



„New vision for primary health care and sustainable development“



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## CONFLICT OF INTEREST (COI)

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- I have the following potential conflict(s) of interest to report
  - Type of affiliation : **RESEARCH PROJECT**. Project Nr. **VPP-VM-Sabiedrības\_Veselība-2024/1-0002** “Enhancing General Practitioner Resilience in Latvia: Challenges and Solutions”.

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## ICE CREAM SHOP



# Untapped potential: strategies to attract students to family medicine in Latvian universities

**Authors:** Ieva Grike (presenting), Arita Kohva, dr. Matīss Kore, dr. Cindy Lisa Heaster, dr. Michael Frank Harris, assoc. prof., dr.med. Dins Šmits, prof., dr.med. Ilze Grope

Project Nr. VPP-VM-Sabiedrības\_Veselība-2024/1-0002 “Enhancing General Practitioner Resilience in Latvia: Challenges and Solutions”

## Background: the global primary care challenge

- Strong primary care improves access, lowers costs, reduces inequalities, and leads to better health outcomes and patient satisfaction<sup>1</sup>.
- Globally, primary care faces a “double ageing” crisis:
  - growing numbers of older patients
  - an ageing family doctor workforce<sup>2</sup>.
- Many countries like England, France, and Canada have expanded training places in primary care, but still struggle to attract enough graduates to fill them<sup>3</sup>.

(1) Starfield B, Shi L, Macinko J. (2005) Contribution of primary care to health systems and health. *Milbank Q*. 83(3):457–502 ; Fisher ES, Wennberg DE, Stukel TA, Gottlieb DJ, Lucas FL, Pinder EL. (2003) The implications of regional variations in Medicare spending. Part 1: the content, quality, and accessibility of care. *Ann Intern Med*. 138(4):273–287; Phillips, R. L., Jr. & Starfield, B. (2004). Why does a U.S. primary care physician workforce crisis matter? *American family physician*, 70(3), 440–446.; Basu, S., Berkowitz, S. A., Phillips, R. L., Bitton, A., Landon, B. E., & Phillips, R. S. (2019). Association of Primary Care Physician Supply With Population Mortality in the United States, 2005–2015. *JAMA internal medicine*, 179(4), 506–514.; Detolleenaere, J., Hanssens, L., Schäfer, W., & Willems, S. (2018). Can you recommend me a good GP? Describing social differences in patient satisfaction within 31 countries. *International journal for quality in health care : journal of the International Society for Quality in Health Care*, 30(1), 9–15.

(2) World Health Organization. (2023). Strengthening primary care in Europe: How to increase the attractiveness of primary care for medical students and PHC physicians (Policy brief No. 55). <https://iris.who.int/bitstream/handle/10665/366855/Policy-brief-55-1997-8073-eng.pdf>

(3) OECD. (2016). Health workforce policies in OECD countries: Right jobs, right skills, right places (OECD Health Policy Studies). OECD Publishing. <https://doi.org/10.1787/9789264239517-en>

## Background: Latvian context

- 30,2% of Latvian family doctors are in retirement age
- 19% of family medicine residency positions remain unfilled annually (2023–2025)
- **Mismatch:** National need vs. student choices

## Background: why timing matters for speciality choice?

- Specialty preferences begin forming during early clinical years and become more stable over time<sup>1</sup>.
- Students are more likely to choose specialties they:
  - encounter earlier in training
  - experience for a longer duration<sup>2</sup>

(1) Jones, M. D., Jr., Yamashita, T., Ross, R. G., & Gong, J. (2018). Positive predictive value of medical student specialty choices. *BMC Medical Education*, 18, 33.  
<https://doi.org/10.1186/s12909-018-1137-y>

(2) Bechara, J.P., Shah, P.P. & Lindor, K. The power of rotation schedules on the career selection decisions of medical students. *Adv in Health Sci Educ* 28, 1509–1522 (2023).  
<https://doi.org/10.1007/s10459-023-10227-w>

## Aim

To explore how Latvian universities attract students to family medicine during their medicine studies and identify if an untapped potential to strengthen recruitment exists.

# Methods

## Qualitative

Semi-structured interviews with curriculum decision-makers – Riga Stradiņš university and University of Latvia

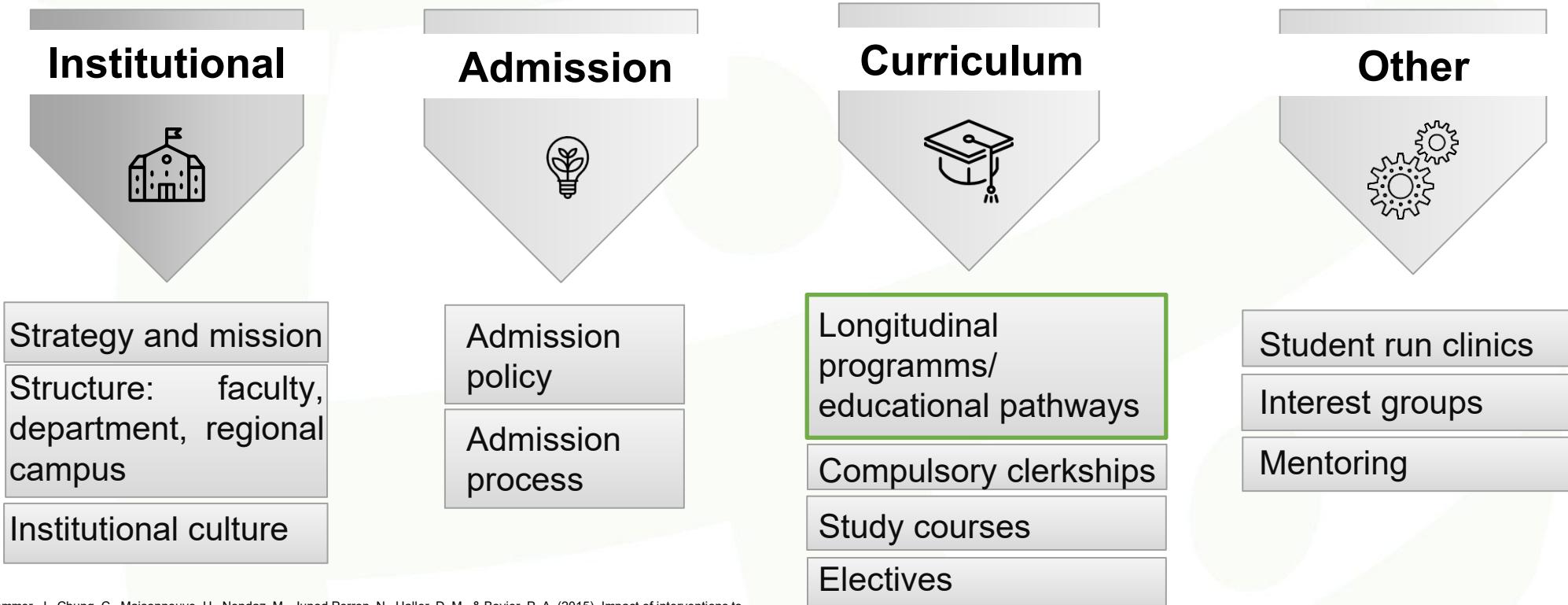
Questions (types of interventions) - based on systematic reviews of interventions that are implemented by educational institutions<sup>1;2</sup>

(1) Pfarrwaller, E., Sommer, J., Chung, C., Maisonneuve, H., Nendaz, M., Junod Perron, N., Haller, D. M., & Bovier, P. A. (2015). Impact of interventions to increase the proportion of medical students choosing a primary care career: A systematic review. *Journal of General Internal Medicine*, 30(9), 1349–1358. <https://doi.org/10.1007/s11606-015-3372-9>

(2) Phillips, J. P., Wendling, A. L., Prunuske, J., Polverento, M. E., Ledford, C. J. W., Erlich, D. R., Guard, E. L., Kost, A., Kovar-Gough, I., Lee, A. L., Liaw, W., Nguyen, B. M., Pratte, M. A., Raleigh, M. F., Sairenji, T., Seehusen, D. A., Walker, S., Young, V., & Morley, C. P. (2022). Medical School Characteristics, Policies, and Practices That Support Primary Care Specialty Choice: A Scoping Review of 5 Decades of Research. *Family medicine*, 54(7), 542–554. <https://doi.org/10.22454/FamMed.2022.440132>

# Theoretical framework (systematical reviews<sup>1;2</sup>)

## Types of interventions to attract to primary care



(1) Pfarrwaller, E., Sommer, J., Chung, C., Maisonneuve, H., Nendaz, M., Junod Perron, N., Haller, D. M., & Bovier, P. A. (2015). Impact of interventions to increase the proportion of medical students choosing a primary care career: A systematic review. *Journal of General Internal Medicine*, 30(9), 1349–1358. <https://doi.org/10.1007/s11606-015-3372-9>

(2) Phillips, J. P., Wendling, A. L., Prunuske, J., Polverento, M. E., Ledford, C. J. W., Erlich, D. R., Guard, E. L., Kost, A., Kovar-Gough, I., Lee, A. L., Liaw, W., Nguyen, B. M., Pratte, M. A., Raleigh, M. F., Sairenji, T., Seehusen, D. A., Walker, S., Young, V., & Morley, C. P. (2022). Medical School Characteristics, Policies, and Practices That Support Primary Care Specialty Choice: A Scoping Review of 5 Decades of Research. *Family medicine*, 54(7), 542–554. <https://doi.org/10.22454/FamMed.2022.440132>

Intervention associated with an increased proportion of students choosing primary care

## Results – limited exposure



**Institutional:** FM department

**Admission:** none

**Curriculum:**

- Compulsory study course in 5th year
- 2 weeks practice in 6th year
- Elective in 6th year
- No educational pathways

**Others:**

- primary care clinic
- student led scientific interest group
- no formal mentoring groups



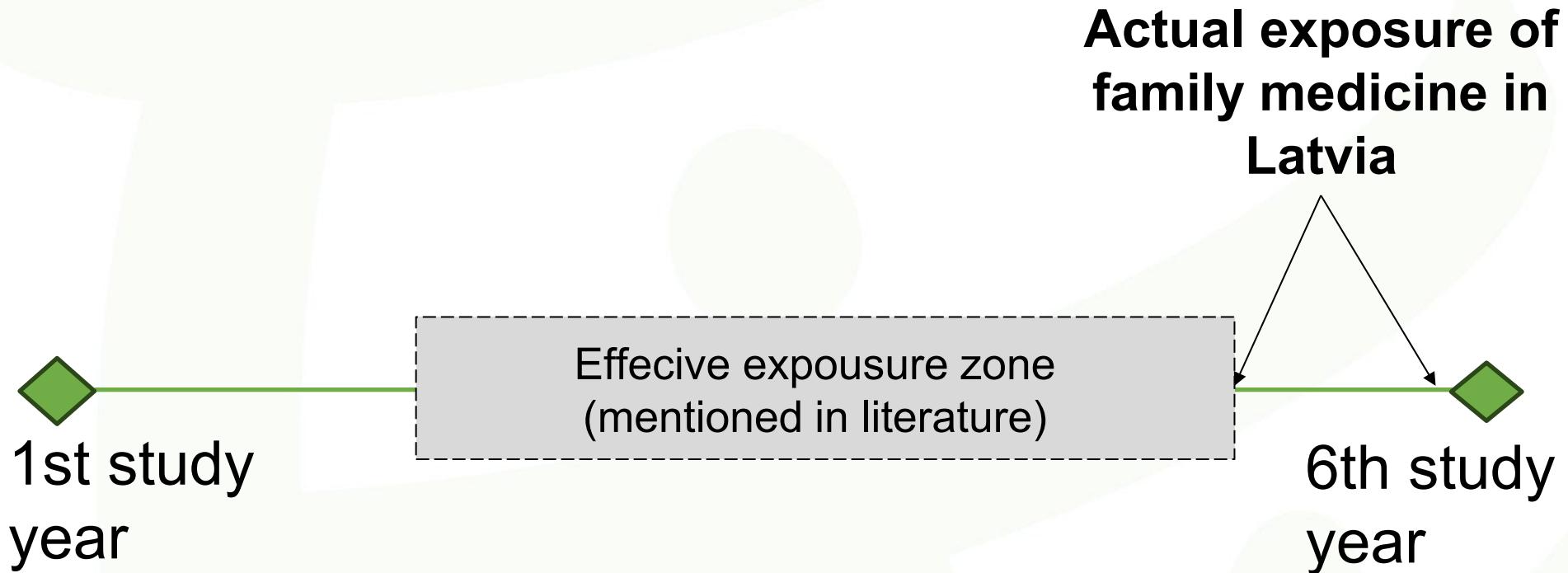
FM faculty

none

- Compulsory study course in 6th year
- 2 weeks practice in 6th year
- No electives
- No educational pathways

- no primary care clinic
- student led scientific interest group
- no formal mentoring groups

## Results – late exposure



### Medical studies in Latvian universities

## Conclusions

- Latvian universities do not fully utilize their potential to attract students to family medicine.
- Structured exposure to family medicine begins only in the final years, which may limit students' familiarity with the specialty.
- Universities have neutral position

*Respondent 1 : «This is not our role to promote one certain specialty. Our role is to ensure qualitative medical education»*

## Recommendations

- **Earlier exposure** (year 2–3)
- **Integrated tracks** (longitudinal programmes)
- **Longer placements**, especially with community/regional practice
- **Mentoring & role models**



***The only way to predict the future is to  
have power to shape the future  
/Eric Hoffer/***