How can we attract more doctors to general practice training?

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General practice underpins universal access to health care. General practitioners are the only doctors who see people throughout their lives; their ongoing relationships are required for wise, cost-effective treatment.[1] The roles played by GPs are increasingly imperative as health system resources become more stretched.

Although enrolments in general practice training have declined in Australia,[2] this career path still attracts many junior and immigrant doctors; 17% of pre-vocational doctors express interest in general practice,[3,4] drawn by positive role models, autonomy, patient variety, undifferentiated problems, and the opportunity to directly help people as part of a community.[5]

In this issue of the *MJA*, Sturman and colleagues[6] provide insights into "rescuing the profession we love". Based on a workshop and focus group discussions with Australian general practice educators and training teams, their qualitative study yielded four major recommendations: increasing medical student and junior doctor placements in general practice; increasing exposure to inspiring GP clinicians and educators; improving trainee pay and entitlements; and improving the integration of hospital and general practice care and interprofessional relationships. These priorities overlay major themes of threats to the sustainability and recognition of the profession. In short, we are in a new era in which meeting the needs of the next generation of GPs must be balanced against the viability and morale of currently practising GPs.

The participants in the study by Sturman and colleagues[6] would like more recognition of the value of general practice by hospital health care professionals. Increasing general practice exposure throughout the medical training pathway could advance this objective. Only 6% of pre-vocational doctors train outside hospitals, and 2% are based in smaller rural areas.[3] The general practice sector has repeatedly called for the re-introduction of properly funded programs, such as the PGYPPP, which was ultimately replaced, after several iterations, by the John Flynn Prevocational Doctor Program (for primary care placements in rural areas during the first five postgraduate years).[7] The value of motivated doctors gaining general practice experience is exemplified by the Murray to Mountains pre-vocational pathway, which has offered interns 20 weeks' general practice experience with excellent supervisors and visiting specialists since 2012; 36 of 59 respondents to a survey about their experiences were training or practising in general practice up to ten years later.[8] Similar programs for providing positive community-based medical experience may be needed in our cities to increase general practitioner numbers and improve the recognition of general practice within hospital walls.

The study by Sturman and colleagues[6] also identified that receiving similar pay to hospital doctors and retaining entitlements when moving from the hospital and between general practices as a trainee are significant factors for the next generation of GPs. Entitlements are particularly pertinent given the increasing proportion of female graduate doctors and doctors needing parental leave.[9] Single employer models — in which registrars are employed by a central organisation contractually linked with other general practices that share risks and benefits — were suggested by study participants as one solution, but opinion regarding the usefulness of these models is mixed. More information about how they might work in different contexts is needed before considering their broader implementation; their utility could be influenced by geographic remoteness, community and market size, practice sizes and business structures, and the numbers of registrars and supervisors, as well as the maturity of regional partnerships and executive leaders. However, the payment expectations and working conditions of health workers is important for retaining doctors in rural practice.[10] General practices may need more support and specific information before applying a model for registrars that is not available to the entire GP workforce.[11] Sturman and colleagues indeed identified that a major challenge to reforms that have the aim of attracting the next generation of GPs is frustration with the "litany of issues" affecting contemporary general practice.[6]

Sturman and colleagues did not examine the role of overseas-trained doctors, a group that supplies about half of all GPs in Australia, and an even larger proportion in rural areas.[4] Improving access to high quality supervision and professional support for these doctors and engendering a sense of belonging and recognition within the GP profession is very important. As they advance to general practice fellowship and enter the GP community, the GP supervision pool grows.

In summary, Sturman and colleagues provide an excellent policy guidebook for increasing the size of the GP workforce in Australia. These policies must keep up with a rapidly expanding metropolitan specialist sector.[12] It will be important to harness the deep love of the profession, together with providing adequate support and funding, to inspire the next generation of doctors. GPs may be in short supply, but it is possible to work as a system and to consider how we can best recognise, use, and value these critical members of multidisciplinary primary care teams. Only then will Australia have a sustainable, high quality, and accessible universal health care system.

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