

All I want for Christmas ... Is an undergraduate GP curriculum

It's not the snappiest title for a Christmas hit, but for some a national GP curriculum is a long overdue gift

The song so far.....We know that increasing the *quantity* of student GP experience increases the likelihood of subsequent GP career choice (1) and so many medical schools are now increasing GP placements.

The second verse however relates to the *quality* of this experience. Here, questions regarding what - and how we teach students in order to stimulate interest in our field remain largely unanswered.

In this edition of Education for Primary Care, Hugh Alberti takes up the refrain and shares with us three papers that have influenced his thinking on what factors are important in quality placements.

But before we can start to address what to teach students, we need to have a clear idea about what general practice is in the first place. Right now, where could an interested medical student go to find an accessible account of the rich intellectual heritage of our discipline? Many students might struggle.

But it's not just the students - perhaps many of us would be similarly challenged to say what general practice stands for and furthermore where this is being taught and who it is being taught by. The question is not just academic either – it's a question of professional identity. Who are we and what do we do that other health professionals don't? These are important policy issues in times of crisis affecting a discipline accounting for more than half of the medical workforce.

So would a national undergraduate GP curriculum help? Well perhaps, it's a start. Students (and teachers) do need to have a sense of what needs to be learned by the time of graduation, and certainly most other specialties are now nailing their colours to the mast through their own national curricula.

The question of defining core principles re-opens a long running debate about whether general practice is another one of the medical specialties or perhaps a collection of all of them - after all, general practice encompasses the entirety of clinical medicine.

But general practice is more than the medicine.

What about our relationships with our patients, families, communities? How does this medical and human amalgam result in effects such as continuity of care and the patient relationship that can produce such effective reductions in mortality (2).

If general practice is a specialty – then where are its central intellectual tenets, the themes, the principles that undergraduate students, and indeed postgraduate trainees, can grasp and develop? Whilst we believe that GPs can and should be considered as specialists in generalism we would argue that from the curriculum perspective, general practice is in fact more than a medical specialty, more than the sum of its parts and more than just the medicine - and can best be described as a discipline. General practice is the discipline of family and community medicine, similar to the discipline of hospital medicine, comprising its associated specialties. General practice subsumes many different clinical specialties and has operating principles that are different from those of the discipline of hospital medicine.

Despite different heritages, structures and functions, it is important that medical students should understand and respect the relative merits of both these major disciplines.

Following on from this, how do we translate the idea of who we are as GPs into a coherent programme of teaching and learning that will stimulate and engage our students? The history of curriculum development predicts a poor prognosis here (3). All too often what passes for a medical curriculum is an attempt at classifying the totality of clinical medicine through long lists of conditions and specialties to which students must be 'exposed'. Many undergraduate curricula run to thousands of 'intended learning outcomes' - hardly a riveting start. The sad fate of most curriculum documents is to be kept on file and dusted off only when quality assurance comes to call! The reason? Curricula like this are unworkable. Students and teachers are simply daunted by the volume of material to cover, often with little sense of prioritisation. Examiners struggle to link assessments meaningfully to learning objectives, and all too often, as soon as one curriculum arrives another curriculum review comes along and the classification process restarts.

If we are finally to grasp this nettle and develop an undergraduate GP curriculum we must find a way to define the knowledge base of our discipline and then make it accessible – not through long lists, but rather through guiding intellectual principles capable of making the leap from words in a document to interesting learning opportunities in practice. We must focus not only on the knowledge and skills we want students to learn but on the teaching methods that can most successfully turn a syllabus of content into a curriculum of action? We must clearly link learning outcomes to assessment, so that students value what they are being taught and in time realise why it is important to learn it. And we must keep the curriculum dynamic, reflecting the many changes that are and will be taking place in general practice over the coming years.

Finally, as clinical professions continue to search for themselves within the planned chaos of healthcare - perhaps a statement of key principles can act as a still-point for all who continue to practice and a reminder for policymakers of the true value of general practice to UK healthcare. Most importantly, a curriculum should be a touchstone for further debate – as we have said, a curriculum should flex to changing environments and this should involve all teachers within each school. We must remember the catastrophic effects on teacher engagement of over-prescribed national curricula in primary and secondary schools. Perhaps a good curriculum is therefore more like live jazz – having the freedom to improvise around quality melody rather than reproducing corporate pop.

This all sounds like a tall order - but watch this space! The Society for Academic Primary Care and the Royal College of General Practitioners are soon to publish a joint national curriculum guide for undergraduate general practice.

So if we close our eyes and take a deep breath our Christmas wishes may soon come true!

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2. Pereira-Gray DJ, Sidaway-Lee K, White E, Thorne A, Evans PH. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open.* 2018;8(6):e021161.
3. Slattery P. *Curriculum Development in the Postmodern Era.* New York: Garland Publishing Inc; 1995.