Scottish School of Primary Care

'More GPs and better doctors' the future of undergraduate education in general practice

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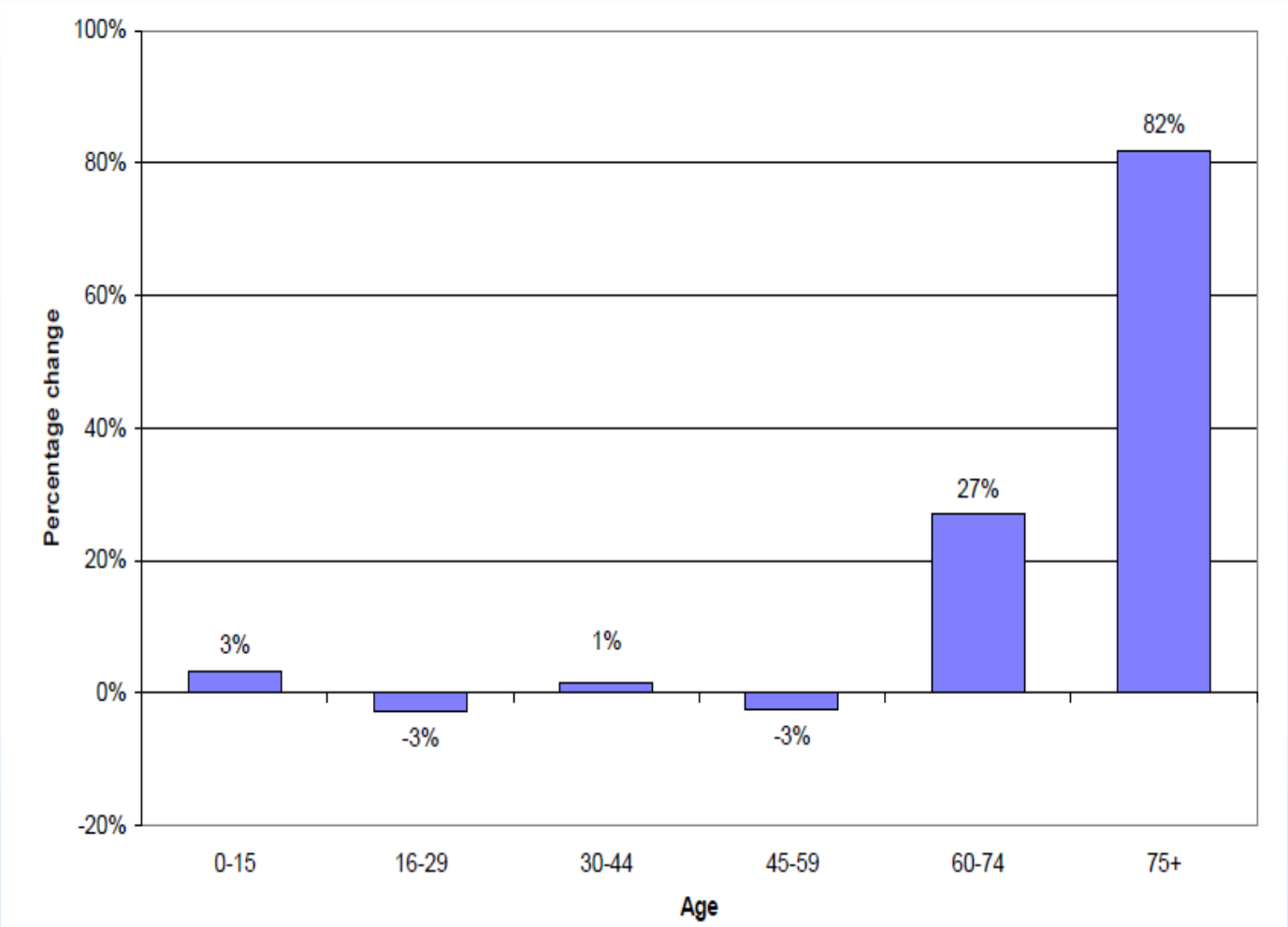
Why?

*The increase in the numbers of elderly people in Scotland and the **rise in complexity and multimorbidity**, as well as constrained health care resources mean that we need to **rethink undergraduate medical education** to address these issues. **Increasing education in general practice and primary care will deliver more GPs**, and will also help to produce **doctors who have a greater understanding of general practice**, whether they have careers in hospital or in the community.*

Projected % change in Scotland's population by age group, 2010 - 2035



Primary care workforce plan April 2018

- Move to a multidisciplinary team model
  - Expansion of pharmacists, advanced nurse practitioners, MSK physics, paramedic role in primary care
- New GP contract from April 2018; focus on GP cluster working
- GPs work as '***expert medical generalists'***
- Recognition of workforce shortages: GPs, nurses etc
- **Aim for 800 more GPs by 2028**

Membership

SG Workforce, SG Primary Care, SG Health and Care Analysis, RCGP Scotland, SGPC, Scottish Deans Group, All Heads of GP Teaching, medical students (GP Societies), NES, NES Digital, Scottish Funding Council, HB Directors of Medical Education.

Other important **stakeholders:** Medical Schools Council, GMC (Graduate Outcomes 2018), Society for Academic Primary Care, Scottish Academic GP Heads of Department, Deep End Group, GP OOH group, Rural GPs' Association Scotland, Scottish Rural Medicine Collaborative.

Input from: Professors Val Wass, Joanne Reeve, Bob McKinley, Simon Gregory

Literature review (including By Choice not by Chance)

Workshop— all stakeholders invited: talks by Joanne Reeve and Val Wass

Focus Group with FY2 doctors (intern Hillary Collins)

Capacity for teaching survey of Scottish practices (Emma Watson, Rob O'Donnell)

NES Primary Care ACT review: chair Dr Geraldine Brennan

Medical Schools Council

NHS
Health Education England

By choice – not by chance

Supporting medical students towards future careers in general practice

EDUCATION FOR PRIMARY CARE, 2018
https://doi.org/10.1080/14739879.2018.1427003

Taylor & Francis
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LEADING ARTICLE

Do primary care placements influence career choice: What is the evidence?

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Scottish Government
Riaghaltas na h-Alba
gov.scot

International evidence

- Positive correlation between **number** and **length** of primary care placements and likelihood of pursuing GP as a career

- **Longitudinal placements** (>6 months) associated with increased likelihood of pursuing GP as a career compared to traditional block placements

UK evidence

- Consistent with international evidence
- Students also report they are more likely to pursue GP if placements
  - ***Are good quality***
  - ***Provide authentic practice***
  - ***Demonstrate the impact GPs can make***
- Students are heavily influenced by GP tutors through role modelling

Capacity survey: 420 practices

14% not teaching but interested in doing so in future

Time: tension between providing clinical services and teaching

Better financial compensation for teaching

Physical space a common problem

Locum backfill for GP teaching provision suggested

Recommendation 1 (Scottish Government and Health Boards)

Capital investment in primary care by Health Boards must include provision of **fit for purpose space** that can be used for educating the primary care workforce of the future.

Recommendation 2 (Scottish Government)

The new NHS Scotland Capital Investment Strategy is due to be published shortly. It is recommended that this should make the case for **investment in primary and community care facilities recognising specifically the need to include facilities to train the workforce of the future.**

Recommendation 3 (Scottish Government)

The **SWAN (Scotland wide Area Network)** programme should develop direct ties and representation with the **R100 (Reaching 100%)** delivery team in Scottish Government both to better understand the timeframes for the remaining very hard to reach locations and to influence decisions on how the R100 priorities are decided about which locations should be prioritised i.e. those where GP surgeries are without connectivity and could therefore have access accelerated.

Recommendation 4 (Universities and Health Boards)

Universities currently have information on problems with broadband and wifi access for their students. To provide a national picture, Universities and Health Boards should **survey digital access for undergraduate teaching practices and premises across Scotland** and plan to address access difficulties where this is possible, over the next 12 months.

Recommendation 5 (Universities/NES ACT)

The tariff for clinical teaching in primary care (category A) **should rise from £40 per student per session to £85. A ceiling value of £255 for three or more students should apply.** Current falls in practice teaching capacity across Scotland suggest that this should be implemented as quickly as possible.

Recommendation 6 (Universities/NES ACT)

Further work needs to be done by NES together with relevant stakeholders to streamline the current range of category B tariffs in Primary Care ACT. This should produce a simplified range of tariffs applicable to all medical schools within 12 months.

Recommendation 7 (Universities/BfAM/ Universities Scotland/ Scottish Funding Council)

As part of progressing UG education in primary care, each medical school should develop over the next 12 months the outline implementation plan that they have submitted for increasing teaching in primary care, as well as a strategy to develop and grow the GP educator workforce to increase teaching capacity. This should ensure that GP educators have a strong and effective voice within school decision making structures.

Recommendation 8 (Universities/BfAM/Universities Scotland/ Scottish Funding Council)

A national level group for GP Heads of Teaching or equivalent in Scotland reporting to the Scottish Deans Medical Education Group should be formally established. The aims of this should be to strengthen educational leadership, build on the implementation plans referred to in recommendation 7, and share innovations to increase capacity and further curricular development.

Recommendation 9 (Universities/HBs/BfAM/Universities Scotland/Scottish Funding Council)

Monitoring of these recommendations, supported by the GP Heads of Teaching group, should be undertaken with reports six monthly to the Scottish Deans' Medical Educator Group for review by the Board for Academic Medicine and Scottish Government. There should be an independent review of progress after 12 months.

Recommendation 10 (Universities/Scottish Funding Council)

The investment involved in increasing undergraduate education in primary care requires rigorous evaluation from the outset. This should include (i) the indexing of all medical students at Scottish Universities at matriculation with a view to linking this data with existing data available through UKMed (ii) further educational research into attitudes of students and graduates in relation to careers in GP, all with a view better to understand the career choices of graduates. A programme of funded educational research will be required.