for training; this is how much you will roughly earn in the next five years." Be upfront about salary.
 - Meet GP registrars – you have more contact with other registrars in hospitals who tell you the story about the training salary and future salary, but GPs are further away from them. All the other specialties are under a cloud where you have the chance to interact with registrars because you work within each department. You learn by that method.
 - The GP idea of supervising who is sitting in on a rotation.
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- Have the information filtered down – how much do these GPs earn in a day – what are the options.
 - Everything is changing, what sort of potential changes are we to look forward to? What is to be expected? Always a 15mins consultation?
 - Will the isolated doctor become a thing of the past? Will super clinics be the way of the future? We don't know what the future of the GP will be like if you're going to follow that.
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Specialty recruiting

How are other specialist areas promoting or communicating with you? Where are you getting information about careers in other specialty areas?

Junior doctors mentioned that psychiatry and pathology appeared to be actively recruiting or targeting them. They also indicated that most specialties appear to recruit through informal networking.

Typical comments Junior Doctors

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- ED said you should come to the registrar teaching on Wednesday – consultants encouragement.
 - As an intern there have been other seminars where GPs say come and join the GP program, it's mainly GPs you don't see other too many specialists saying that.
 - The college of pathologists have been recruiting due to a lack of numbers in the college.
 - The only other specialty that advertises is psychiatry - that's because it's so unpopular. So they just put more money towards recruitment.
 - I got something from NSW surgical training – Hunter – a DVD video.
 - GPET hasn't sent us anything.
 - Maybe if you've been to a conference and signed up they'd send you stuff.
 - Because surgical is so popular they don't send us anything.
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GPET video

I'm going to show you a short video on general practice produced by GPET. Can you please look at it and take note of messages and aspects of this video that appeal and detract for you?

The GPET video was seen by the junior doctors as polished and entertaining, and while they saw it as advertising and presenting the best view, a large proportion thought the video sent a good message. A much lower proportion felt the video was overly contrived.

While the video showed happy registrars and made general practice look and feel interesting, the general feeling was that the interesting and exciting parts of GP work were only relevant to rural practices.

Some of the doctors felt the ad needed to contain more concrete or hard information.

While the majority of junior doctors felt that the video did not affect their perceptions, for a number of junior doctors, the video did provide a new insight into general practice making them reconsider it as a career.

Typical comments Junior Doctors

- I thought it was a really good ad – I just don't think I needed an ad - I don't think they would give you an ad for orthopaedics – I think it's a bit desperate.
 - I think it was a bit long, I think we saw too many of the same images – like the girl with the black eye.
 - It was fine, nothing in there that I wasn't aware of, nothing earth shattering, I thought there was one section with the GP registrar who was doing obstetrics and anaesthetics – one sentence which seemed a bit defensive at first, but then he said I'm really proud of my decision, and that's the core message of the film and the rest of the film was rehashing.
 - It was a bit like join the navy.
 - I felt it was a hard sell – if you're that desperate you have to do that to get people in – I'd like to see some negative aspects as well – so you have to do this, but you can also do this.
 - If this is the ad that you're sending to people who are already applying, they really need some more information; it's a bit glossed over. They want some documentary type. Very flashy, but not meaty.
 - I thought it was good that it was modern. This is us now, we're not old
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fashioned and the diversity it showed. GPs aren't just GPs they can focus on certain specialty areas. It was a good length, not too long.

- It's the ability to have a specialty within a specialty. To have interest in a certain area. It reinforced the positives of GP with the lifestyle, flexible and verity of it. I think the brochure is quite attractive. We're moving with the times.
 - They focused on the lifestyle, it was exciting, and it seemed reality for rural medicine.
 - I saw it as credible – it's obviously promotional; - obviously GP is more than anaesthetics and research projects – I highly doubt the main characters would be in an urban setting – it's promotional definitely – but credible.
 - You can get the variety, lifestyle.
 - It's interesting and diverse as a career, they could follow the interest they had and that it's supportive training.
 - It was good to see the diversity of life in a GP but it doesn't show how easy it is to obtain this – I don't know if I really can get the same excitement and variety – is it viable to work in emergency, in practice and in surgery within a week and get paid enough also?
 - The video did show the lifestyle – family and outdoors activity, however it seemed only the people who did sub-specialised were having fun. There was no local GP giving a talk or anything.
 - I thought they could give more GP registrar example, there was only three or four registrars going around in circles – I'd like to see GPs as well.
 - You'd probably want view from registrars and how they found their training program and their views and the various choices that they made, this is more of a television ad.
 - The video highlighted that you can specialise to a degree in General Practice. This was a new insight for me.
 - Flexible give you stuff to do outside medicine. It's a good message there. I liked that it was personal. There were too many images. It was trying to be too futuristic. I like the brochure. It's not too much. The colours are ok. There's nothing hidden.
 - But to do a lot of the things maybe in an area where you don't want to practice. The lifestyle was the main thing that came through. GP seems only as a fall back. I don't think people should do it as a fall back they should
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want to do it. First impressions last so probably come back to your first experience of GP.

- Varied work load – fostering varied interest.
 - Was it supposed to be GP in general? I agree it's very rural based the way you can sub specialise. Music was ok, images too quickly – changing – new style en vogue right now.
 - Messages are a bit misleading – give images that would attract people to GP but only applicable in the country and I don't want to be there.
 - This is where I think we can find ourselves – you can have a choice – you can work here in a specialty area and do expedition medicine overseas for the other six months.
 - People in ambulances – the GPs not going to be riding in the ambulance – they are going to be calling the ambulance – not necessarily riding with them in the ambulance or waiting at the end.
 - The video wasn't very realistic – it only showed the exciting parts – not the bulk of their work. To show the lifestyle stuff was a plus.
 - They didn't look like rural GPs – you can tailor it how you want – you can have an interesting metro practice.
 - Diversity and lifestyle balance – but it strikes me that it's done by an advertising company – all the hype – it doesn't reflect the day by day slugging away at work.
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