

Radical solutions are needed to meet the challenge of medical student placement capacity in primary care

Despite all efforts to increase capacity UK medical schools are facing genuine difficulty in recruiting sufficient GP practices to provide essential clinical placements for their medical students. In order to meet current demand, let alone the planned doubling in medical student numbers¹, a radical solution is required. We believe that the only way to accommodate the recently proposed increase in medical student numbers is to make teaching medical undergraduates a mandatory requirement for all NHS general practices.

It is critical that we address this shortfall in practices to ensure that we continue to provide students with exposure to high quality placements in general practice. At present, GP teaching constitutes just 9.2% of medical curricula in the UK² despite recommendations that it should constitute 25%³. Without a significant increase in placement capacity, we risk having to reduce dramatically the proportion of teaching delivered in general practice.

The Challenge

Placement capacity in general practice for both undergraduate medical students and postgraduate GP trainees is at a crisis point. Practices are also under pressure to provide placements for other health care learners including nurses, pharmacists, allied health professionals and physician associates. This demand is partly driven by changing patterns of patient care but also by growing recognition of general practice as an ideal environment for facilitating patient-based learning in, amongst other things, clinical skills, the generalist approach, team care, and the value of longitudinal patient care.

The majority of UK medical schools are facing genuine difficulty in recruiting sufficient practices to manage current needs let alone anticipated increase in needs². Simultaneously, the majority of medical schools are seeking to increase the proportion of time students spend in general practice. Reasons for this include the high quality of teaching offered, the opportunity to consult with patients with varied and often undifferentiated problems, and the link between students' exposure to general practice and future choice to select GP as a career^{5 6}. The expansion of medical schools and student numbers is positive, but needs to be delivered alongside careful planning to support this.

Similarly, the number of general practice postgraduate training places in the UK has increased by 27% over the last 5 years, and is set to increase further, while at the same time the proportion of the three year postgraduate GP training programme spent placed in general practice has increased from 18 to 24 months and indeed is proposed in the recent NHS Long Term Workforce Plan to increase to 36 months¹. The support required following the introduction of new clinical roles through the Additional Roles Reimbursement Scheme has further created demands on space in practices and supervision time for generalist clinical learning.

Possible solutions

A wide range of initiatives have been employed to increase capacity in general practice for more learners with some degree of success. However, none of these have the potential to

improve radically the current situation, and certainly none would produce anywhere near the massive increase in capacity needed.

Initiatives already employed include a negotiated increased payment rates to practices to match those in secondary care, formal teaching courses and workshops to engage GP teachers, financial incentives to take ever larger 'packages' of students and collaborations with post-graduate educationalists to facilitate GP trainees taking students as 'near peer teachers' ⁷.

Most undergraduate primary care teaching teams continue however to report significant challenges in placing medical students in general practices, and many have had to adjust their courses by measures such as reducing the amount of time students spend in general practice, placing pairs or small groups of students rather than individual students in practices, using hybrid models including virtual teaching ¹⁰, and using longitudinal placements rather than block placements ¹¹.

Virtual placements are an interesting initiative being explored in both undergraduate and postgraduate arenas that are likely to help partially but, as well as having the obvious limitations of opportunities for patient interaction, are going to be limited in their capacity.

Given the rural nature of many GP practices, there may be some pockets of 'untapped' practices. This was seen when undergraduate teaching practices were previously mapped ¹², however this data is now over 10 years old. Efforts have since been made to try and send medical students further away from their medical school bases into these areas with 'out of area' placements ¹³ which may have reduced the capacity for further placement in rural and coastal areas.

None of these initiatives are going to come close to facilitating the increased capacity expected to be needed.

A further fundamental issue is that general practices, unlike individual wards in a hospital, can choose whether or not they want to teach students and trainees. Additionally, many GP practice premises, unlike hospitals, lack the physical space to host multiple learners.

Research evidence

Research into barriers to practices taking medical students has highlighted the issues of funding, space and shortage of GPs available to teach ¹⁴, with the former thought to be less of an issue since the introduction of the new undergraduate primary care teaching tariff. Other studies have highlighted the necessity of medical schools forming ongoing relationships with their GP teachers in order to foster a teaching community, and encouraged any possible means to ensure that this is prioritised ¹⁵.

The proposed solution

In order to enable a potential doubling of medical students in general practice radical solutions are needed. At its extreme, this might include making it mandatory for all NHS general practices to offer medical student placements at some level. This could take a variety of forms depending on local and regional circumstances, and we acknowledge that

this is not an easy solution. However, if the alternative is that our future workforce does not gain sufficient general practice clinical placement experience then it must be seriously considered. There are of course concerns to take into consideration. Firstly, by requiring participation, the current high quality of general practice placements may be difficult to maintain; this could however be addressed with continued quality monitoring, teacher training and support for all general practices to teach. Secondly, ensuring that there is enough supervision capacity to maintain patient and student/trainee safety. Practices and staff need to be supported, and there is a potential untapped supervision capacity within the GP postgraduate trainees, who are often not engaged in teaching. Thirdly, as highlighted above, space is an issue in many practices and we would strongly encourage NHS England and devolved nations to review funding possibilities for practices where this is the case. Lastly, adding more potential pressure to an already pressured and over-stretched workforce is a concern, although it is noted that teaching has been shown to increase clinicians' resilience and interest in their work^{16 17}. There is also a link between teaching/training practices and quality of care indicators⁹. We would also suggest developing initiatives to promote students being more involved in contributing to service delivery during their placements through performing selected entrustable tasks that support ongoing individual patient care. With appropriate preparation, supervision and reflection, students learn and develop rapidly from greater practical involvement in patient care and this would help practices see the benefit of hosting them.

Next steps

We would like to engage in discussions with all relevant stakeholders with the eventual aim of ensuring that as many practices as possible, with support, are able to host medical student learners. The future of general practice education is at a crossroads, and a radical solution is imperative to ensure that we can meet the increasing demand for medical student placements, provide high-quality education, and develop a healthcare workforce to serve the needs of the population effectively.

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