

MEDICAL STUDENT SURVEY 2009

REPORT OF THE 2008 GENERAL PRACTICE SURVEY



Foreword

On behalf of the WAGPET Board, it is my pleasure to make this report available for all organisations and individuals with an interest in the training of future general practitioners in WA. The report provides important up-to-date information about Western Australian medical students' and interns' interest in a career in general practice.

This research was commissioned by WAGPET and conducted by the Australian Medical Association of Western Australia (AMA (WA)). It builds upon a similar study conducted of medical students in 2007 and published in 2008.

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, support and participation in distributing the survey and participation in focus groups has been invaluable. WAGPET and the AMA (WA) would also like to acknowledge the students and interns who completed the survey and focus group research.

The 2008 data significantly strengthens the results of the 2007 research. It highlights the importance of providing access to positive role models and mentors during general practice placements and the need to promote general practice as an intellectually stimulating and challenging profession offering variety in clinical practice and work environments.

WAGPET and the AMA (WA) intend to continue this research throughout 2009 focusing attention on the participants who are now interns and PGY2 as they progress through their postgraduate years and into vocational training. The results and analysis of this future research will be published as it becomes available.



Associate Clinical Professor Dr Peter F. Wallace OAM FRACGP FACRRM

Chair

WAGPET Board

Medical Student Survey Report of the 2008 General Practice Survey

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 research initiatives have been undertaken with interns and resident medical officers to better understand their views about general practice and GP training. This research has allowed WAGPET to discover 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 and the findings published in April 2008 (Isaachsen & van Osch, 2008). The report found that general practice was the second highest preferred career choice among medical students', behind surgery, with 17.8% choosing general practice as their first preference. It was found that the flexibility and variety perceived to be available in general practice was attractive but boredom, low remuneration, time constraints and isolation were perceptions that would dissuade respondents from pursuing a career in general practice. GP mentors and the location of GP placements also had great influence on a respondent's preferred career choice.

The survey was revised to reflect the focus of the research on clinical based students and delivered again in late 2008. The 2008 General Practice Survey examined a smaller cohort of medical students from UWA and UNDA but included interns at the three primary allocation centres; Royal Perth Hospital (RPH), Sir Charles Gairdner Hospital (SCGH) and Fremantle Hospital and Health Services (FHHS). The purpose of continuing with the research in 2008 was twofold:

1. To ascertain a 'snapshot' of student and intern preferences and perceptions with regards to general practice.
2. To track individual respondents from 2007 through to 2008 to determine whether there have been changes in preferred career choice and attitudes towards general practice.

The analysis of both the entire cohort and the tracked cohort was conducted by the AMA (WA) and WAGPET and this report sets out the findings. The statistical findings, the implications and recommendations will be discussed.

Method

The research project was developed from discussions held in December 2006 between WAGPET and AMA (WA) regarding a desire to collect information from medical students about their interest in general practice. In 2007, AMA (WA) met with Western Australian Medical Students' Society (WAMSS) and Medical Student Association of Notre Dame (MSAND) representatives to develop a strategy to source information from medical students and in turn draft a questionnaire for the 2007 Medical Student Survey. The survey was distributed to all years of medical school at UWA and UNDA.

Following the release of the 2007 Medical Student Survey Report, it was decided that the area of most interest had moved to clinically based medical students and interns as they have greater general practice experience and are closer to making a career decision. In 2008, the Medical Student Survey from 2007 was revised and a new questionnaire developed to align with the purpose of the research and renamed the 2008 General Practice Survey. The new questionnaire was discussed with representatives from UWA, UNDA and the intern group, in order to ascertain their feedback on the relevance of the questions to the intended outcome. Based on this feedback, the questionnaire was finalised, printed and distributed.

The questionnaire was distributed to the two final years of each cohort we surveyed in 2007. The three cohorts are UWA undergraduate students, UWA Graduate Entry Medical Program (GEMP) students and UNDA Graduate Entry Medical Program (GEMP) students. Final year UWA undergraduate medical students, fourth and fifth year UWA Graduate Entry Medical Program (GEMP) students, and third and fourth year UNDA medical students were surveyed. In addition interns at RPH, SCGH and FHHS were included in the sample population as they were final year students in 2007.

Distribution of the questionnaires among medical students was co-ordinated by the AMA (WA). Representatives from the AMA (WA) attended third and fourth year lectures at UNDA to distribute the self-completed questionnaire. The survey was also distributed to interns at SCGH and FHHS. This method of distribution was unsuccessful for accessing the required students and interns. To resolve this issue the questionnaire was converted into an online format.

The online questionnaire was distributed via email to medical students by UWA and UNDA representatives. The AMA (WA) distributed the online questionnaire to interns at RPH, SCGH and FHHS using email. All online questionnaires were distributed in early September 2008. At the end of September 2008 a total of 165 responses were obtained with 50 responses from the paper copy and 115 from the online questionnaire. Results of the survey were compiled in the statistical software program SPSS version 14.0.

To complement the questionnaire and obtain qualitative data, the AMA (WA) conducted focus groups with medical students from the cohort that we surveyed. The first was conducted in mid August with third and fourth year UNDA medical students and the second in mid October with UWA medical students. Each group was attended by 4 to 8 people to facilitate group discussion around preset questions. Focus groups were chosen as the best way to ascertain student opinions and perspectives. This anecdotal, qualitative data has provided further clarification for the findings from the survey.

Results

Quantitative Results

Respondents

The survey yielded 165 responses from a possible 500 (approx.) participants. The response rate of 33% is acceptable given the average combined response rates for all survey types is 26% with incentives and follow ups. Of the group who responded, 135 of these were medical students and 30 were interns. The number of medical student respondents from UWA and UNDA, were 56 and 79 respondents respectively. A total of 83 respondents from 2008 were able to be tracked from 2007.

First preference career choice

The analysis of the 2008 data revealed that general practice was the highest first preference career choice with 23.6% of respondents choosing it as their first preference (Figure 1). General practice was followed by Physician (13.3%) and Surgery (11.5%) as first preference career choice. It was observed that 10.9% of respondents were still unsure about their first preference career choice. In comparison to the top three preferred career choices in 2007 for the same cohort, interest in general practice has increased by over 9% in 2008, whereas interest in surgery and paediatrics has decreased (Figure 2). It was also noted that in the 2008 data there was a difference between the top preferences of medical students and interns (Figure 3), and slight differences were observed between the two universities (Figure 4).

Figure 1. First preference career choices 2008

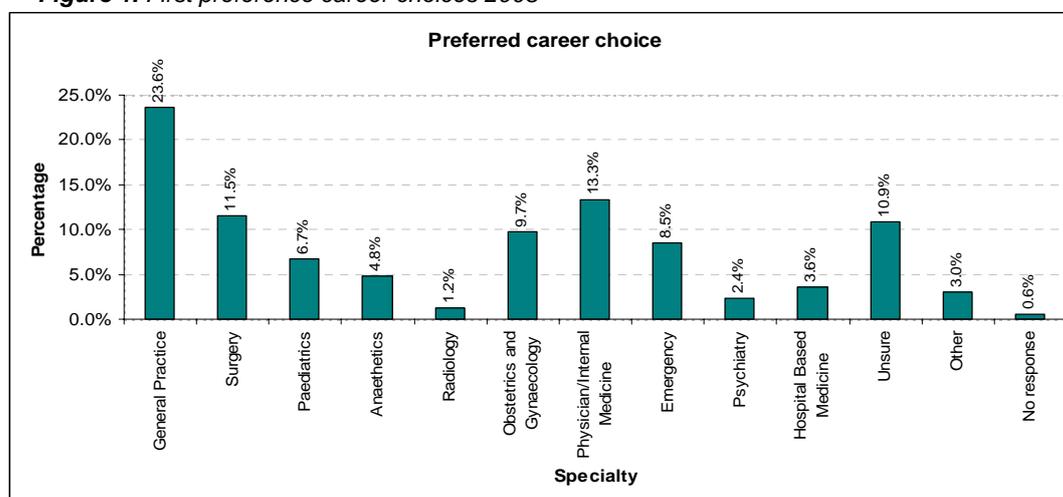


Figure 2. Comparison between 2007 and 2008 first preference career choice

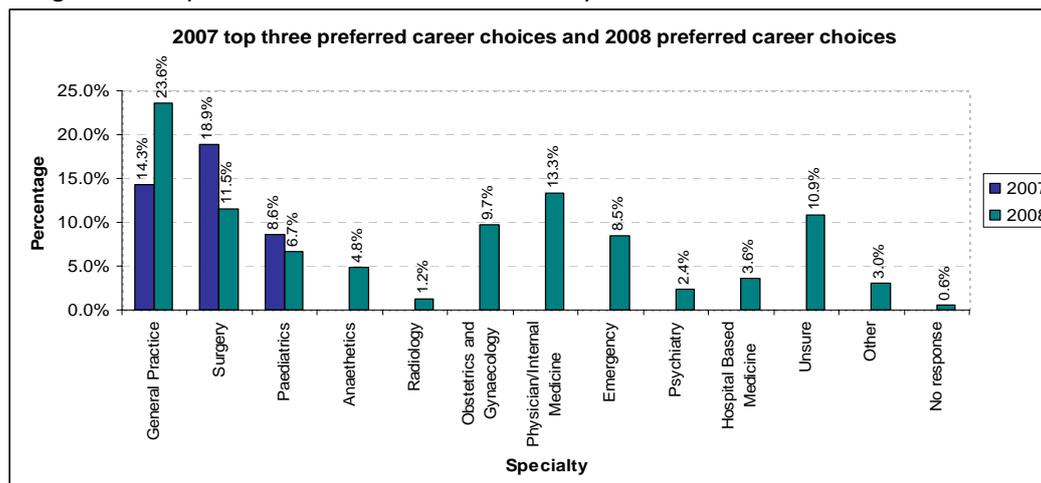


Figure 3. First preference career choice for medical students and interns

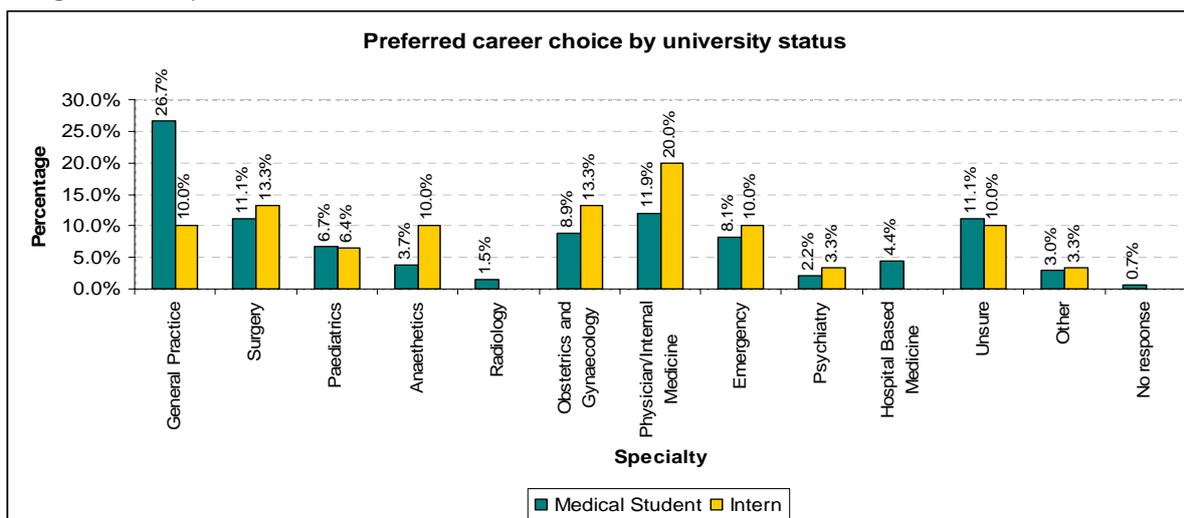
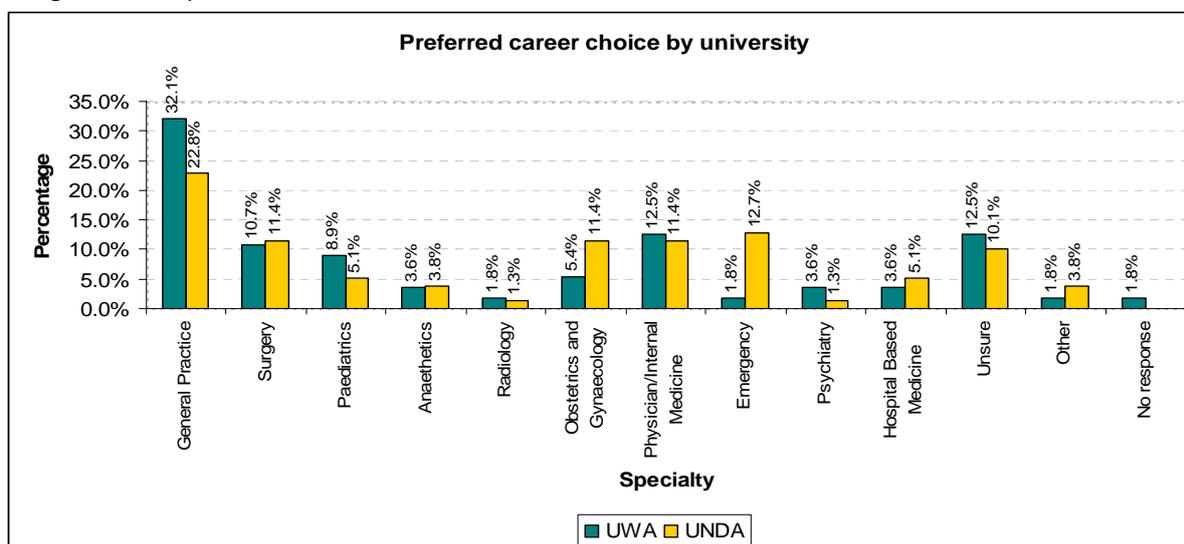


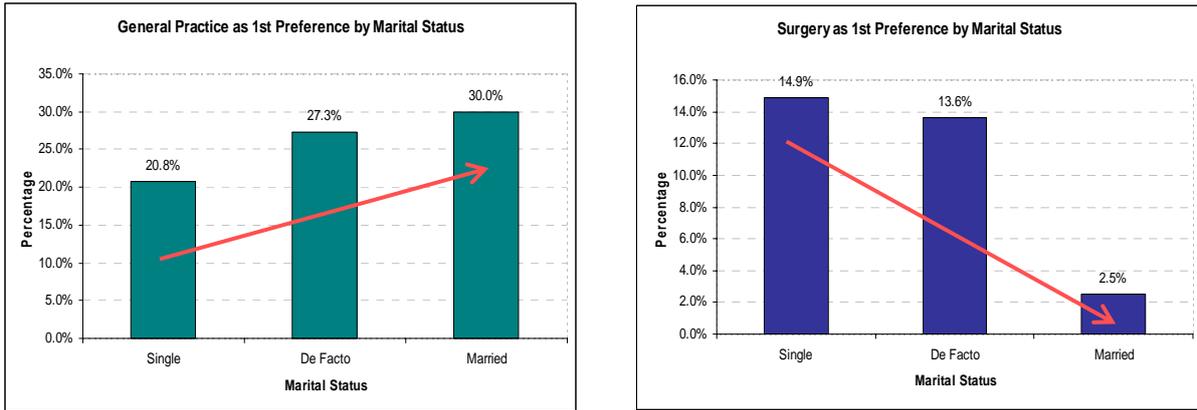
Figure 4. First preference career choice for UWA and UNDA medical students.



Gender has been shown in this data to influence a respondent’s first preference. It was found that of those who chose general practice 71.8% were female ($p = 0.010$). Overall the highest first preference choice for females was general practice, with 26.9% choosing this specialty, followed by obstetrics and gynaecology (13.5%). For males, the top choices were general practice and surgery with 18% of males wanting to specialise in these areas. This was followed closely by the choice of a career as a physician with 16.4% of males choosing it. Males were also more likely to be unsure of their preferred career choice (16.4%).

Marital status was another factor influencing medical career decisions. General practice was more likely to be the preferred career if the respondent was in a de facto relationship or married. The opposite trend was observed for surgery with only 2.5% of those who are married choosing surgery as their first preference (Figure 5).

Figure 5. General practice and surgery as first preference by marital status



The respondents' primary residence in the past 20 years also had impact on career decisions. 51.5% of those who resided in rural regions over the past 20 years chose general practice as their preferred career choice (Figure 6).

Career Characteristics

Respondents were asked questions regarding the importance of eight career characteristics. (Figure 7). Having an intellectually stimulating career, a challenging career and the need for diversity and variety in the work day were of most importance to the respondents. The only career characteristic that had less than 70% of respondents agree was the comment, 'being in a highly paid specialty is important'.

Responses to the questions regarding the career characteristics of metro and rural general practice were different. (Figure 8). Rural general practice was considered to have greater intellectual stimulation; challenge; diversity and variety; opportunity to travel; opportunity for career advancement; better remuneration and respect from the medical profession than metropolitan general practice. The two characteristics that metropolitan general practice had in its favour were flexible hours and having a supported work environment.

Figure 6. General Practice as first preference career choice by primary residence

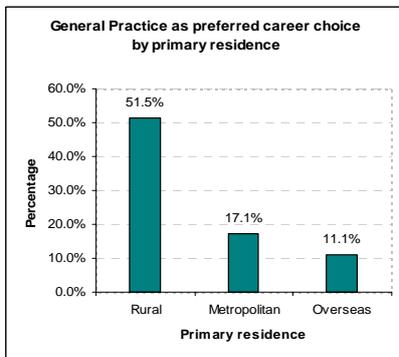


Figure 7. Career requirements

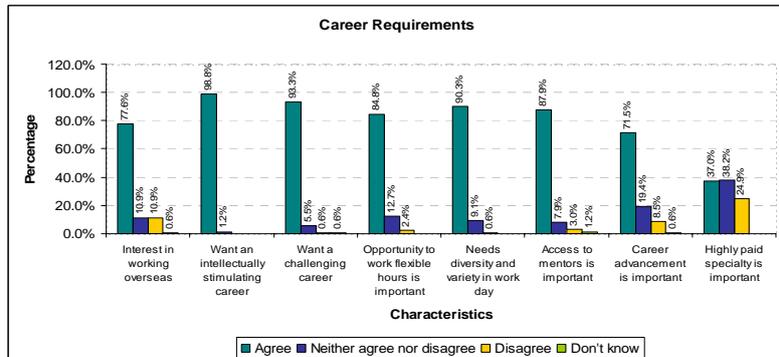
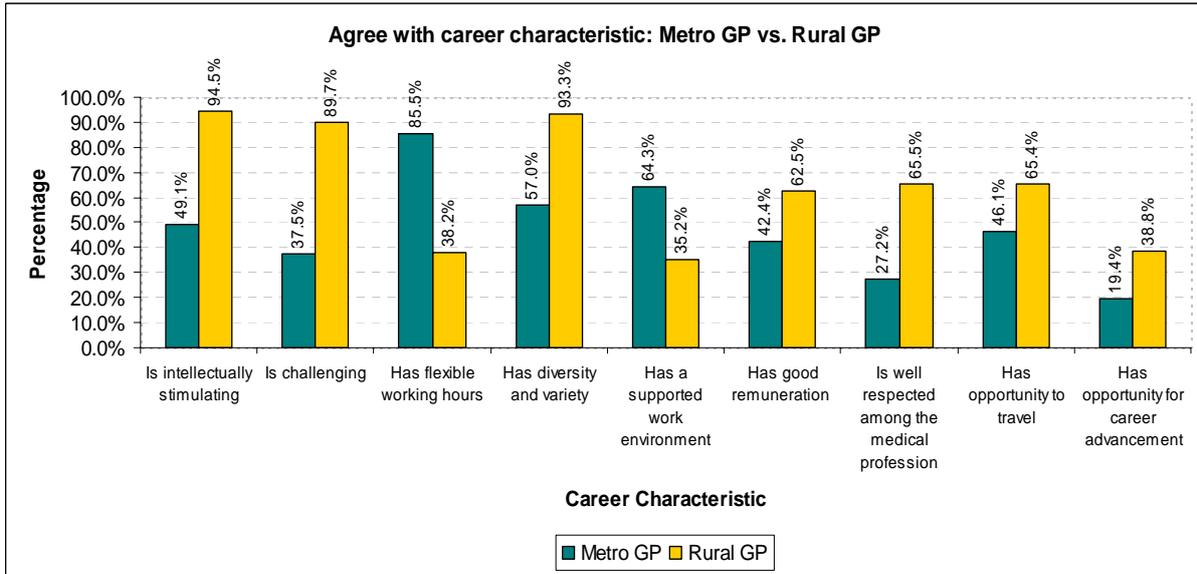


Figure 8. Percentage of respondents who agree with the career characteristics for Metro GP and Rural GP



Influences on respondents attitudes towards general practice

The 2008 survey asked a series of questions on influences which may contribute to attitudes towards general practice. The most positive influence on attitude towards general practice is from GP preceptors (83%). Hospital based doctors have the greatest negative influence on respondents' career choices with 46.7% reporting a negative influence from this group (Figure 9). The influence of GP placements was also considered. Of those who have completed a rural general practice placement 84.8% have been positively influenced. It is concerning that 31.3% of those who have completed a metropolitan general practice placement have been negatively influenced (Figure 10).

Figure 9. Influences on respondents attitudes towards general practice

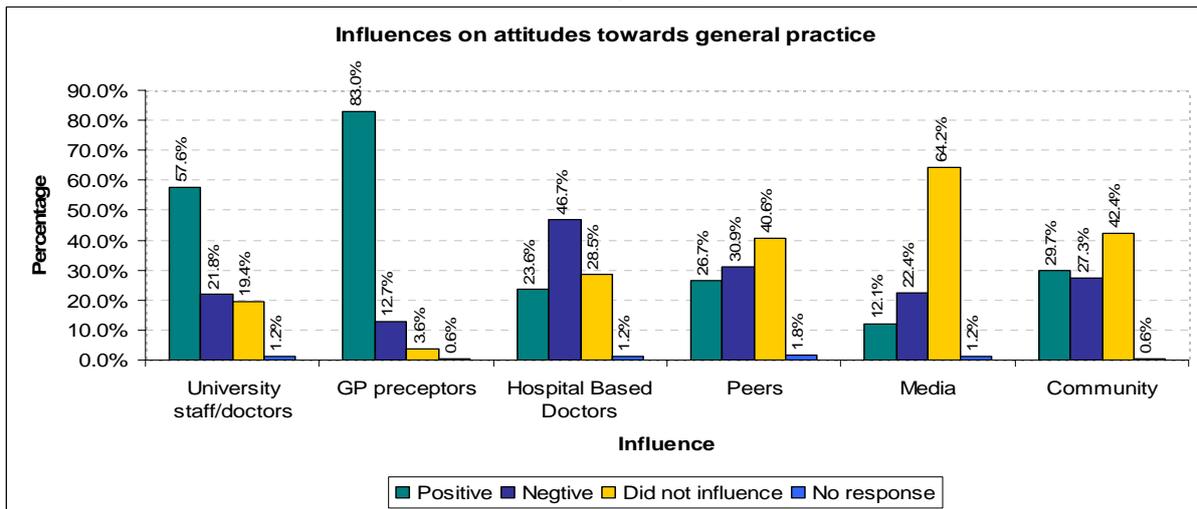
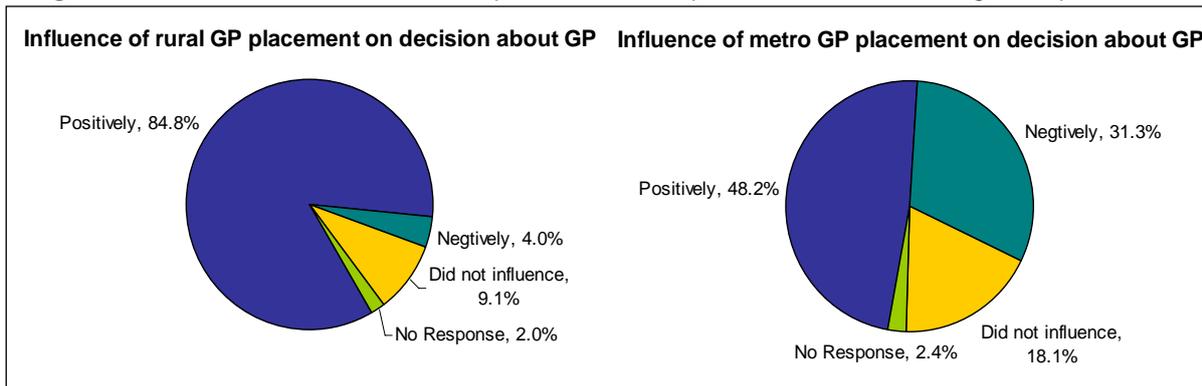


Figure 10. Influence of rural and metro GP placements on respondents decisions about general practice.



General Practice Training

In terms of GP training the results were positive. Close to 90% of the respondents knew about the WAGPET training program and almost 50% understood what the program offered. The percentage of those who understood the program reached 72.4% within the intern cohort. A high percentage (73.9%) of respondents reported an interest in a procedural based specialty and 78.8% reported an interest in mixing GP training with other medical training.

2007/2008 Tracked Respondents

Top preferred career choices

The top preferred career choices of the 83 tracked respondents reflected the total cohort results from 2007 and 2008. In 2007 the tracked respondent’s top three preferred career choices were those who were unsure (22.9%); surgery (21.7%) and general practice (15.7%). The preferences differed in 2008 with general practice leading the preferred career choices at 22.9% followed by physician training (14.5%) and those who were unsure (13.3%) (Figure 11). The data indicates that there were an increased number of respondents from both universities choosing general practice as their first preference (Figure 12). This was more evident in UWA respondents with 33.3% choosing GP; this is a 21.9% increase from 2007. An increased proportion choosing GP was also observed when comparing undergraduate and graduate respondents between 2007 and 2008 (Figure 13).

There was an increase in the percentage of both males and females choosing general practice as their first preference from 2007 to 2008. The increase for females was greater than that of males, with an increase of 10% to reach 27.5% choosing general practice in 2008. The most significant change for males’ first preference career choice was surgery, decreasing from 34.4% in 2007 to 18.8% in 2008. Of those who chose general practice as their first preference, approximately 70% were female

Figure 11. First preference career choice in 2007 and 2008 for tracked respondents

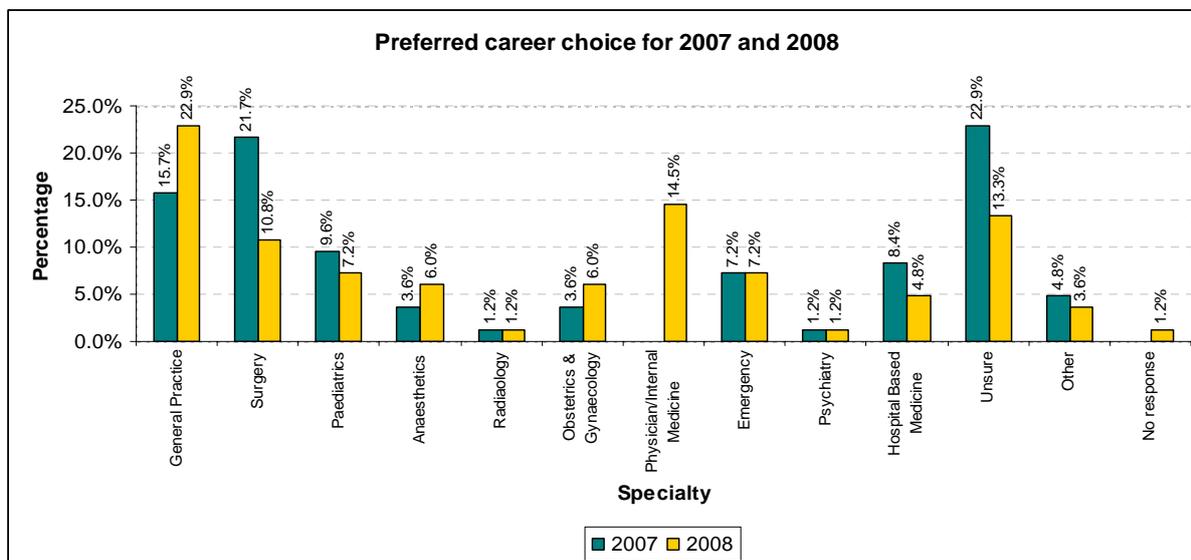


Figure 12. General practice as first preference career choice for UWA and UNDA in 2007 and 2008.

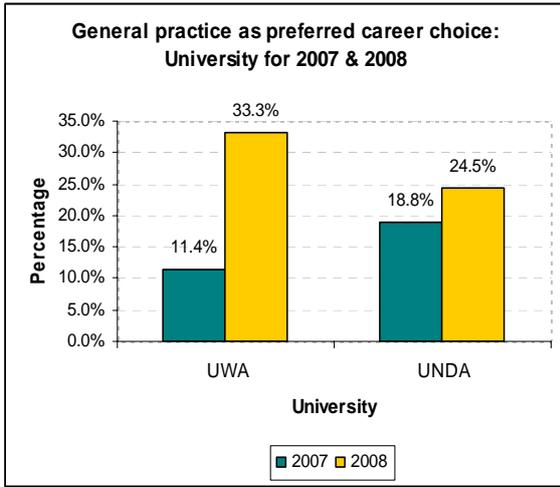
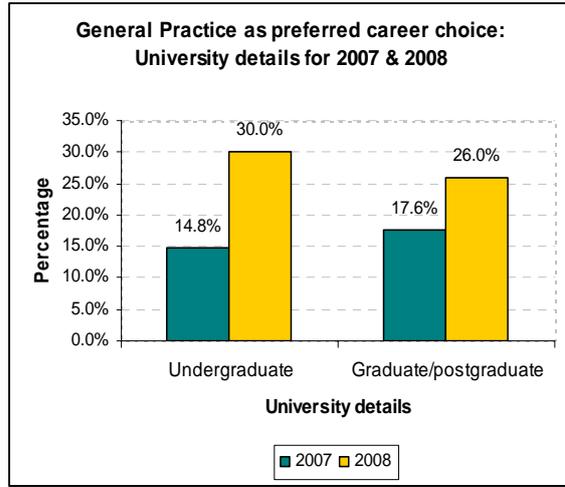
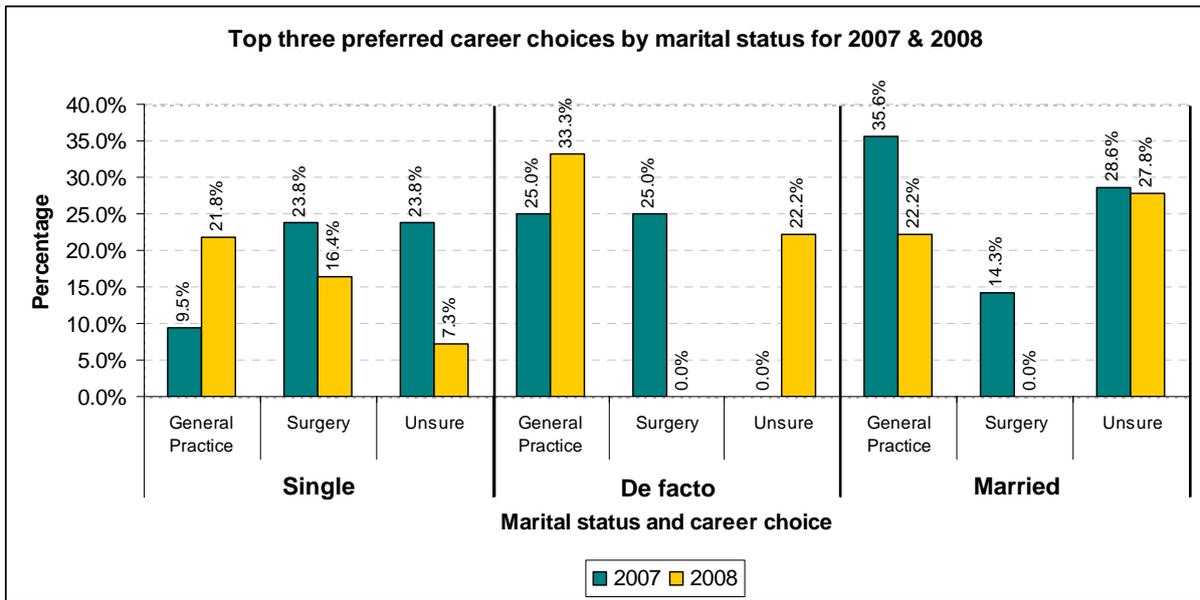


Figure 13. General practice as first preference career choice for undergraduate and graduate/postgraduate in 2007 and 2008.



There is no consistent trend observed between general practice as the first preference career choice and marital status across the survey years, or between the entire and tracked cohort. In 2007 there was a higher proportion of respondents choosing general practice if they were in a de facto or married relationship. (Figure 14). In 2008 there was an increase in single and de facto relationship respondents and a decrease in married respondents choosing general practice when compared to 2007 results.

Figure 14. Top three preference career choices by marital status for 2007 and 2008



Career characteristics

Four career characteristics were able to be compared and analysed for tracked respondents; interest in working overseas; opportunity to work flexible hours; need for diversity and variety in work day; and importance of career advancement. Of those who strongly agreed that they were interested in working overseas in 2008, 83.3% had strongly agreed in 2007 ($p = 0.000$). Similarly, 72.3% of those who strongly agreed that they would like the opportunity to work flexible hours in 2008 had strongly agreed in 2007 ($p = 0.001$). The majority of respondents in 2007 and 2008 agreed or strongly agreed that they need diversity and variety in their work day ($p = 0.003$) and would like the opportunity for career advancement ($p = 0.043$).

Influences on tracked respondents attitudes towards general practice

The respondents in both 2007 and 2008 were more likely to be positively influenced by their rural placements and negatively influenced by their metropolitan placement. With regards to metropolitan placement, 39% (2007) and 44.2% (2008) were positively influenced by their metro placement and 30.5% (2007) and 34.9% (2008) were negatively influenced. With regards to rural placements, 72% (2007) and 87.9% (2008) were positively influenced and only 2% (2007) and 3.4% (2008) were negatively influenced. Of those who were positively influenced by their metro placement in 2007, 15.6% chose GP as their first preference career and in 2008, 31.6% chose GP as their first preference. In 2007, of those who were positively influenced by their rural placement 16.7% chose GP and in 2008, 23.5% chose GP.

General Practice Training

In 2008 there was an increase in tracked respondents who have knowledge and understanding of the WAGPET training program. With regards to procedural based specialties, 63.9% of respondents in 2007 and 74.7% in 2008 agreed they were interested. Similar figures were obtained for interest in mixing general practice training with other medical training, 77.1% agreed to this statement in 2007 and 78.3% in 2008. Analysis found that of the tracked respondents who chose general practice as their first preference career choice, 92.3% and 94.8% agreed in 2007 and 2008 respectively that they would like to mix medical training.

Qualitative Results

The focus groups held produced a large amount of relevant discussion about respondents' attitudes feelings, beliefs, experiences, reactions and perspectives with regards to GP. Three main issues dominated discussion in both focus groups. These were the positive and negative aspects of general practice and the impact of GP placements. Many medical students highlighted the perceived differences between rural and metropolitan general practice with rural GP having far more appeal than metropolitan GP. Placements in general practice strongly impacted the attitudes and perceptions of respondents and the majority of students felt they would like to have greater access to positive mentors and role models. In addition the students were very interested in the opportunity to sub-specialise within general practice. All the outcomes from the focus groups were in line with what the survey data showed. A summary of the focus group discussion is outlined below (Table 1).

Table 1. Summary of qualitative results

<p>Positive Aspects of GP</p> <ul style="list-style-type: none"> - Rural general practice - Variety (particularly in rural GP) - Lifestyle - Sub-specialties - Relationships with patients (whole life care) - Business opportunities - Professional and community respect 	<p>Negative Aspects of GP</p> <ul style="list-style-type: none"> - Boredom due to repetition (coughs, colds, depression, obesity, hypertension and diabetes; particularly in metro GP) - Perceived low remuneration - Time constraints with patients - Overworked
<p>Factors that would influence decision to choose a career in general practice</p> <ul style="list-style-type: none"> - Opportunity for sub-specialisation - Future family plans - Positive experiences with GPs and GP Registrars - 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"> - Poor GP placements - GP's poor perception of his/her own job - Interest in different specialty - Lower income potential as a GP - Potential for boredom
<p>Ways to make general practice appealing</p> <ul style="list-style-type: none"> - Promote income potential - Promote sub-specialties - Give access to enthusiastic GPs and GP Registrars (positive mentors and role models) - Provide a variety of positive placements - Promote advantages 	

Discussion

Decision making is a complex and potentially stressful task that we encounter daily. Large decisions such as choice of medical career are life changing and are influenced by a variety of determinants. The 2008 research strongly supports the conclusions found in the previous research and emphasises further that there are a number of determinants influencing medical career decisions (Isaachsen & van Osch, 2008). Both reports have found that respondents are attracted to general practice for a range of reasons and are strongly influenced by personal experience and perception. The decision therefore to pursue a career in this field is individual and complex.

Career Characteristics

In 2008, the career characteristics medical students and interns would desire in their post graduate careers were considered. It is important to consider the career characteristics which motivate and appeal to the current generation of medical students and interns in order to successfully promote general practice.

The 2008 General Practice Survey found over 90% of respondents agreed that they would like an intellectually stimulating career, a challenging career and a career that offers diversity and variety in the work day. It is important to remain aware that these characteristics are being considered by medical students and interns when making decisions regarding their career paths.

The respondents were asked whether metropolitan and rural general practice offer these career characteristics. It is apparent from the current research that high proportions of respondents have experienced and perceive rural general practice to offer many of these desired characteristics. Rural GP had over 45% more respondents than metropolitan GP consider it to be intellectually stimulating, challenging and having diversity and variety. In addition, between 20% and 30% more respondents considered rural GP to have better remuneration, respect and opportunities for travel and career advancement. The perceived flexibility in working hours and support available in the work environment were the only two areas in which metropolitan general practice was more highly rated.

These results are positive for rural general practice; however, the perception of metropolitan general practice is not as positive. Whilst metropolitan GP does boast two of the desired characteristics as strengths, it is concerning that it does lack in the three top ranked characteristics which inevitably form a part of the motivation behind medical career decisions. This perception of metropolitan GP may be a falsehood; however medical students' and interns' personal experience and perceptions are influencing their career decision and must therefore be addressed.

It is of interest to note that 51.7% of respondents whose primary residence in the last 20 years has been rural chose general practice as their preferred career as oppose to only 17.1% of metropolitan residents choosing general practice.

As discussed in the 2008 Medical Student Survey Report and highlighted by General Practice Education and Training Ltd (GPET), 'the profession [general practice] can no longer rely on it's 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' (Isaachsen & van Osch 2008, GPET 2007 p.5). The findings outlined in this report strongly support this notion of moving away from marketing the lifestyle of a career in general practice and instead promoting the intellectual and challenging aspects of choosing such a specialty.

Influence on attitudes and perceptions of general practice

The influence of GP placements and the role models that medical students and interns are exposed to are significant determinants in the decision making process. 'Peak general practice organisations, governments and other stakeholders need to present a united front and assist each other to provide high quality and timely exposures to all facets of general practice...to allow young doctors to have the knowledge to make career choices.' (GPET 2007 p.5)

Influence of GP placements

The findings presented in this report show a considerable discrepancy between the influence of rural and metropolitan general practice on respondents, in favour of rural, further supporting the conclusions presented in the previous report. There is cause for concern that 31.3% of respondents have been negatively influenced by their metropolitan GP placement while only 4% have been negatively influenced by their rural placement. The research also found that of those who did choose general practice as their preferred career choice, 63.2% were positively influenced by their metropolitan placement and 92% were positively influenced by their rural placement. Given the impact of GP placements on career choice, it is vital that there is an increase in the number of respondents having a positive experience, especially in the metropolitan setting. The qualitative data provides support and further evidence for the need for improvement in the area of metropolitan placements. Many participants in the focus groups expected to have at least one 'bad' placement and considered a negative experience to most likely occur at their metropolitan placement.

Influence of role models

It is clear from the survey that role models and mentors have a substantial impact on respondent's attitudes towards general practice. It is encouraging to find that university staff/doctors and GP preceptors had the greatest positive influence on respondents' attitudes towards general practice. Of those choosing GP as their first preference career choice, 71.8% and 97.4% had been positively influenced by university staff/doctors and GP preceptors respectively. In contrast, it is concerning that hospital based doctors had the greatest negative influence with 46.7% of respondents reporting this group were a negative influence on their attitude towards GP. Respondents reported that they were not influenced strongly by their peers, the media or the community, yet the discussion in the focus groups acknowledged that their family and the immediate community do have an impact on their attitude towards general practice.

It was highlighted in the focus group discussions that a number of students had been exposed to GPs who did not enjoy their chosen career and questioned why students would want to choose general practice. GPET's report acknowledges this to be an issue stating, 'perceptions are compounded from within the profession and perpetuated by GPs themselves who are burnt out, stressed and disenfranchised' (GPET 2007 p.5). It has been demonstrated internationally that the impact of these role models can be either constructive or detrimental to any specialty, and as discovered in this research general practice has been suffering (GPET 2007 p.5). The suggested approach to address this by our focus group members was to provide them with young, enthusiastic GP role models, such as GP registrars. The medical students intently expressed that they would like to know the income potential, the job description and why they should choose general practice from role models who are at a similar stage in life.

Influence of general practice training

A final determinant explored in this research which has an impact on medical student and intern career decisions are the opportunities of general practice training. The study found that 73.9% of respondents were interested in a procedural based specialty and 78.8% were interested in mixing GP training with other medical training. In the tracked cohort, of those who chose general practice as their first preference career choice, 92.3% in 2007 and 94.8% in 2008 agreed that they would like to mix medical training. These findings have been reinforced through the qualitative data. The medical students conveyed that they are largely attracted to general practice because of the opportunity to sub-specialise. Many, however, did not realise this until they completed their rural GP placement and some not until they attended the focus group. This finding indicates a gap in current marketing strategies and there is an opportunity to market a previously under-promoted aspect of general practice.

Recommendations

There were four primary recommendations that emerged from the 2008 data, these are presented below.

General Practice to be portrayed as an intellectually stimulating and challenging profession.

The top ranking desired career characteristics need to be focused on in the marketing and promotion of general practice in order to ensure the specialty is the top preference career among medical students and interns. The 2008 General Practice Survey found over 90% of respondents agreed that they would like an intellectually stimulating career, a challenging career and a career that offers diversity and variety in the work day. The findings outlined in this report strongly support the notion of moving away from marketing the lifestyle of a career in general practice and instead promoting the intellectual and challenging aspects of choosing the specialty.

Improved access to mentors

The 2008 results highlighted the need for an increase in access to positive mentors and role models, these possibly being GP registrars. There are a number of mentors available to medical students and interns but it was concerning that many are negatively influencing attitudes towards general practice. The vertical integration model for student and doctor training should provide greater access to positive mentors. The vertical integration model places medical students for their GP placements in practices where prevocational doctors and GP registrars are training. This helps to provide an enthusiastic teaching environment for the students to gain insight into general practice. Both registrars and supervisors also benefit from this model through registrars learning of teaching skills and a reduction of some of the pressures faced by the current teaching supervisors (Thistlethwaite et al. 2007, Dick et al. 2007).

Need for positive GP placements

It is evident from this research that those who are negatively influenced by their general practice placements are more likely to consider specialties other than general practice as their first preference career. This report found that the likelihood of students having a negative experience in their metropolitan placement is far greater than that in the rural setting. Efforts must be made to improve the quality of metropolitan general practice placements. This reinforces the need for access to positive GP mentors as this improves the probability of a student or intern having a positive experience in the general practice setting. Given that medical career choices are most likely to be made early in the postgraduate years (GPET 2007 p.5, Edwards et al., cited in Brett 2008), the need for positive mentors and positive GP placements is an area that can and should be improved on by all stakeholders in the near future.

Promotion of sub-specialties

It was evident that the opportunity to sub-specialise in areas such as anaesthetics, and obstetrics and gynaecology was attractive. This aspect of general practice is perceived as being a greater part of the rural GP's job description. Given that close to 80% of questionnaire respondents were interested in mixing specialist training it is important for relevant stakeholder to market the opportunities available.

Conclusion

The 2008 findings provide significant support to those of the 2007 research study. It was a positive outcome to see general practice as the top preferred career choice in the more experienced cohort surveyed in 2008. As there are many factors which influence medical career decision, efforts to impact student and intern career paths will require collaboration of a number of stakeholder organisations. The issues highlighted in both the 2007 and 2008 research need to be acknowledged and addressed for general practice to continue to be a popular career choice, hence sustaining Western Australia's health in the future. The AMA (WA) and WAGPET have a role to play in how general practice as a specialty is perceived and in light of this current research have a greater knowledge of the perceptions and attitudes of our future medical practitioners.

Authors

Claire Isaachsen, Project Coordinator, Australian Medical Association (WA)

Ariane Tioke, Project Coordinator, Australian Medical Association (WA)

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