

MEDICAL STUDENT SURVEY REPORT

2008



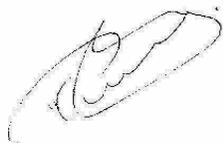
Foreword

On behalf of the WAGPET Board it is my pleasure to make this report available. It provides an insight into the interest of Western Australian medical students in a career in general practice.

The research was commissioned by WAGPET and conducted by the Australian Medical Association of Western Australia (AMA (WA)). Both organisations would like to acknowledge the support of the Western Australian Medical Students' Society (WAMSS) and the Medical Student Association of Notre Dame (MSAND). Their input into the development of the questionnaire and its distribution to medical students, as well as their involvement in focus groups conducted during 2007 was invaluable.

The survey and the focus group results provide important information for all organisations with an interest in the training of future general practitioners in WA. The results highlight the importance of positive role models during undergraduate training, and the need to promote general practice as an intellectually stimulating career which offers variety across both clinical practise and work environments.

Encouraged by these results, WAGPET and the AMA (WA) intend to continue this research as a longitudinal study of these medical students as they progress through their undergraduate years and into prevocational training. The results and analysis of this future research will be published as it becomes available.



Dr Peter F. Wallace OAM FRACGP FACRRM

Chair

WAGPET Board

Medical Student Survey Report of the Findings

Background

Western Australian General Practice Education and Training Ltd (WAGPET) have delivered the Australian General Practice Training (AGPT) in Western Australia (WA) since 2002. During this time a number of marketing research initiatives have been undertaken with interns and resident medical officers to better understand their views about general practice and GP training. In addition, WAGPET have been able to find appropriate ways to deliver information that best reflects the career opportunities available through general practice.

In 2007, WAGPET and the Australian Medical Association of WA (AMA (WA)) established a project to extend this level of research to include WA medical students. A survey of medical students from the University of Western Australia (UWA) and University of Notre Dame Australia (UNDA) was conducted. The aim of the research was to collect information which would enable WAGPET to better understand medical student interests and their understanding of general practice, AGPT and WAGPET.

A small scale literature review was undertaken with a view that a larger scale review would be done as part of the survey analysis and report. The concurrent release of a literature review on medical career decision making, commissioned by General Practice Education and Training Ltd (GPET) provided a strong basis with which to compare the Western Australian results. The findings of this literature review will be referred to in the discussion of our results.

Method

The research project developed from discussions held in December 2006 between WAGPET and AMA (WA) about collecting information from medical students regarding their interest in general practice. In February and March 2007, AMA (WA) met with Western Australian Medical Students' Society (WAMSS) and Medical Student Association of Notre Dame (MSAND) representatives to develop a strategy regarding the sourcing of information from medical students. The aim of these meetings were to find out what would be relevant to place in a questionnaire in order to find out information about medical student motivations for choosing a career in general practice.

A draft questionnaire was developed by the AMA (WA) and WAGPET using input from the WAMSS and MSAND representatives. A meeting was held in April with approximately thirty attendees, with each year of academic study from UWA and UNDA represented in the group. At the meeting, each question of the draft survey was discussed in order to ascertain whether each of the questions were relevant to the intended outcome. Based on the feedback from this group, the questionnaire was finalised, printed and distributed.

Distribution of the questionnaires among medical students was co-ordinated by the presidents of the UWA and UNDA student bodies. Representatives attended lectures across all academic years to distribute self-completed questionnaire. This method of distribution is considered opportunistic sampling. It is not possible to report on response rate using this approach. Additional surveys were mailed out during September 2007 to increase response rate. This follow-up yielded an additional 100 survey responses. A final mail-out was conducted in November 2007 with the total number of responses being 747. Results of the survey were compiled in the statistical software SPSS.

After the first group of 600 surveys were collected, AMA (WA) conducted two focus group sessions with medical students. The groups consisted of ten people and one group was held per university. The main purpose of focus groups research is to draw upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way which is not possible using self-completed questionnaire-type surveys. This anecdotal, qualitative data has provided further clarification for the findings from the survey.

In January 2008 the AMA (WA) and WAGPET hosted an evening with those medical students who had participated in the focus groups as well as the prize winners from the group. The initial findings were presented to the group. This event provided a forum to thank the students for their participation as well as receive feedback on the results. An intention to follow up respondents was discussed, with a warm response from those in attendance.

Further analysis has been conducted by the AMA (WA) and WAGPET with many pertinent findings made. This report sets out those findings. The statistical responses are presented in the results section. The implications of the results are considered in the discussion section. Recommendations for future action follow.

Results

Analysis of quantitative questions

There were 747 responses, with 557 completed by UWA students and the remaining 190 by UNDA students. All years of study in medical schools at UWA and UNDA in 2007 were surveyed. For UWA, this was comprised of years 1 to 6 of the undergraduate course and graduate students in years 3 to 5. For UNDA, this comprised years 1 to 3 of the graduate course. In the cohort, there were 431 female and 315 male respondents.

A major goal of the survey was to get an indication of how many students were intending to specialise in general practice. The survey included a question which asked each student to rate their three preferred career choices. Of those who indicated a career choice, 17.8% of those chose general practice as their first preference. This was rated second behind surgery, which was chosen by 28.3% of the cohort. Of those who answered the question, 25.3% were unsure of their preferred career choice.

Table 1. Preferred career choice by university

Specialty	University				Total	
	UWA		UNDA			
Surgery	117	29.4%	39	25.3%	156	28.3%
General Practice	68	17.1%	30	19.5%	98	17.8%
Paediatrics	51	12.8%	22	14.3%	73	13.2%
Hospital Medicine	38	9.6%	13	8.4%	51	9.2%
Emergency	26	6.5%	21	13.6%	47	8.5%
Obstetrics & Gynaecology	26	6.5%	12	7.8%	38	6.9%
Anaesthetics	18	4.5%	2	1.3%	20	3.6%
Psychiatry	11	2.8%	3	2%	14	2.6%
Other	43	10.8%	12	7.8%	54	9.9%
TOTAL	398	100%	154	100%	552	100%
Unsure	151	27.5%	36	19%	187	25.3%
TOTAL	549	100%	190	100%	739	100%

There was a marked difference in the number of first and final year students at UWA choosing general practice as their first preference. Of those who expressed a preferred career choice, 10.8% in first year chose general practice compared to 23.4% in sixth year. At UNDA this trend was not seen but this may be due to the small sample size.

Table 2. Top 3 Preferred Career Choices by University and Year of Study

Year	Specialty	UWA	
		No.	Percentage
1	Surgery	23	31%
	Paediatrics	13	17.6%
	General Practice	8	10.8%
2	Surgery	23	37.1%
	General Practice	13	21%
	Paediatrics	9	14.5%
3	Surgery	14	30.4%
	General Practice	7	15.2%
	Paediatrics	6	13%
4	Surgery	26	30.6%
	General Practice	13	15.3%
	Paediatrics	10	11.8%
5	Surgery	18	22%
	General Practice	15	18.3%
	Paediatrics	11	13.4%
6	Surgery	12	25.5%
	General Practice	11	23.4%
	Paediatrics	2	4.3%

Year	Specialty	UNDA	
		No.	Percentage
1	General Practice	15	23.8%
	Surgery	15	23.8%
	Paediatrics	9	14.3%
2	Surgery	13	24.1%
	General Practice	9	16.7%
	Paediatrics	6	11.1%
3	Surgery	10	30.3%
	General Practice	5	15.1%
	Paediatrics	5	15.1%

Of the 96 students who were married or in a de facto relationship and indicated a career choice, 31.1% chose general practice as their first preference.

Table 3. Preferred Career Choice by Marital Status

Specialty	Marital Status		Specialty	Marital Status	
	Single			De Facto or Married	
Surgery	141	30.3%	General Practice	23	31.1%
General Practice	72	15.5%	Surgery	12	16.2%
Paediatrics	67	14.4%	Obstetrics & Gynaecology	7	9.5%
Hospital Medicine	45	9.7%	Emergency	7	9.5%
Emergency	38	8.1%	Paediatrics	6	8.1%
Obstetrics & Gynaecology	29	6.2%	Hospital Medicine	5	6.7%
Anaesthetics	16	3.4%	Anaesthetics	4	5.4%
Psychiatry	12	2.6%	Psychiatry	2	2.7%
Other	46	9.8%	Other	8	10.8%
TOTAL	466	100%	TOTAL	74	100%
Unsure	164	26%	Unsure	22	22.9%
TOTAL	630	100%	TOTAL	96	100%

Of the 315 females who answered this question, 22.9% chose general practice as their first choice while only 11% of males did. While not the focus of this research, it was interesting to note that 11.1% of female respondents chose obstetrics and gynaecology while only 1.3% of male respondents did.

Table 4. Preferred Career Choice by Gender

Specialty	Female		Specialty	Male	
General Practice	72	22.9%	Surgery	94	39.7%
Surgery	62	19.7%	General Practice	26	11%
Paediatrics	49	15.5%	Emergency	26	11%
Obstetrics & Gynaecology	35	11.1%	Paediatrics	24	10.1%
Hospital Medicine	29	9.2%	Hospital Medicine	22	9.3%
Emergency	21	6.7%	Psychiatry	8	3.4%
Anaesthetics	13	4.1%	Anaesthetics	7	2.9%
Psychiatry	6	1.9%	Obstetrics & Gynaecology	3	1.3%
Other	28	8.9%	Other	27	11.3%
TOTAL	315	100%	TOTAL	237	100%
Unsure	110	25.9%	Unsure	77	24.5%
TOTAL	425	100%	TOTAL	314	100%

In terms of employment, 98.5% intend to work full-time once they are qualified. When asked about employment opportunities, 72.4% agree that they are 'interested in working overseas', 75.8% agreed that 'the opportunity to work flexible hours is important to me' and 84% agreed with the statement 'I need diversity and variety in my work day'.

Responses to questions on attitudes and perceptions demonstrate that 52.3% of first year UWA students agreed their 'attitude towards general practice was positively influence by university staff/doctors' while 69.8% of sixth year students agreed. At UNDA, 70.1% of first year students and 68.4% of third year students agreed with this statement. When asked about perceptions on general practice, 57.1% of respondents agree with the statement that 'general practice is intellectually stimulating', 68.5% agreed with the statement 'I believe general practice to be challenging' and 35.4% agreed with the statement 'I perceive general practice to be a well paid profession.'

When asked about placement and training options, 58.3% agree they are 'interested in a procedural type of specialty' and 81.8% agreed 'the chance to mix other medical training is of interest to me'.

Of 164 (22% of total cohort) students who had done a rural GP placement, 81.1% reported the placement had positively influenced their decision about a career in general practice while 6.1% reported the placement was a negative influence on their decision. Of the 536 (71.7% of total cohort) students who had done a metro GP placement, 46.6% reported that the placement had positively influenced their decision about a career in general practice while 22.6% reported the placement negatively influence their decision.

Table 5. Influence of GP Placements

	Positive Influence		Negative Influence		Did Not Influence	
Rural Placement	133	81.1%	10	6.1%	20	12.2%
Metro Placement	250	46.6%	121	22.6%	155	28.9%

The question 'Does a compulsory six month rural placement impact on your decision to choose a career in general practice?' was agreed on by 43.8%. Of the 682 (91.3%) people who answered the question 'If I were to work in a rural area my family/partner would need assistance in finding employment', 58% answered yes.

Among the respondents from UWA, 12.7% of first year students had heard about WAGPET compared to 86% in sixth year. At UNDA, 32.5% of first years had heard about WAGPET compared to 63.4% in third year. At UWA, only 1.8% of first year students answered positively that they understood what the GP training program involved compared to 44% of sixth year students responding positively. At UNDA, 5.4% of first year students answered positively that they understood what the GP Training program involved compared with 14.6% of third year students.

Of the 739 (98.9%) of the cohort who answered the question 'I have had exposure to people who are currently in the GP Training Program', 26.7% agreed they had. To the statement 'I am interested in a 3 month placement/rotation in general practice prior to joining the training program, 48% agreed they were.

Analysis of short-answer questions

In the second part of the questionnaire, respondents were given the opportunity to provide short answers to a series of questions regarding their views about general practice, what would influence their decision to choose a career in general practice, and promotion of general practice to medical students. These responses were collated, drawing together responses which were thematically similar.

The most highly rated positive aspect of general practice was variety (29.3%); followed by flexible hours (26.7%); and then the ability to develop patient relationships (19.8%). The most highly rated negative aspect of general practice was boredom due to repetition (29.8%); followed by low remuneration (15%) and then time constraints with patients (6.7%).

The top four factors that would influence a decision to choose general practice were future family plans (18.2%), positive experiences with GPs (17.1%), flexible hours (13.5%) and better remuneration (12.2%). The top four factors that would influence a decision not to choose general practice were interest in a different specialty (23.7%), lower income potential (13.6%), poor GP placements (13%) and potential for boredom (8.5%).

The top five ways identified to make general practice appealing as a career choice were: promote advantages (26.8%), clarify training and work involved (13.7%), give access to enthusiastic GPs (10.9%), provide a variety of placements (10%) and increase remuneration (9.5%).

Table 6. Summary of Qualitative Responses

<p>Positive Aspects of GP</p> <ul style="list-style-type: none"> - Variety - Flexible hours - Ability to develop patient relationships 	<p>Negative Aspects of GP</p> <ul style="list-style-type: none"> - Boredom due to repetition - Low remuneration - Time constraints with patients
<p>Factors that would influence decision to choose a career in general practice</p> <ul style="list-style-type: none"> - Future family plans - Positive experiences with GPs - Ability to have flexible hours - Better remuneration 	<p>Factors that would influence decision not to choose a career in general practice</p> <ul style="list-style-type: none"> - Interest in different specialty - Lower income potential as a GP - Poor GP placements - Potential for boredom
<p>Ways to make general practice appealing</p> <ul style="list-style-type: none"> - Promote advantages - Clarify training and work involved - Give access to enthusiastic GPs 	<ul style="list-style-type: none"> - Provide a variety of placements - Increase GP remuneration

Discussion

This research suggests there are a variety of factors rather than a single factor that influences medical career decision making. This conclusion is reflected in a wide range of literature available on this topic. 'As anecdote, evidence, and intuition conspire to suggest, there is no single determining factor for career choice. Rather, it is a complex decision, made up for each individual, of various weighting of many personal and professional factors and modified by experience and personal circumstances' (GPET 2007a p.7).

It is essential the number of doctors undertaking general practice training increase. The GPET (2007a p.5) report states 'the general practice workforce is in crisis in Australia'. Current estimates indicate that there is an ongoing shortfall of 400 to 500 new general practitioners every year to balance an ageing workforce, a diminishing generalist medical workforce and an increasing loss to the general practice workforce from retirement and disenchantment. (GPET 2007a)

That fewer medical graduates are choosing general practice is supported in a study by Joyce and McNeil (2006). The retrospective, longitudinal study of 386 graduates covers four cohorts from Monash University who completed their degrees in 1980, 1985, 1990 and 1995. Eight years after graduation, 50% of the graduates from 1980 and 1985 were working in general practice, while 38% of 1990 graduates and only 33% of 1995 graduates had chosen this career. 'Differences were mainly attributable to fewer female graduates working as GPs: female GPs comprised 62% of the 1980 cohort compared with 31% of the 1995 cohort'. (Joyce & McNeil 2006 p.102) The authors suggest that the perception among graduates that general practice is less prestigious, has lower remuneration and offers a less challenging career, may influence this result.

Joyce and McNeil (2006) also point out the implications for the sustainability of the Australian health care model which relies on the GP acting as a gate-keeper. Efforts must be made to make general practice an attractive career option. It seems inevitable that the numbers will increase as the number of graduates increase. However, WAGPET does not want general practice to be chosen due to no other options being available. As asserted in the RACGP submission (2005 p.15) 'general practice must be an attractive career option for Australia's brightest and best medical graduates if the value of the health workforce is to be optimised.'

Career Characteristics

It is important to consider what characteristics medical students desire in their post graduate career. Our research did not directly ask what students identified as the major consideration when choosing a specialty. However, it was evident that intellectual challenge and stimulation were paramount. The reasons for rejection of general practice as a first choice may be centred on a perception that general practice is not intellectually stimulating (Lambert 2003).

In our research, the top two positive aspects of general practice were identified as variety and flexible hours. Of our respondents, 84% agreed they need diversity and variety in their work day. When asked if the opportunity to work flexible hours is important, 75.8% of respondents agreed that it was. When asked to list the top three positive aspects of general practice, 26.7% gave flexible hours as their number one choice.

However, when asked what would influence their decision to choose a career in General Practice, only 13.5% suggested flexible hours. These results indicate that while flexible hours are important to the current medical students, it may not be the primary consideration. 'In the new cohort of doctors the intellectual challenge of the vocation is likely to be the strongest motivator, out-weighting lifestyle and work-life balance' (Mackee 2006 p.17).

In terms of variety, it appears this refers to acquiring a skill set which can be used in different environments. Martin (2005 p.17) notes that 'GenYers are ready to adapt to new people, new place and circumstance. This group seem to be seeking opportunities where they can continue to learn marketable skills and gather experience that will serve them in the future. A different kind of flexibility.' Students in the focus group expressed a desire to be able to work in general practice and work with a procedural specialist in a hospital. Another wanted to acquire a skill set which would allow him to manage a medical practice as well as work as a general practitioner. They are demanding they be educated in many areas to enable them to bring variety in their working week.

It is clear from the research that the desire to work flexible hours does not mean the desire to work part-time. Of this student group 98.5% intend to work full-time once qualified. The term then perhaps relates to the ability to choose one's hours and the ability to take time off. However, even if general practice professes to provide this, it does not appear to be a strong influencer on career choice. This assumption is supported by the results of a GPET survey of non-GP specialist registrars. (GPET 2007b). In this group most felt that they had put serious thought into general practice but the only commonly held perception that emerged was the opportunity to work flexible hours (GPET 2007a). Obviously, this was not often enough of a reason to choose a GP specialist pathway.

In the group of non-specialists registrars, the 'main negative perceptions were stressful working environment with heavy responsibilities, requirement for very broad-base knowledge, pressures limiting time spent with patients and work that is less exciting and stimulating than other specialities' (GPET 2007a p.24). In our questionnaire, students were asked to list the top three negative aspects of general practice. The top responses in our collaborated results were boredom, low remuneration, time constraints and isolation. Boredom was expected due to repetitious tasks and little challenge. Once again, previous research and our results indicate the need to promote the challenge of general practice.

It is reassuring that marketing general practice as a profession which is rewarding while offering variety and flexibility has been successful, as these three characteristics were closely associated with general

practice by respondents. However, general practice 'can no longer rely on its profile as a flexible career offering work life balance, when increasing numbers of graduates are choosing a career primarily for its offer of intellectual stimulation and job satisfaction' (GPET 2007a p.5). The feeling among the focus groups conducted was that those who have chosen medicine would not have done so if they had wanted an easy career. Those at the coal face of general practice must now promote the intellectual challenge that this profession can provide.

Influence of Mentors

It is interesting to consider the impact the teacher attitudes have on the students. Lucas et al. (2004) found GP registrars reported that general practice is not well respected among medical students. This is reinforced by teachers and later by hospital consultants, who themselves have had little exposure to general practice and rarely encourage students to take this career path. Of the small group interested, positive experiences had been influential. Conversely, some originally interested lost interest because of negative interactions with GPs (GPET 2007a).

In our survey, 64% of students agreed that their attitude towards general practice had been positively influenced by university staff and doctors. It would be interesting to track how this proportion changes as their exposure to hospital consultants and registrars increases after graduation. Of the 98 students who rated general practice as their first career choice, 77 (79.4%) agreed they were positively influenced by university staff and doctors.

It is useful to consider the results of the survey of non-GP specialist registrars that GPET commissioned in 2005. This group 'felt that general practice would be more attractive as a career if special interests, perhaps allowing a continuing involvement with hospitals and other contexts of health care delivery, were catered for in training and by the profession.' This view was supported within the student population surveyed, with 81.8% agreeing that the chance to mix GP training with other medical training was of interest to them.

'Every encounter with a general practitioner should be seen as an opportunity to promote and market general practice as a career' (GPET 2007a p.5). Of our respondents, 17.1% thought they would be influenced to choose general practice if they had positive experiences with GPs. This reason was only marginally second to future family plans (18.2%) on the influence rating.

The best way to influence students is to provide the group with opportunities and access to enthusiastic GPs. 'Marketing and consumer choice theory tells us that consumers need information and experience in high stakes decision making' (GPET 2007a p.5). Given this, students and junior hospital doctors are unlikely to choose general practice without positive experiences. There needs to be a strong focus on providing quality experience in general practice placements during undergraduate and prevocational time in order to increase the likelihood of a positive GP experience. Obviously this is a large task for the universities and maybe the burden could be shared with GP organisations.

Influence of GP Placement location

'Exposure to general practice for medical students is heterogeneous in quality, quantity and experience. Different perceptions will reflect different individual exposures, and the potential for negative experiences to repel and positive experiences to attract potential entrants has already been canvassed.' (GPET 2007a p.26) Focus group discussions support this claim with each of the students reporting large differences between each of their general practice experiences. Those who had been placed in more than one general practice reported large differences between the quality and quantity of teaching provided.

Another aspect of GP placements is the difference between the influences on future career decision as a result of metropolitan or rural GP placements. Of the students who had done a rural GP placement, 81% reported the placement had positively influenced their decision about a career in general practice while 6.1% reported the placement was a negative influence on their decision. Of the students who had done a metropolitan GP placement, only 46.6% reported that the placement had positively influenced their decision about a career in general practice while 22.6% reported the placement negatively influence their decision. This would appear to be due to the higher quality teaching experiences in rural general practice. The impact of these metropolitan placements is disturbing and is worthy of further investigation.

From the survey and focus groups it was clear that rural GP was seen to provide much more job satisfaction than metropolitan GP work. The mal-distribution of doctors across the metropolitan, outer metropolitan and rural areas is well documented and the biggest predictor of doctors choosing to work in rural areas remains their own personal background of living in a rural area.

In this survey, 43.8% agreed that a compulsory six month rural placement impacted on their decision to choose general practice despite the rural placements having such a positive influence on a decision about a career in general practice.

It is worth noting that differences between the two universities have not been discussed in this section. The differential responses in preferred career choice are presented in the results but no other comparisons have been presented. There were no significant differences in response to other survey questions therefore the decision was made to exclude these comparisons in this report. However, it is important to consider that the UWA undergraduate cohort, UWA graduate cohort and UNDA graduate cohort are different population groups.

Recommendations

There are many recommendations for the future direction to be taken from this research, many of which are supported by the GPET report. Some of the findings confirm the current themes being promoted while other findings suggest a new direction.

General Practice to be portrayed as an intellectually stimulating profession.

The process for this to occur is not an easy one and must be undertaken collectively. All stakeholders need to present a united front and assist each other to provide a high quality and timely exposures to all facets of general practice. 'One strategy or intervention at one point will not suffice' (GPET 2007a p.5).

Promotion of procedural work in General Practice

Of our respondents 58.3% were interested in a procedural type of specialty. Some of this group may neglect general practice due to a perception that procedural work is excluded from this specialty. Specific promotion of rural procedural GPs and the opportunity to undertake procedural training as part of the AGPT is essential to address the identified requirement to train 10 rural procedural GPs each year.

Positive GP Mentors and Role models

In terms of providing students with access to positive GPs, there is an immediate opportunity for WAGPET to take action. Events such as those currently run in hospitals to promote general practice could be extended to cater for medical student audiences. WAGPET needs to make clear what the training program involves. Additionally, GP Registrars and experienced GPs should provide guidance on what the profession can provide in the long term. Such events would provide medical students with an impression of an enthusiastic profession and the opportunity to meet mentors in general practice.

Family support and flexibility in training and career

Family plans were identified as one of the biggest influences on a decision to pursue a career in general practice. The ability for the training program and the profession to accommodate these family plans was seen as important. WAGPET should promote their willingness to provide assistance to families to encourage potential candidates with families to choose general practice.

Combining travel and career

There is evidence that the current travel theme is still relevant to these future doctors. WAGPET could promote how these doctors can travel with the skills of a general practitioner. Many other specialties are promoting fellowships and scholarships for overseas work and WAGPET may wish to promote similar opportunities in general practice.

WAGPET involvement in the placement of medical students

A long term opportunity exists for GP organisations to be involved with the placements of medical students. Given their strong relationships with quality Training Practices across WA, WAGPET is well placed to participate in this process so that the placement process can benefit from the obvious economies of scale, whilst medical students benefit from working with WAGPET GP Registrars, who can support current GP Supervisors in their support of medical students.

Focus on rural students for general practice training

The encouragement of rural students to apply to AGPT is vital. It is important universities continue to pursue rural students through incentive schemes. Considerable amounts of research have been done with a mutual conclusion that a background of rural living is the best predictor of doctors working in rural areas.

Future Research

Given the results of this survey it is recommended that this project be expanded to follow this cohort of medical students as a longitudinal study. These studies are useful for identifying trends over a period of time and it would be interesting to see what career path this cohort chooses and what influences these decisions. Reasons for changes between the desired path indicated in this survey and the one taken a number of years following graduation may uncover what the greatest influences are and when these have the greatest effect. At the end of 2008, graduate students from both UWA and UNDA will graduate and there are implications for their postgraduate training and career options that all medical graduates will face due to the increased number of graduates from both Universities. It will be of interest to both WAGPET and AMA (WA) to follow the changes as these occur.

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