

we making progress? [Letter]. *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X703853>.

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Raising the profile of academic general practice to our medical students

Lamb and Alberti¹ highlight the disappointing figure that only 3% of medical students associate general practice with being an intellectually challenging career.² I am a medical student in my penultimate year and am hoping to pursue a career in general practice that I believe will be stimulating, varied, and intellectually challenging.

So how have I come to be a part of this 3%? Well, Lamb and Alberti are right that it is the result of experiencing high-level thinking in general practice. I have done a student-selected component in general practice; an intercalation involving general practice research; and I have attended general practice conferences. Having no preselected specialty when I arrived at medical school, I can truly say that my

perspective is a result of this experience.

However, the suggestion that I can only be intellectually challenged in general practice by pursuing an academic training pathway is simply reinforcing the idea that general practice is not enough.

In 2011, Katerndahl *et al* demonstrated that the complexity of care delivered in the average general practice consultation was greater than the hospital specialties observed.³ The average consultation is built upon a multitude of theoretical principles (for example, continuity of care) that makes each encounter a significant academic challenge.

It is time that medical educators acknowledge the academic rigour of general practice itself and therefore teach, assess, and value the high-level thinking required to be a GP. I hope that all students can be given the opportunity to see general practice from this perspective, by making its principles a standard element of the curriculum rather than an added extra.

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3. Katerndahl D, Wood R, Jaén CR. Family medicine encounters are more complex than those in cardiology and psychiatry. *J Am Board Fam Med* 2011; **24**(1): 6–15.

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Correction

In Research by Nelson PA *et al*. Skill-mix change in general practice: a qualitative comparison of three 'new' non-medical roles in English primary care. *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X704117>, Box 1 had incorrect text in the second column, fifth bullet point. The text should read: *'Limited evidence suggests PAs may provide safe and effective care that is acceptable to patients and that for less medically complex patients, compared to care from a GP, PAs may not increase return visits, tests/prescriptions ordered or referrals made (although total costs of treatment are unknown),⁹*. This has been corrected in the online version.

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