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## Family Medicine in the future – will it be young, female and family friendly?



General Practice (GP) and Family Medicine seem to deal with an image problem in some countries, creating a lack of primary health care providers. Medical students seem to be more interested in other specialties, but what is the reason for this? One of the causes for this negative image may be the negative publicity that GP has dealt with over the last few decades. The EGPRN study on burnout amongst family

doctors in Europe [1] and a literature review published by van Ham et al. [2] are examples of negative accounts about GP: heavy workload, lack of recognition as a specialty and too many administrative tasks.

Another cause may be the absence of clerkships in a GP setting for medical students. As students are more familiar with hospital-based specialties, it is likely that they would tend to choose these more often.

That is where both ends meet: contact with trainees and students are regarded as a positive influence on job satisfaction by GPs. Introducing practical training in GP environments for students will help them discover Primary Care or may help to make their decision for hospital-based care. The quality of GP training also influences job satisfaction for young GPs, as shown by a study in the United States [3].

It takes time to finish medical studies and vocational training: a young GP will never be extremely young. However, the image of GPs can become younger, by introducing students and trainees in practices.

The medical profession is feminizing, in General Practice as for other specialties. An annual demographic report by the National Board of Medical Specialists [4] gives a rather caricature image of female physicians: that they are young and wish to be free. 57% of all physicians younger than 34 are female and prefer working as a locum. Should we consider this feminization as a danger to the profession, or could it be a solution?

According to a ten-year population-based study conducted by Watson et al. [5], the number of patients seen by female GPs per day is reducing every year. The amount of hours worked by GPs is the same amongst GPs of different generations, and also of different sexes.

Taking into account the recent results of an observational study from the Netherlands [6] this might be a positive aspect, at least from a patient's sight of view as it will mean there is more time spent with patients, which will improve quality of care. Lowering the workload of GPs also means increasing job satisfaction.

The medical students of today are the physicians of tomorrow. According to the gender ratio, Family Medicine will be mainly female, as will other specialties. Another way of working doesn't mean that it is negative and patients seem to appreciate this.

Working as a GP has never stopped female GPs from starting a family, although the quality of their personal life might suffer as a result of it. What has changed over the last decades are predefined "roles" for both parents: fathers are present at home more often and might work less to spend time with their family. The family friendliness of GP will affect both sexes in the future.

Mechaber et al. [7] studied the effectiveness of part-time working in GP, primarily for patients but also for the job satisfaction of physicians. In this study, it was mainly women who were working part-time (77.3% of all participating female physicians). It was found that physicians working part-time have more job satisfaction and have fewer signs of burn out. Patients participating in this study didn't indicate differences in satisfaction between part-time and full-time physicians.

Working part-time as a GP is possible, whilst maintaining quality of care and patient satisfaction. Part-time GPs will need to work with colleagues, in group practices. However, since this is also stated as a positive aspect for job satisfaction, that shouldn't be a problem. Family Medicine in the future can be young, female and family friendly, but most of all, it should be what the profession wants and needs: dynamic and attractive.

Inviting GP trainees and young GPs to think about working conditions and health care organisations, and the implementation of broad and practical training for future GPs is a first step in this direction.

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