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Letter to the Editor: Curricular changes to promote medical students' interest in primary care and rural practice

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We read with great interest the publication of Samia Hurst, which focusses on the important issue of an increasing shortage and maldistribution of primary care physicians, and in particular rural doctors, in many countries. The topic is discussed both in a regional and in a global context, inviting the reader to see the bigger picture. Giving comprehensible reasons, the author emphasises the special duty of medical schools to maintain and promote medical students' interest in primary care and rural practice, as well as to avoid eroding these interests by providing a curriculum predominantly based on teaching hospital experience and role models [1].

There is just one note that we would like to add regarding this interesting topic and the excellent paper of Samia Hurst: Although the article has a rather global focus, we would have liked a greater recognition of the already existing efforts at many medical schools, especially in Germanspeaking regions. In Germany, the academic institutionalisation of general practice steadily progressed during recent years, although there are still faculties without a corresponding institute or chair [2]. A partial revision of the contents of the German undergraduate medical education curriculum in 2012 led to a strengthened academic presence of general practice by integrating prolonged compulsory and optional clerkships [3]. A recent report describing German and international university initiatives (including Switzerland) for the recruitment of primary care physicians revealed that at many medical schools specific curricular innovations have been established. All those initiatives have the common objectives to attract and recruit young physicians to rural practice, to enhance the image of general practice, to expand the community-based undergraduate curriculum, and to make students more proficient in primary care [2]. These intentions are in line with the suggestions made by Samia Hurst.

Our department in particular has addressed general practice recruitment problems for many years by developing and implementing various courses and electives, as well as by performing research related to that topic. We collaborate with a growing network of currently more than 100 specifically qualified GPs who teach the students based on a one-to-one approach in their offices [4]. Almost 40% of these associated GP offices are situated in small-town and rural areas. In a recent graduate survey, 33.4% of the participants stated that they had gathered experience in a rural area during their medical studies [5]. Those students more frequently preferred subsequent work in a rural or smalltown area after graduation (39.1% vs 20.3%, p < 0.001 [chisquared test]), although it should be mentioned that this effect is biased to some extend by the students' regional background. A recent analysis of the students' evaluations of the "Blockpraktikum Allgemeinmedizin" (mandatory general practice clerkship during the 8th of 12 semesters) in the years 2004 to 2012 revealed that those who completed the clerkship in a rural area were significantly more satisfied with the content and the quality of the clerkship, and felt more motivated by their role model to become a GP (4.0 vs 4.8 on a 10-point Likert scale from 1 = "absolutely" to 10 = "not at all", p = 0.001 [U Test]). In earlier studies we showed that a community-based general practice elective early in undergraduate medical education positively influenced students' consideration of a career in general practice as well as their perceptions regarding a general practitioner's profession [6].

Although career choice is a multifactorial process with many factors beyond the medical schools' sphere of influence [7], the importance of the undergraduate curriculum should not be underestimated. In future, more evidence on the effects of the medical school curriculum is needed. Further efforts to realize the establishment of general practice chairs at every medical faculty, and to support their work in teaching and research, appears to be desirable and necessary.

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References

- Hurst SA. Eroding students' rural motivation: first do no harm? Swiss Med Wkly. 2014;144:w14020.
- 2 Blozik E, Ehrhardt M, Scherer M. Förderung des allgemeinmedizinischen Nachwuchses. Initiativen in der universitären Ausbildung von Medizinstudierenden. Bundesgesundheitsbl. 2014;57:892–902. German.
- 3 Haage H. Die Erste Verordnung zur Änderung der Approbationsordnung für Ärzte. MedR. 2012;30:630–5. German.
- 4 Lippmann S, Frese T, Herrmann K, Scheller K, Sandholzer H. Primary care research – trade-off between representativeness and response rate

of GP teachers for undergraduates. Swiss Med Wkly. 2012;142;w13537.

- 5 Deutsch T, Lippmann S, Frese T, Sandholzer H. Recruitment for general practice – relationship between practice-based curriculum and career choice. Gesundheitswesen. 2014;76:26–31.
- 6 Deutsch T, Hönigschmid P, Frese T, Sandholzer H. Early communitybased family practice elective positively influences medical students' career considerations – a pre-post-comparison. BMC Fam Pract. 2013;14:24.
- 7 Sandholzer H. Is primary care a lost cause? CMAJ. 2007;177:376.