**Letter**

**Trends in recruitment into core medical training in the UK-could doing quality improvement projects help?**

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Dear Editor

Butterworth and colleagues highlight the problems of recruiting and retaining enough medical trainees 1.They also mention there is a similar crisis in general practice. As medical students who were recently encouraged to become GPs by conducting quality improvement projects in primary care, we would like to share what we learned. We hope it might be of interest to medical specialties.

To start with we looked at a range of audits that might be useful to the practice and chose topics based on personal interest (see Appendix). We found it exciting for us as students to have the possibility of influencing clinical practice and improving patient care. This made our projects more enjoyable in terms of academic learning.

We found general practice was a friendly and supportive environment for carrying out an audit. Learning how to create our own databases and doing simple statistical analysis made us feel more confident about carrying out future audits exploring the gaps between guidelines and practice.

We discovered a common theme in our audits - the tension between adhering to national guidelines and feasibility in busy, everyday practice. An example of this was SJ’s audit looking at whether GPs comply with NICE guidelines to screen patients with low folate for coeliac disease. With so many patients with low folate, it seemed that clinicians relied on clinical judgement to decide investigation and management plans, often not following guidelines precisely.

This was further exemplified in the audit investigating how often women were given appropriate advice on diet and exercise in their post-natal checks, where AW and YF reflected on the struggle between the doctor’s and the patient’s agenda. During these sensitive but time limited appointments, doctors had to decide what information to focus on, balancing patient preference and clinical judgment.

Lastly, carrying out projects such as SD’s questionnaire survey, showed us how patients differ in their ethnicity, age and BMI; and how demographic parameters can impact the GP’s approach.

It has been suggested that students do not perceive general practice as an academically challenging career choice.2 Conducting quality improvement projects can change this perception.

In their conclusions, Butterworth and colleagues describe important initiatives to enhance the attractiveness of medical specialties. 1 Perhaps quality improvement projects for students supervised by an enthusiastic physician role model could also be considered.

Acknowledgement

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Reference List

(1) Butterworth R, Smallwood N, Harding S, Black D. Trends in recruitment into core medical training in the UK. *Educ Prim CareClinical Medicine Journal* 2020;20: 86-91.

(2) Lamb EI, Alberti H. Raising the profile of academic general practice to our medical students. *Br J Gen Pract* 2019; 69(683):309-310.

Appendix

Audits undertaken by the medical student authors of this letter:

* Are GPs complying with NICE guidelines recommending women should be offered advice on physical activity and diet at their postnatal check? (Anna Wakelin)
* Are GPs complying with the NICE guidelines stating that patients with low folate should have a serological test for coeliac disease? (Shalini Jain)
* How many women who have had a hypertensive pregnancy have been advised about diet and exercise to reduce their increased long-term cardiovascular risk? (Yasmin Farah)
* Would the proposed new lower blood pressure targets encourage patients with mildly raised blood pressure to make lifestyle changes? Service evaluation questionnaire. (Shivani Desai)