PRACTICAL TIPS

Practical tips to fostering positive perceptions of and interest in general practice across medical training phases

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Abstract

Background

Servicing increasing healthcare demands requires a sufficient supply of general practitioners (GPs). However, heightened by pandemic conditions, critical and chronic shortages of GPs persist globally. In light of this, new and clear strategies for promoting increased general practice/family medicine specialisation across medical education targeting emerging medical graduates are urgently needed.

Aim and Method

This article aims to provide evidence-informed practical tips to foster positive perceptions of general practice and increase both interest in and uptake of general practice specialisation. These tips relate to training phases in medical school through to specialty training and are targeted at medical students, trainees, supervisors, program managers and other medical educators. They are drawn from a larger body of evidence produced by the authorship team as part of a funded project in Australia that included 25 interviews with GPs who attained their specialty fellowship between 2014-2023 and 17 key medical education stakeholders who participated in 4 facilitated workshops in late 2023.

Conclusion

Open Peer Review

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Through these tips, we provide a practical framework on how trainees, doctors and medical educators involved in training phases from medical school to specialty training can foster positive perceptions of and interest in general practice. These practical interventions target those from medical students, prevocational doctors and specialty registrars/residents (henceforth referred to as trainees), to their supervisors, program managers and other medical educators. These tips consider the importance of positive experiences (including language) around general practice specialisation to both encourage its uptake and to support long and successful careers in the specialty.

Keywords
Workforce, general practice, career decision-making, medical specialisation, medical educators

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Introduction

A strong general practitioner (GP) workforce is critical to the functioning of the healthcare system and health of the population. GPs are also more heavily relied upon in lower resourced settings such as rural communities whereby they take on an expanded scope of practice, as access to local specialists can be scarce[1,2]. In spite of the key role that GPs play, the number of medical graduates choosing to specialise in general practice/primary care/family medicine (henceforth referred to as general practice) globally falls short of community needs, with many instead choosing more specialised career pathways with a narrower scope of practice[3–5]. The decrease in medical graduates choosing general practice, coupled with heightened demand for GPs relating to the COVID-19 pandemic an increasing number of GPs seeking to reduce hours or retire[6] makes the recruitment and retention of GPs of critical and urgent importance.

Choosing a specialty is a complex decision for medical graduates, influenced by numerous job and lifestyle factors and perspectives of peers, medical educators and family members, among others[7]. In this way, choice of specialty is developed over many years, before or during medical school and beyond. Most students will end up in a different specialty to what they are interested in when they commence medical school or even when they complete medical school[8,9], particularly in some training structures (e.g., Australia, United Kingdom) where graduates commonly spend two or more years in the workforce as a junior doctor before they apply for a specialty training program. As such, it is important that trainees across all career stages have access to targeted information, mentorship, and support mechanisms to assist them in choosing an appropriate specialty. Being community-based, commonly no such comprehensive scheme exists for general practice, in contrast to other specialties whose training is primarily hospital-based. Previous work has discussed the importance of having meaningful conversations with medical students about specialty decisions[10,11]; this includes positive conversations about all potential options and what is likely to be the best fit for them[10] while also ensuring they have a realistic understanding of how competitive selection into various specialties can be[11]. Positive role modelling can also be particularly valuable for trainees, increasing their interest in a certain specialty or simply demonstrating the type of conduct and values they may wish to exhibit as a doctor[12].

Given the complexity and numerous sources of information involved in specialty decision making, and the current and projected global shortage of GPs, this article aims to provide evidence-informed tips and recommendations to foster positive perceptions of general practice and increase interest in and uptake of general practice specialisation. These tips are drawn from a larger body of evidence produced by the authorship team as part of a funded project supported by the Royal Australian College of General Practitioners (RACGP)[13]. 25 interviews were conducted between September and October 2023 with GPs who attained fellowship between 2014-2023, and 17 key stakeholders involved in medical education who participated in 4 facilitated workshops between November and December 2023. Ethics approval for the broader project was awarded 28th August 2023 by the University of Queensland Human Research Ethics Committee (2023/HE001536). All participants provided written consent.

These tips relate to training phases from medical school to specialty training and are targeted at medical students, prevocational doctors and specialty registrars/residents (henceforth referred to as trainees), their supervisors, program managers and other medical educators. The recommendations consider the importance of positive experiences (including language) around general practice specialisation in not only encouraging the uptake of general practice but also for ensuring that GPs have long and successful careers in the specialty. Although these data are taken from an Australian context, the tips are likely to be relevant to an international audience, given that an insufficient general practice workforce is a global problem[14].

In this article, we apply 'threshold concepts' to inform career decision-making, defined as irreversible knowledge gain accompanied by decreased career confusion[15]. In this regard, knowledge about specialties starts before or during medical school with learners collecting additional information across varying training phases until they decide on and solidify their choice of specialty. Figure 1 demonstrates which career stage each of the tips are most relevant and where they overlap. The figure also depicts who they are targeted at (e.g., trainees, supervisors, medical educators). The presented tips are divided into those which are relevant during all training stages (tips 1-5), medical school (tips 6-7), prevocational training (immediately prior to entering specialty training; tips 8-9), and entering general practice specialty training (tips 10-12). Tips 1, 2 and 5 are targeted at supervisors and medical educators, tips 3 and 6 are targeted at all audiences, tips 4 and 7-9 are targeted at trainees, and tips 10-12 are targeted at trainees entering general practice specialty training. The success of tips 4 and 7-12 require indirect support from involved supervisors and medical educators (hence partly shaded in Figure 1).

Tips relevant to all training stages

Tip 1

Tailor learning outcomes about General Practice to the career stage of the learner

From being a medical student through to working as a senior doctor, medical trainees have different priorities when it comes to their learning and career progression. At different career stages they will gain varying amounts of information and have varying levels of exposure to each of the different specialties, including general practice. It is important for career advice to be relevant to career stage, to ensure it meets the needs of the learner and does not unnecessarily overwhelm them by looking too far in advance into their career[16,17]. Table 1, drawn from our funded project, provides a guide on the types of socialisation concerns which arise at each career stage. It can be used by all staff counselling trainees about specialty decisions and can be used by doctors supervising trainees or speaking with colleagues looking for advice.

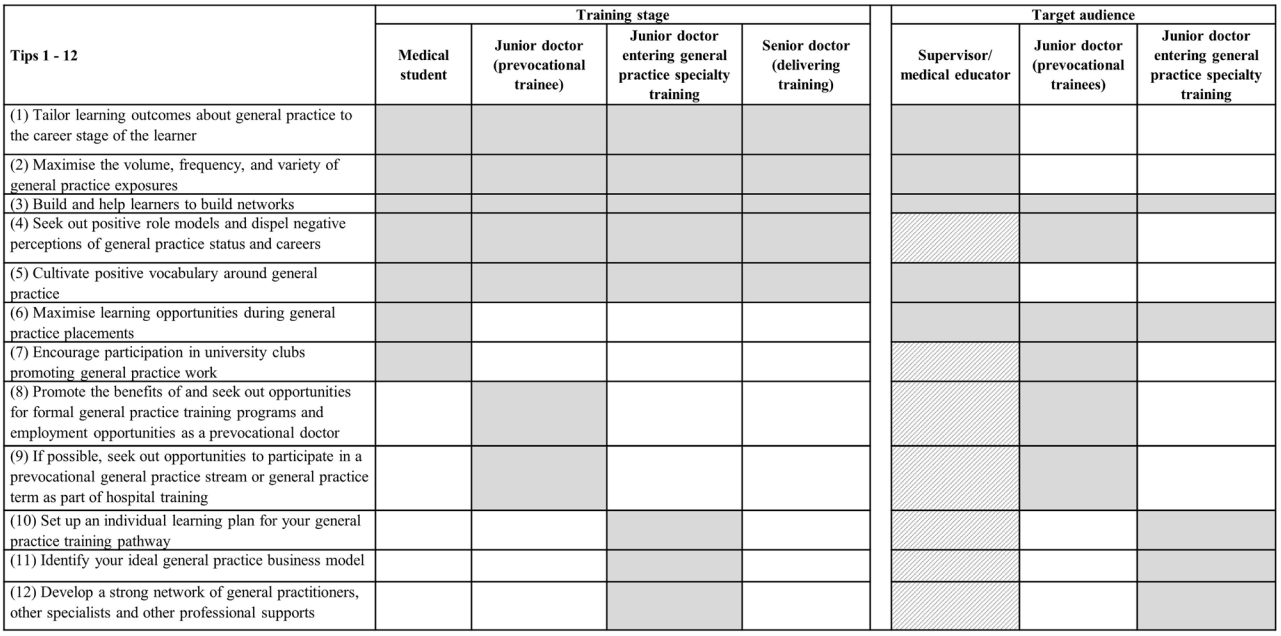

Figure 1. Summary of training stages and target audiences for each of the tips.

Table 1. Predominant socialisation concerns by medical training stage.

Stage	Question
Medical student	What am I meant to know and do as a doctor? What do I need to do to pass my exams and assessments? How can I best learn to become a doctor?
Junior doctor (prevocational) trainee	What does it mean to be a doctor within different specialties? What kind of doctor am I? What kind of doctor do I want to be in the future? Which specialty fits with my career and life goals? Do I want to choose to be a specialist doctor? How can I enter the specialty I choose?
Specialty registrar (or residency) trainee	How can I be a doctor of the specialty I chose? How can I pass my specialty exams?
Senior doctor	As a doctor of the specialty I chose, how can or should I live my life, and conduct my career?

Tip 2

Maximise the volume, frequency, and variety of general practice exposures

Across the earlier stages of medical training in particular, medical students, interns, and junior doctors are predominantly trained in hospital environments. As a result, many report eventually choosing general practice by opting *out* of hospital specialties and working contexts, rather than opting *into* general practice. In contrast, GPs choosing to specialise because of first-hand experience of its advantages and opportunities may be a selective workforce who are more prepared and engaged[16,18,19]. By medical educators creating more opportunities for exposure to general practice and by junior doctors seeking out opportunities to explore both hospital *and* non-hospital specialties early on, these career interventions can lead to much better socialisation of junior doctors in the general practice setting, resulting in gaining specific skillsets and connections whilst fully understanding what they are 'getting themselves into' (rather than merely opting out of hospital specialty careers)[17,20]. This could lead to more informed decisions being made during specialty selection, and potentially lead to an increased interest in general practice specialisation and greater retention of the GP workforce.

Tip 3

Build and help learners to build networks

A strong network of GPs and strong links between GPs and other specialists helps learners to create a sense of identity and

belonging as a GP. This may include professional contacts, family members and their own GP. This network can help to develop an understanding of general practice philosophies of care, access to information regarding general practice career opportunities and sustainability, and opportunities for general practice exposure at various stages of training[21–23]. Becoming involved in medical education may also help to build these networks and reinforce the importance and contribution of GPs to the health system, as well as future medical education career possibilities as a GP.

Tip 4

Seek out positive role models and dispel negative perceptions of GP status and careers

Role modelling can be particularly important when making career decisions. Medical students and junior doctors are encouraged to seek out role models in general practice and hospital specialties to help them evaluate potential specialties[12,24–26]. Students should take the time to evaluate the value of having a regular GP, consider what makes a great GP, start identifying suitable mentors, and define what they want from that relationship. Early in their clinical training and at the prevocational training stage, it is important to gather information to understand how GPs work and to evaluate personal experiences of the specialty as opposed to reports heard.

Tip 5

Cultivate positive vocabulary around general practice

For those supervising medical students and junior doctors, it is important to model positive behaviours in order to create positive perceptions of the various specialties, and not discourage students and junior doctors from pursuing a particular specialty[27]. Often this starts at the top level, driven by organisational culture[28]. As well as being a role model, each doctor involved in medical learning supervision needs to be mindful of their language surrounding general practice. Even seemingly light-hearted comments like banter can influence how individuals feel about general practice and may make trainees reluctant to explore the possibility of general practice specialisation[29]. It may also contribute to the perception of GPs having a lower status or seen as inferior to hospital-based specialties.

Tips relevant to medical school

Tip 6

Maximise medical learning opportunities during general practice placements

Ensuring positive experiences during general practice placements relies on the general practice supervisor providing opportunities for medical students to be proactive in maximising their learning[30]. Medical students benefit from observing and conducting parallel consultations which allows them to take histories, complete small procedures (e.g., skin excisions and immunisations) under supervision, formulate management plans, conduct research or quality improvement projects, and ultimately become part of the practice team[31]. Practising parallel consultations for more than 10 weeks, where possible, allows learners to understand general practice's medical, administrative and business obligations and consequences, including fee setting decisions, continuing patient management and specialist referring decisions. These opportunities during general practice placements can form the basis of continuing connections with general practice communities, regardless of whether the student ends up in a general practice or another specialty, further contributing to positive perceptions and interest in general practice. Where possible, learning or working in general practice settings for 6–12 months can provide understanding of the rewards of longitudinal patient relationships, clinical management and ongoing care needs.

Tip 7

Encourage participation in university clubs promoting general practice work

University clubs provide a safe (non-assessed) and low stakes setting for students to make connections in the general practice space, experience general practice work and the GP community, and develop positive impressions of the general practice specialty, which is inevitably compared with their experiences in the hospital environment during medical school and as a junior doctor[32,33]. These clubs may also be involved with providing talks to children at primary and high schools about medical careers in various locations, which can provide exposure to new general practice communities and mentors that may be pivotal for individual career preferences. This early involvement with a general practice community leads to general practice connections, learning, and career benefits that are difficult to attain outside of and after medical school.

Tips relevant to prevocational training

Tip 8

Promote the benefits of and seek out opportunities for formal general practice training programs and employment opportunities as a prevocational doctor

Optional general practice experiences, self-organised GP placements or locum work as a prevocational doctor provides individuals the opportunity to experience a variety of work outside of the hospital setting as an independent doctor rather than a medical student[34,35]. Participants in our study reported large differences in these GP experiences as a junior doctor, often gaining more insight into the specialty than as an inexperienced medical student. It also gives prevocational doctors the chance for firsthand training experiences in a variety of contexts/settings, prior to making/confirming specialty training decisions. The variety of GP skills, connections and mentors gained from such experiences may also assist in addressing concerns of GP career challenges and set them up for GP career longevity by helping them navigate unfavourable GP training obstacles.

Tip 9

If possible, seek out opportunities to participate in a prevocational general practice stream or general practice term as part of hospital training

There is considerable benefit to learning general practice philosophies (e.g., generalism, continuity of care) and gaining personal experience of general practice work as a registered independent doctor[36,37]. It is advantageous to do this while also having the support of a hospital position and work benefits - in Australia, general practice registrars commonly lose their hospital entitlements and support (e.g., maternity and sick leave) once they begin their community-based training. Holding a hospital position with general practice exposure allows

junior doctors to explore their strengths and weaknesses in different work contexts and evaluate person-environment fit for general practice training and the lifestyles often associated with general practice or other specialties. This training structure puts junior doctors in a secure position to equitably explore general practice work and hospital-based specialties to help with their career decision-making. Even for junior doctors taking up this training structure who do not subsequently choose general practice specialisation, it is likely to further perpetuate positive narratives about the value of what GPs do and where they fit into the health system.

Tips relevant to entering general practice specialty training

Tip 10

Set up an individual learning plan for your general practice training pathway

For junior doctors pursuing general practice specialty training, there may be considerable benefit in developing a learning plan based on supervision requirements and general practice competencies which describes how the junior doctor can best learn in the general practice environment and what still needs to be learnt from hospital placements[38–40]. If possible, junior doctors should identify mentors/preceptors within and outside of general practice workplaces who they can debrief with and consult when necessary.

Tip 11

Identify your ideal general practice business model

General practice organisations have different funding procedures and ways of working. Junior doctors should identify the structure which allows them to practise the type of medicine they prefer, and with the flexibility to account for personal, career, and family goals. Within general practice settings, financial viability and how it relates to patient care is the junior doctor's personal responsibility from an earlier timepoint than other specialties. While most junior doctors no longer desire to be practice owners, they will still need to gain a degree of business prowess in order to survive outside of the hospital employment setting[41–43].

Tip 12

Develop a strong network of general practitioners, other specialists and other professional supports

In hospital settings, junior doctors are encouraged to maintain connections with general practice networks, contacts and educators as it will help with career decisions[44,45]. General practice training is more professionally isolating than hospital training pathways, as the work and training system is different – typically general practice trainees work more autonomously and only check in with their supervisor when they really need to, as supervisors are not usually listening in on consultations or in the same room and are probably doing their own consultations. If possible, junior doctors pursuing general practice training should regularly meet with other registrars and GPs and see if their organisation will initiate weekly GP roundtables, as a means of providing necessary perspective and learnings for everyday care and the trainees' personal wellbeing.

Conclusions

General practice offers a rewarding and impactful medical career. Although for some, general practice can be seen as a challenging career path, there are strategies currently used to make a GP portfolio career attractive and satisfying. Increased exposure to general practice work from earlier stages in medical training and as an independent doctor can enable informed entry to the broad person-specialty fit available in the general practice specialty. These practical tips may enable better targeted interventions for individuals in medical training who are deciding upon specialty decisions and provide evidence-based initiatives for growth of general practice interest and uptake across medical training and may be protective for later general practice career retention.

Ethics and consent

Ethics approval for the broader project was awarded 28th August 2023 by the University of Queensland Human Research Ethics Committee (2023/HE001536). All participants provided written consent.

Data availability

Underlying data

The data supporting this study, collected using individual interviews and group workshops, are stored on a secure server and only accessible by the research team as described in the data handling requirements approved by the University of Queensland's Human Research Ethics Committee (HREC). HREC approval was contingent on data not being readily accessible beyond the named researchers. Access to data is restricted due to their risk of identifying participants (in particular, within the workshops). With the permission of the participants, access to the data may be granted upon reasonable request to the corresponding author (MM), such as specific questions related to the data set or to verify the study results. In the request, please include the reason for requesting data, plans for analysis, and contact information. Applying for access to data is initiated via the corresponding author (MM) m.mcgrail@uq.edu.au.

Extended data

Zenodo: Practical tips to fostering positive perceptions of and interest in general practice across medical training phases. https://doi.org/10.5281/zenodo.14997324[46]

This project contains the following extended data:

- A copy of the interview guide for semi structure interviews with GPs
- A copy of the workshop guide for GP training stakeholder participants

Author contributions

FY, JF, PM and MM conceptualised the study. FY and PM provided the study methodology. FY, PM and MM collected the data. FY and MM performed the analysis. FY and JF drafted the original manuscript. FY, JF, PM, KW, RP and MM reviewed and edited the manuscript. KW, PM, RP and MM provided supervision, with MM leading the Funding Acquisition.

References

1. Schubert N, Evans R, Battye K, *et al.*: **International approaches to rural generalist medicine: a scoping review.** *Hum Resour Health.* 2018; **16**(1): 62.
PubMed Abstract | Publisher Full Text | Free Full Text
2. McGrail MR, Russell DJ: **Australia's rural medical workforce: supply from its medical schools against career stage, gender and rural-origin.** *Aust J Rural Health.* 2017; **25**(5): 298–305.
PubMed Abstract | Publisher Full Text
3. Phillips JP, Wendling A, Bentley A, *et al.*: **Trends in US medical school contributions to the family physician workforce: 2018 update from the American Academy of Family Physicians.** *Fam Med.* 2019; **51**(3): 241–50.
PubMed Abstract | Publisher Full Text
4. Strasser RP: **Will Australia have a fit-for-purpose medical workforce in 2025?** *Med J Aust.* 2018; **208**(5): 198–200.
PubMed Abstract | Publisher Full Text
5. Anderson M, O'Neill C, Clark JM, *et al.*: **Securing a sustainable and fit-for-purpose UK health and care workforce.** *Lancet.* 2021; **397**(10288): 1992–2011.
PubMed Abstract | Publisher Full Text | Free Full Text
6. Dale J, Potter R, Owen K, *et al.*: **Retaining the general practitioner workforce in England: what matters to GPs? A cross-sectional study.** *BMC Fam Pract.* 2015; **16**: 140.
PubMed Abstract | Free Full Text
7. Robinson T, Lefroy J: **How do medical students' experiences inform their opinions of general practice and its potential as a future career choice?** *Educ Prim Care.* 2022; **33**(3): 156–64.
PubMed Abstract | Publisher Full Text
8. Pfarrwaller E, Voirol L, Karemera M, *et al.*: **Dynamics of career intentions in a medical student cohort: a four-year longitudinal study.** *BMC Med Educ.* 2023; **23**(1): 131.
PubMed Abstract | Publisher Full Text | Free Full Text
9. McGrail M, O'Sullivan B, Gurney T, *et al.*: **Exploring doctors' emerging commitment to rural and general practice roles over their early career.** *Int J Environ Res Public Health.* 2021; **18**(22): 11835.
PubMed Abstract | Publisher Full Text | Free Full Text
10. Muyselaar-Jellema JZ, Querido SJ: **Twelve tips for having more meaningful conversations with medical students on specialty career choice.** *Med Teach.* 2024; **46**(5): 617–20.
PubMed Abstract | Publisher Full Text
11. Sinyor J: **Freedom of choice? A response to: 'Twelve tips for having more meaningful conversations with medical students on specialty career choice'.** *Med Teach.* 2024; **46**(5): 723.
PubMed Abstract | Publisher Full Text
12. Lamb EI, Alberti H: **Twelve tips for positive role modelling in medical education.** *Med Teach.* 2024; **46**(7): 898–902.
PubMed Abstract | Publisher Full Text
13. Yong FR, Martin P, Wallis KA, *et al.*: **General practice specialty decision-making: a system-level Australian qualitative study.** *BJGP Open.* 2025; BJGPO.2024.0218.
PubMed Abstract | Publisher Full Text
14. Russo G, Perelman J, Zapata T, *et al.*: **The layered crisis of the primary care medical workforce in the European region: what evidence do we need to identify causes and solutions?** *Hum Resour Health.* 2023; **21**(1): 55.
PubMed Abstract | Publisher Full Text | Free Full Text
15. Wright AL, Hibbert P: **Threshold concepts in theory and practice.** *J Manage Educ.* 2015; **39**(4): 443–51.
Publisher Full Text
16. Amin M, Chande S, Park S, *et al.*: **Do primary care placements influence career choice: what is the evidence?** *Educ Prim Care.* 2018; **29**(2): 64–7.
PubMed Abstract | Publisher Full Text
17. Nandiwada DR, Farkas AH, Nikiforova T, *et al.*: **Exploring models of exposure to primary care careers in training: a narrative review.** *J Gen Intern Med.* 2024; **39**(2): 277–82.
PubMed Abstract | Publisher Full Text | Free Full Text
18. Howe A, Ives G: **Does community-based experience alter career preference? New evidence from a prospective longitudinal cohort study of undergraduate medical students.** *Med Educ.* 2001; **35**(4): 391–7.
PubMed Abstract | Publisher Full Text
19. Mahoney S, Walters L, Ash J: **Urban community based medical education - general practice at the core of a new approach to teaching medical students.** *Aust Fam Physician.* 2012; **41**(8): 631–6.
PubMed Abstract
20. Shah A, Gasner A, Bracken K, *et al.*: **Early generalist placements are associated with family medicine career choice: a systematic review and meta-analysis.** *Med Educ.* 2021; **55**(11): 1242–52.
PubMed Abstract | Publisher Full Text
21. Alberti H, Banner K, Collingwood H, *et al.*: **'Just a GP': a mixed method study of undermining of general practice as a career choice in the UK.** *BMJ Open.* 2017; **7**(11): e018520.
PubMed Abstract | Publisher Full Text | Free Full Text
22. Sairenji T, Kost A, Prunuske J, *et al.*: **The impact of family medicine interest groups and student-run free clinics on primary care career choice: a narrative synthesis.** *Fam Med.* 2022; **54**(7): 531–5.
PubMed Abstract | Publisher Full Text
23. Shadbolt N, Bunker J: **Choosing general practice - a review of career choice determinants.** *Aust Fam Physician.* 2009; **38**(1–2): 53–5.
PubMed Abstract
24. Lamb E, Burford B, Alberti H: **The impact of role modelling on the future general practitioner workforce: a systematic review.** *Educ Prim Care.* 2022; **33**(5): 265–79.
PubMed Abstract | Publisher Full Text | Free Full Text
25. Passi V, Johnson N: **The hidden process of positive doctor role modelling.** *Med Teach.* 2016; **38**(7): 700–7.
PubMed Abstract | Publisher Full Text
26. Vohra A, Ladyshewsky R, Trumble S: **Factors that affect general practice as a choice of medical speciality: implications for policy development.** *Aust Health Rev.* 2019; **43**(2): 230–237.
PubMed Abstract | Publisher Full Text
27. Cottrell E, Alberti H: **Cultural attitudes towards general practice within medical schools: experiences of GP curriculum leaders.** *Educ Prim Care.* 2023; **34**(5–6): 287–294.
PubMed Abstract | Publisher Full Text
28. Erikson CE, Danish S, Jones KC, *et al.*: **The role of medical school culture in primary care career choice.** *Acad Med.* 2013; **88**(12): 1919–26.
PubMed Abstract | Publisher Full Text
29. Wainwright D, Harris M, Wainwright E: **How does 'banter' influence trainee doctors' choice of career? A qualitative study.** *BMC Med Educ.* 2019; **19**(1): 104.
PubMed Abstract | Publisher Full Text | Free Full Text
30. Henderson M, Upham S, King D, *et al.*: **Medical students, early general practice placements and positive supervisor experiences.** *Educ Prim Care.* 2018; **29**(2): 71–78.
PubMed Abstract | Publisher Full Text
31. Allan R, McAleer S: **Parallel consulting method: student and tutor evaluation in general practice.** *Educ Prim Care.* 2021; **32**(5): 308–310.
PubMed Abstract | Publisher Full Text
32. McKee ND, McKague MA, Ramsden VR, *et al.*: **Cultivating interest in family medicine: family medicine interest group reaches undergraduate medical students.** *Can Fam Physician.* 2007; **53**(4): 661–5.
PubMed Abstract | Free Full Text
33. Pfarrwaller E, Sommer J, Chung C, *et al.*: **Impact of interventions to increase the proportion of medical students choosing a primary care career: a systematic review.** *J Gen Intern Med.* 2015; **30**(9): 1349–58.
PubMed Abstract | Publisher Full Text | Free Full Text
34. Thistlethwaite JE, Leeder SR, Kidd MR, *et al.*: **Addressing general practice workforce shortages: policy options.** *Med J Aust.* 2008; **189**(2): 118–21.
PubMed Abstract | Publisher Full Text
35. Munro NM: **Postgraduate attachment to general practice: influence on doctors' future career intentions.** University of Sussex (PhD dissertation), 2011.
Reference Source
36. Anderson K, Haesler E, Stubbs A, *et al.*: **Comparing general practice and hospital rotations.** *Clin Teach.* 2015; **12**(1): 8–13.
PubMed Abstract | Publisher Full Text
37. Sturman N, Tran M, Vasiliadis S: **Rescuing the profession we love: general practice training sector recommendations for improving the attractiveness of general practice training. A qualitative analysis.** *Med J Aust.* 2024; **220**(9): 461–465.
PubMed Abstract | Publisher Full Text
38. Challis M: **AMEE medical education guide no. 19: personal learning plans.** *Med Teach.* 2000; **22**(3): 225–236.
Publisher Full Text
39. Cuesta-Briand B, Coleman M, Ledingham R, *et al.*: **Extending a conceptual framework for junior doctors' career decision making and rural careers: explorers versus planners and finding the 'right fit'.** *Int J Environ Res Public Health.* 2020; **17**(4): 1352.
PubMed Abstract | Publisher Full Text | Free Full Text
40. Romanova A, Touchie C, Ruller S, *et al.*: **Learning plan use in Undergraduate Medical Education: a scoping review.** *Acad Med.* 2024; **99**(9): 1038–1045.
PubMed Abstract | Publisher Full Text
41. Grudniewicz A, Randall E, Lavergne MR, *et al.*: **Factors influencing practice choices of early-career family physicians in Canada: a qualitative interview study.** *Hum Resour Health.* 2023; **21**(1): 84.
PubMed Abstract | Publisher Full Text | Free Full Text
42. Kinouani S, Boukhors G, Luaces B, *et al.*: **Private or salaried practice: how do young general practitioners make their career choice? A qualitative study.** *BMC Med Educ.* 2016; **16**(1): 231.
PubMed Abstract | Publisher Full Text | Free Full Text
43. Spooner S, Laverty L, Checkland K: **The influence of training experiences on**

career intentions of the future GP workforce: a qualitative study of new GPs in England. *Brit J Gen Pract.* 2019; **69**(685): e578–e585.
PubMed Abstract | **Publisher Full Text** | **Free Full Text**

44. Barnett S, Jones SC, Bennett S, *et al.*: **General practice training and virtual communities of practice-a review of the literature.** *BMC Fam Pract.* 2012; **13**: 87.
PubMed Abstract | **Publisher Full Text** | **Free Full Text**

45. Frey JJ 3rd: **Professional loneliness and the loss of the doctors' dining room.** *Ann Fam Med.* 2018; **16**(5): 461–463.
PubMed Abstract | **Publisher Full Text** | **Free Full Text**

46. McGrail M, Martin P, Yong F: **Supplementary documentation for publication Twelve tips on how trainees, doctors and medical educators can foster positive perceptions of and interest in general practice.** *Zenodo.* 2025.
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Open Peer Review

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Version 1

Reviewer Report 02 January 2026

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This paper aims to provide a practical framework on how trainees, doctors and medical educators involved in training phases from medical school to specialty training can foster positive perceptions of and interest in general practice. We have read your paper with interest but, especially because we share the problem statement, on shortages of GPs and students preferring other specialisms, similar in our part of the world (Netherlands), it would be good if the paper was less a list of ideas and more founded in the literature on career decisions OR deciding that this is 'just a tips paper' and then leave out theory altogether.
Our recommendations for improving the paper:

- The method section is, even for a tips paper, very brief. When recommendations are given for the whole spectrum (across training phases), one would expect that some details are given on how these respondents have an informed opinion on that.

- A bit more detail on the Australian context would be useful. Otherwise, it is hard to judge whether the tips are relevant for other countries. As an example, the GP trainee and researcher who has given feedback noticed: "outside of Australia I have no idea how common these university clubs are in Australia". And tip 12 is different in the Dutch context, trainees have a lot of interaction with their supervisor at the General Practice where they work.

- Interesting to apply Threshold concepts. However, now, it is not very clear for people who do not know these concepts what they are and, if they do know what they are, it is not clear how applying these concepts has influenced your findings. For me, in a 'tips' paper, the

application of theory would not be that important, you could also decide to leave it out.

- For senior doctors, we would expect that they also concern themselves with role modeling. And with lifelong learning.
- Build and help learners to build networks. We couldn't agree more. However, the specifics, on how this is being done or could be done are missing in the section under this heading.
- Overall, acknowledging that this is a tips paper, details are missing and therefore less useful. For example the tip (under 4) to 'gather information' does not help.
- "each doctor involved in medical learning supervision needs to be mindful of their language surrounding general practice". All three of us applaud this tip, but at the same time, this is not new, so perhaps some details would help, for example, putting GPs or people with knowledge about GP-practice on important educational positions within a hospital?
- Our GP trainee (and researcher) who gave feedback said "For tip 10-12 I miss how GP trainees are aided. If there is no support, shouldn't it be a recommendation?"

Minor details
Introduction
The sentence starting with "In spite of the key role…." is very dense.
Why are program managers not in figure 1?

Is the topic of the practical tips discussed accurately in the context of the current literature
Partly

Are all factual statements correct and adequately supported by citations?
No

Are arguments sufficiently supported by evidence from the published literature and/or the authors' practice?
Partly

If evidence from practice is presented, are all the underlying source data available to ensure full reproducibility?
Not applicable

Are the conclusions drawn balanced and justified on the basis of the presented arguments?
Partly

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Area of research is in GP education.

We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however we have significant reservations, as outlined above.

Reviewer Report 30 December 2025

https://doi.org/10.21956/mep.22404.r44714

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Marcelo Garcia Dieguez
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Practical-tips article drawn form a program into 12 actions to foster positive perceptions and interest in General Practice across training phases. Even this data seems not to be published (no reference given) extended materials (interview/workshop guides) provided via Zenodo
The main audience for this paper are students, junior doctors, supervisors, program managers, and educators. Ethics approved
Authors claim International relevance and pointed facts are generally sound w, many WHO report general partitioners shortage (WHO, 2018), but the but ensure consistent terminology positioning General Practice as a specialty and difference around the world, may needs explicit boundaries and brief guidance on contextual adaptation (financing models, prevocational structures Maybe the add supporting citations where specialty status or stage definitions are discussed could help understand the boundaries.

Paper major strengths are:

1. Clear purpose and target groups. The paper specifies who should act (trainees, supervisors, program managers) and at which stages (medical school specialty training), enabling direct uptake.
2. Actionability. Tips 11–12 illustrate practical, workplace-facing actions (identify business models; build networks/roundtables). These are specific and immediately implementable.

Some suggestion for the authors

1. Transferability and international scope The article claims international relevance, yet evidence and implementation context are Australian A clear statement on transferability, or equivalence for other context could improve the generalizability of the tips. This could mean to specify which tips are context-free(e.g., mentorship networks) vs. context-anchored (e.g., practice business models), and provide 2–3 concrete adaptation notes for systems without extended prevocational years. I suggested to place these comments at the end of Introduction and also in the Conclusion.

Example sentence (Discussion): “Given variations in financing and prevocational pathways, Tips 9–12 may require tailoring (e.g., salaried vs. mixed-remuneration general practice). We include a Supplementary ‘adaptation guide’ with context checks and proxy metrics for non-Australian settings.”

1. Conceptual positioning terminology on “specialty Ensure consistent framing of General Practice as a specialty and use it uniformly; when contrasting, use “non-generalist” or “hospital-based specialties” to avoid implied hierarchy. Make some relation with other denominations used around the world, if “family medicine” appears, add a parenthetical noting regional equivalence. I suggest to add a clarifying sentence early in the Introduction.

*Example sentence (*Introduction): “In this article, we treat general practice as a medical specialty. When comparing with other fields, we use ‘non-generalist’ specialties to avoid unintended status implications.”

1. Terminology . define “trainees” in the abstract and reuse consistently
2. Figure 1 legibility and mapping from tips→actors→stages. Current description indicates stage targeting and overlapping, but different gray color scale may need detail view to get the idea. Using cell-level labels or “+” scale could make the table more useful.

References

1. World Health Organization. Building the primary health care workforce of the 21st century. Geneva: World Health Organization; 2018 [cited 2025 Dec 15]. Available from: https://www.who.int/docs/default-source/primary-health-care-conference/workforce.pdf .

Is the topic of the practical tips discussed accurately in the context of the current literature

Partly

Are all factual statements correct and adequately supported by citations?

Yes

Are arguments sufficiently supported by evidence from the published literature and/or the authors’ practice?

Yes

If evidence from practice is presented, are all the underlying source data available to ensure full reproducibility?

Not applicable

Are the conclusions drawn balanced and justified on the basis of the presented arguments?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Competency-based education, problema based learning, human resource in health, residency training

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Reviewer Report 23 September 2025

https://doi.org/10.21956/mep.22404.r43206

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This practical tips article synthesising the literature along with recent findings from an Australian qualitative study is straightforward to read and presented in a way to enable stakeholders to select useful interventions appropriate to their role.
The matrix presented in Figure 1 provides a visual representation of this for stakeholders .
The tips themselves are explained succinctly and backed up with references to expand on these.
The article is useful reading for all involved in training for the medical workforce.

Some specific comments which may assist clarity:

Abstract:

There is repetition in the section aim and method and the section conclusion.
I think it could be rewritten so as not to be so repetitive – for example – define the term “trainees“ in the aim part and then use that term in the conclusion when emphasising the range of those targeted by the intervention.

Introduction:

Please take care in ensuring that GPs are referred to as specialists throughout.
Sentence 1: ...expanded scope of practice, as access to local specialists can be scarce...
Is there another word that can describe the local non-GP doctors perhaps consultants – remembering that GPs are specialists in their own right (as the authors state in the very next sentence).

And then again Sentence 2 refers to specialised career pathways implying these are different to general practice pathways. Perhaps reword to... non-generalist career pathways with a narrower scope of practice ....
In **Figure 1** it is very difficult to see the different in shading referred to in the text for tips 4 and 7-12.

In the explanation of each tip there is cited literature to inform the discussion.
The tips themselves with accompanying Table and Figure are very useful.

This is a helpful overview and should be part of the toolkit for all medical schools particularly general practice departments / sections to champion.

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Yes

If evidence from practice is presented, are all the underlying source data available to ensure full reproducibility?
Not applicable

Are the conclusions drawn balanced and justified on the basis of the presented arguments?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Primary health care

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.