Undergraduate teaching in General Practice in the United Kingdom

A 2018 National Survey

Emily Cottrell, Hugh Alberti, Trevor Thompson

On behalf of the Society of Academic Primary Care (SAPC) Heads of Teaching Group

A national survey of undergraduate teaching in General Practice in the United Kingdom 2018

Final report

Contents

Introduction

Thank you for completing the National Survey of undergraduate teaching in General Practice in the UK.

The survey was sent to all UK medical schools who had produced graduates by 2018, as well as other newer medical schools who had not yet produced graduates but did have an active cohort of students in the academic year 2017-2018. The response rate was 100%. A full list of participating schools in given in the appendix.

Schools have been allocated a random number in order to anonymise data. The following data in this report is presented by school.

For the purposes of amount of GP teaching in undergraduate curricula, only medical schools who have produced graduates at the time of survey release have been included in analysis. For all other analysis, all responders were included.

Given the skew in data, the median is used as the average in this report. Both the measures of average, median and mean, are presented in tables in order to demonstrate the direction of skew.

Executive summary

The largest branch of medicine in the UK, General Practice is facing unprecedented pressure. The UK government, through General Practice Forward View, aims to significantly expand the GP workforce[1], yet current recruitment is not meeting existing demands[2]. The By Choice – Not By Chance report recognises the significant role medical schools play in influencing students' decisions to enter a career in GP, and makes several recommendations on how medical schools can promote GP as a specialty[3]. Yet, on an undergraduate level, the literature suggests the amount of GP teaching in medical schools is insufficient to meet future workforce demands[4]. In the wider context of postgraduate medical education, the Shape of Training report advocates a greater emphasis on training doctors with generalist skills to meet the needs of our changing population[5].

The National Survey of undergraduate teaching in General Practice in the United Kingdom in 2018 was a cross-sectional questionnaire study which aimed to:

- Quantify the exposure of undergraduate medical students in the UK to GP and to compare this to historical data
- Describe the financial and human resources allocated to support GP teaching
- Describe, and quantify, the initiatives in medical schools based on By Choice – Not by Chance recommendations

The questionnaire was designed by the authors, with input from all the SAPC Heads of Teaching Group, based on a questionnaire used in a previous study[4] and with new questions based upon the By Choice – Not By Chance report. An internal pilot with a number of participants was used to refine the questionnaire prior to distribution.

In summary, significant findings of the National Survey include:

- The current overall amount of GP teaching in medical school curricula in the UK on average is 9.2%, with a large variation between 3.9% and 19%
- The number of sessions of GP teaching in undergraduate medical curricula in the UK has plateaued since 2002 levels, yet perceptions of Heads of Teaching are that the amount of GP in curricula has increased over the past 5 years
- The majority of schools report plans to expand GP teaching in the curriculum in the next 5 years
- The average payment for clinical GP teaching is £58.74 per student per session, with a significant variation between £32.21 and £120.00 across the UK
- Human resources varies widely, both in terms of GP academic staff and administrative support. The majority of schools experience difficulty in recruiting GP teaching practices but this difficulty is not generally experienced in the recruitment of GP teachers for on-campus teaching
- Initiatives based on the By Choice – Not by Chance report exhibit variation nationally, such as the representation of GPs in higher management roles. Departments of GP with integrated teaching and research are in decline, however GP trainees are involved in teaching in most schools.

Overall, the heterogeneity between undergraduate medical schools in the UK is evident in the amount of GP teaching, as well as the funding and human resources allocated to GP teaching. Disparities between current data and previous studies warrant further consideration. This study provides an in-depth representation of GP teaching and related matters as a baseline for future work.

Amount of GP teaching

Introduction

In this section, the amount of GP teaching in UK medical curricula is described. Undergraduate GP teaching is an area of complexity and variation within and across medical schools.

For the purposes of this report, GP teaching includes undergraduate teaching which takes place within a GP practice (for example sitting in, parallel surgeries) as well as teaching which is delivered by GPs but outside of the practice setting (for example communication skills seminars delivered by GPs). The following tables give an overall figure for GP teaching, and then subsequent tables provide more granularity by illustrating the amount of teaching delivered in the GP setting and outside of the GP setting, as well as distinguishing between compulsory and optional teaching (for example student selected modules, electives).

The proportion of curriculum assigned to GP teaching has been calculated using the entire curriculum as a denominator. The entire curriculum is defined as the number of sessions students are taught or are on placement (excluding revision and assessment weeks), including clinical and non-clinical teaching. The survey has not attempted to use clinical curriculum as a denominator; the distinction between pre-clinical and clinical years in medical school is more artificial and difficult to define than previously, with more courses including integrated early clinical experience in what is traditionally seen as pre-clinical years. Furthermore, a definition which is consistent across different medical school curricula is problematic.

Therefore, it is important to consider percentage of curricula assigned to GP teaching does not imply the remainder of the curriculum is assigned to secondary care teaching; the remainder of the curriculum will be assigned to non-clinical teaching and secondary care teaching.

List of tables and graphs in this section

Overall figures

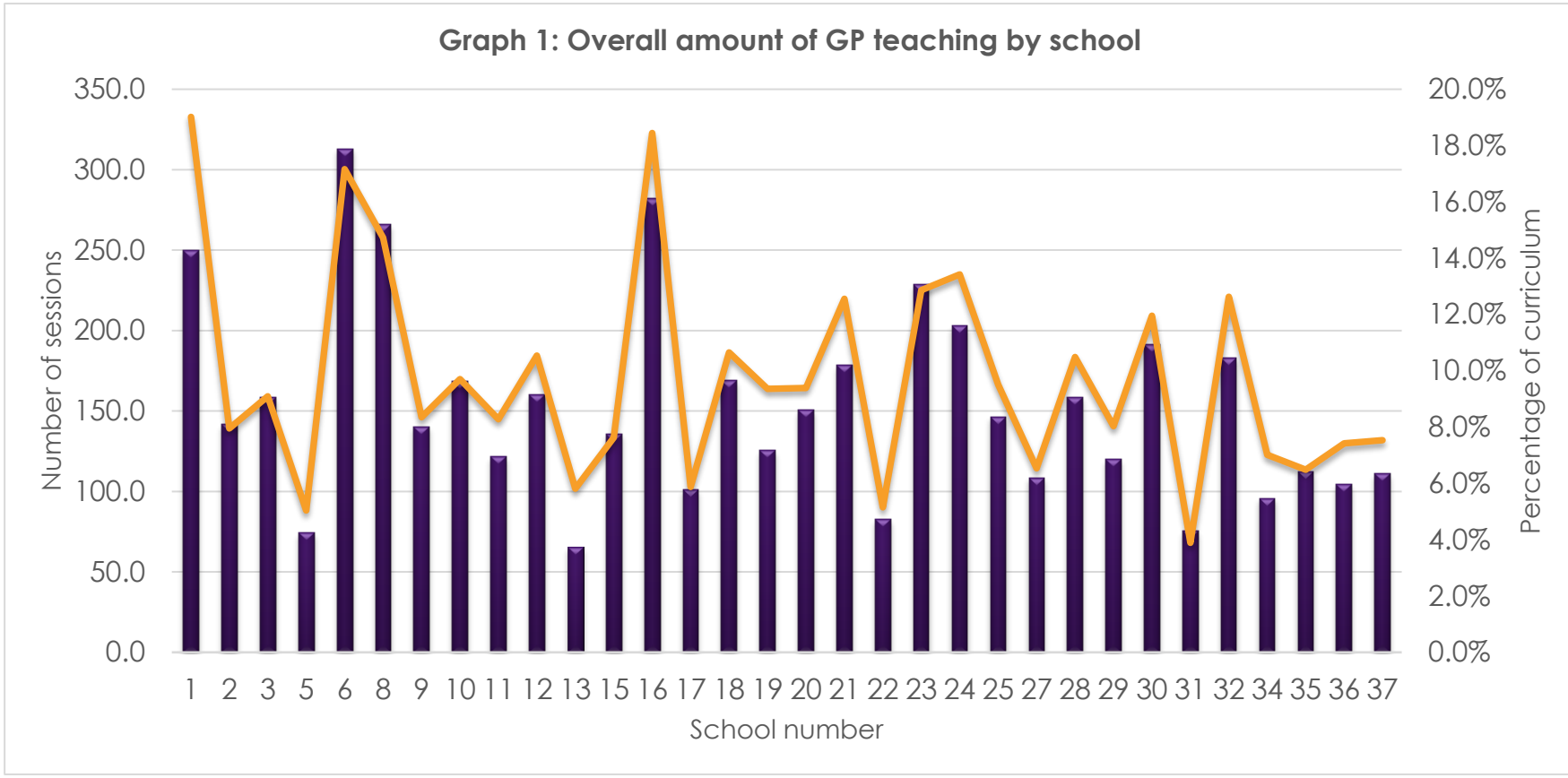
The following data describes the number of sessions in the curriculum assigned to GP teaching per average student, and the proportion of the entire curriculum dedicated to GP teaching:

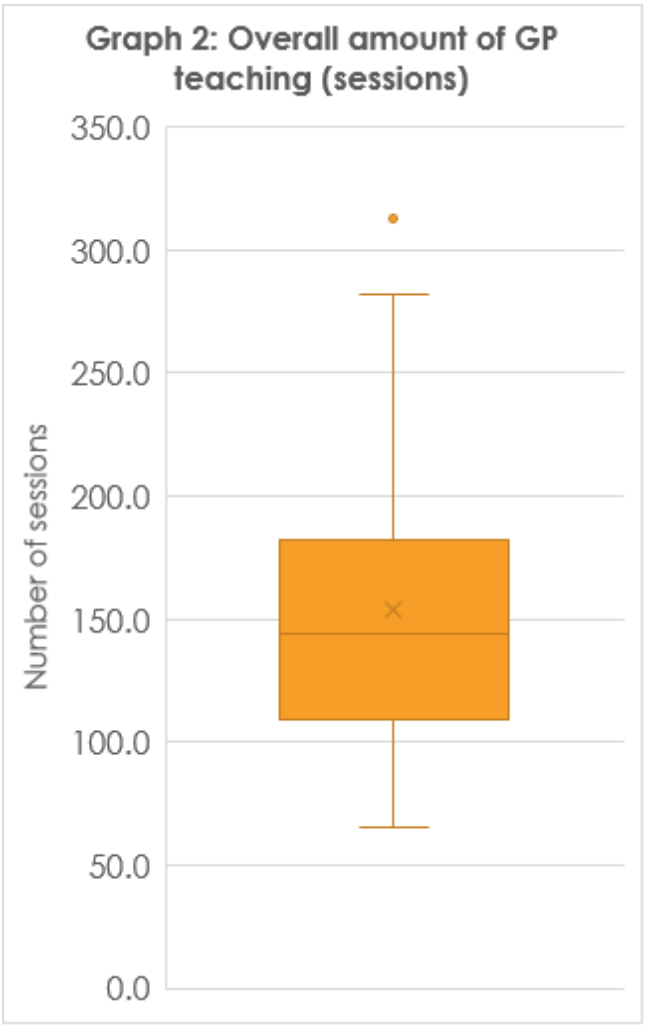
- Compulsory teaching delivered in the GP setting
- Compulsory teaching delivered outside of the GP setting, but by GPs
- Optional teaching delivered in the GP setting e.g. SSCs, electives
- Optional teaching delivered outside of the GP setting, but by GPs

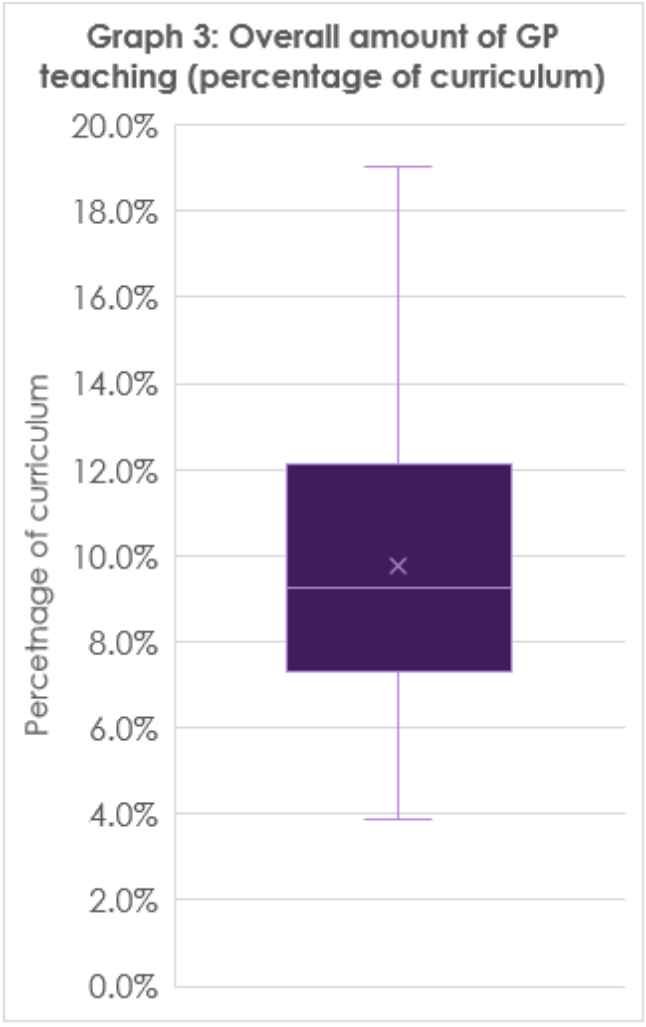
The average number of sessions in the curriculum assigned to GP teaching is 144, equivalent to 14.4 weeks, with a significant variation of 65.3-313 sessions (6.5-31.3 weeks). The average proportion of curriculum assigned to GP is 9.2%, again varying considerably from 3.9%-19.0%.

Table 1: Overall amount of GP teaching in curricula

School	Total number of sessions per student	*Rank*	Curriculum assigned to GP (%)	*Rank*
1	250.0	*4th*	19.0	*1st*
2	141.6	*17th*	7.9	*21st*
3	158.5	*14th*	9.1	*17th*
5	74.3	*31st*	5.0	*31st*
6	313.0	*1st*	17.2	*3rd*
8	265.8	*3rd*	14.7	*4th*
9	140.3	*18th*	8.4	*18th*
10	168.6	*11th*	9.7	*13th*
11	121.8	*21st*	8.3	*19th*
12	160.3	*12th*	10.5	*11th*
13	65.3	*32nd*	5.8	*29th*
15	135.8	*19th*	7.6	*22nd*
16	282.3	*2nd*	18.4	*2nd*
17	101.2	*27th*	5.9	*28th*
18	168.8	*10th*	10.7	*10th*
19	125.5	*20th*	9.4	*16th*
20	150.4	*15th*	9.4	*15th*
21	178.6	*9th*	12.6	*8th*
22	82.5	*29th*	5.2	*30th*
23	228.7	*5th*	12.9	*6th*
24	202.9	*6th*	13.4	*5th*
25	146.4	*16th*	9.5	*14th*
27	108.5	*25th*	6.5	*26th*
28	158.6	*13th*	10.5	*12th*
29	119.9	*22nd*	8.0	*20th*
30	191.3	*7th*	12.0	*9th*
31	75.5	*30th*	3.9	*32nd*
32	183.0	*8th*	12.6	*7th*
34	95.7	*28th*	7.0	*25th*
35	112.5	*23rd*	6.5	*27th*
36	104.5	*26th*	7.4	*24th*
37	110.9	*24th*	7.5	*23rd*
MAX	313.0	*Out of:*	19.0%	*Out of:*
MIN	65.3		3.9%	
MEAN	153.8	*32*	9.8%	*32*
MEDIAN	**144.0**		**9.2%**	


Graph 1: Overall amount of GP teaching by school
Number of sessions
Percentage of curriculum
350.0
300.0
250.0
200.0
150.0
100.0
50.0
0.0
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
1 2 3 5 6 8 9 10 11 12 13 15 16 17 18 19 20 21 22 23 24 25 27 28 29 30 31 32 34 35 36 37
School number





	Number of sessions
Minimum	65.3
25th percentile	110.3
Median	144.0
Mean	153.8
75th percentile	179.7
Maximum	313.0

	Percentage of curriculum
Minimum	3.9%
25th percentile	7.3%
Median	9.2%
Mean	9.8%
75th percentile	12.1%
Maximum	19.0%

Amount of GP teaching: GP setting

Total number of sessions of practice-based GP teaching

The following data describes the number of sessions per student assigned to GP teaching in the GP setting, and what proportion this makes up of the entire curriculum. Figures include compulsory and optional teaching e.g. SSCs, electives.

The average number of practice-based GP teaching sessions per student is 107.6, equivalent to approximately 11 weeks teaching and forming 7.0% of the curriculum. The range is wide: from 28.1-251.3 sessions, equivalent to 3-25 weeks and forming 1.7-15.1% of the curriculum.

Table 2: Amount of practice-based GP teaching in curricula

School	Number of sessions of practice-based GP teaching / student		Total	*Rank*	Curriculum assigned to practice-based GP teaching (%)	*Rank*
	Compulsory	Optional				
1	199	0.1	199.1	*3rd*	15.1	*1st*
2	70	4.7	74.7	*26th*	4.2	*29th*
3	124	1.5	125.5	*10th*	7.2	*16th*
5	63	1.0	64.0	*30th*	4.3	*28th*
6	200	4.4	204.4	*2nd*	11.2	*4th*
8	248	3.3	251.3	*1st*	13.9	*2nd*
9	124	0.0	124.0	*12th*	7.4	*15th*
10	167	0.0	167.0	*6th*	9.6	*7th*
11	85.5	9.7	95.2	*20th*	6.5	*18th*
12	122	0.1	122.1	*13th*	8.0	*11th*
13	58	0.8	58.8	*31st*	5.2	*26th*
15	101	1.0	102.0	*18th*	5.7	*22nd*
16	121	8.4	129.4	*9th*	8.5	*9th*
17	70	0.6	70.6	*29th*	4.1	*30th*
18	91	1.4	92.4	*21st*	5.8	*21st*
19	66	8.2	74.2	*27th*	5.5	*24th*
20	131	0.0	131.0	*8th*	8.2	*10th*
21	120	4.9	124.9	*11th*	8.8	*8th*
22	73	9.2	82.2	*23rd*	5.1	*27th*
23	196	1.3	197.3	*4th*	11.1	*5th*
24	110	2.1	112.1	*16th*	7.4	*14th*
25	114	1.4	115.4	*14th*	7.5	*13th*
27	27	1.1	28.1	*32nd*	1.7	*32nd*
28	98	5.1	103.1	*17th*	6.8	*17th*
29	112	1.2	113.2	*15th*	7.6	*12th*
30	190	1.3	191.3	*5th*	12.0	*3rd*
31	70	0.9	70.9	*28th*	3.7	*31st*
32	133	7.5	140.5	*7th*	9.7	*6th*
34	81	0.1	81.1	*24th*	5.9	*20th*
35	99	0.0	99.0	*19th*	5.7	*23rd*
36	75	8.9	83.9	*22nd*	6.0	*19th*
37	80	0.7	80.7	*25th*	5.5	*25th*
MAX	248.0	9.7	251.3	*Out of:*	15.1%	*Out of:*
MIN	27.0	0.0	28.1		1.7%	
MEAN	113.1	2.8	115.9	*32*	7.3%	*32*
MEDIAN	**105.5**	**1.3**	**107.6**		**7.0%**	

Compulsory practice-based GP teaching by year

The following data describes the proportion of each curriculum year which is assigned to GP teaching in the GP setting. A figure for the whole course, and the traditional "clinical" years (final 3 years, typically years 3-5) is also given. Compulsory intercalation years are denoted by *.

The proportion of curriculum assigned to practice-based GP teaching tends to be lower in the "pre-clinical" years (typically years 1&2) than the "clinical" years, however some schools have a more even spread across curriculum years. The average proportion of curriculum in "clinical" years assigned to GP teaching is 8.2%, ranging from 2.3-18.6%.

Table 3: Amount of practice-based GP teaching in curricula by curriculum year

School	Curriculum assigned to practice-based GP teaching (%) by curriculum year							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Whole course	Final 3 years
1	5.9	11.1	20.0	20.0	14.5	-	15.1	18.6
2	0.0	0.0	7.2	10.5	0.0	-	3.9	6.1
3	2.7	2.7	7.0	0.0	21.1	-	7.1	9.0
5	1.9	1.9	0.0	7.7	8.6	-	4.3	5.7
6	11.8	13.7	13.7	12.6	4.3	-	11.0	10.0
8	7.4	3.7	26.7	13.3	12.2	-	13.7	17.2
9	2.9	7.5	9.3	6.0	10.5	-	7.4	8.5
10	7.2	6.7	7.7	10.0	14.3	-	9.6	10.9
11	3.2	1.6	2.5	8.3	11.6	-	5.8	7.4
12	0.5	0.4	21.9	*	5.9	9.6	8.0	11.8
13	4.7	9.8	*	7.6	0.0	9.9	5.2	5.7
15	4.3	5.0	9.8	9.2	0.0	-	5.7	6.1
16	2.2	2.2	13.0	13.0	13.0	-	7.9	13.0
17	1.1	1.1	0.0	7.3	9.4	-	4.1	5.4
18	1.2	1.3	2.8	9.9	12.3	-	5.7	8.3
19	2.1	2.1	4.9	12.0	0.0	-	4.9	6.5
20	8.6	4.3	5.0	8.3	14.0	-	8.2	9.1
21	5.4	5.6	7.9	15.9	-	-	8.4	11.5
22	1.6	1.7	8.2	0.0	8.8	-	4.6	5.6
23	2.2	3.7	10.8	8.9	23.8	-	11.0	14.5
24	0.7	3.9	8.2	9.7	14.8	-	7.3	10.7
25	1.3	1.3	*	5.3	13.8	11.1	7.4	10.0
27	1.0	0.0	0.0	2.0	4.6	-	1.6	2.3
28	0.4	0.0	0.0	13.4	16.9	-	6.5	10.1
29	7.4	7.7	7.2	4.9	10.5	-	7.5	7.5
30	0.8	0.0	*	12.6	19.0	18.8	11.9	16.8
31	5.8	4.2	0.0	2.5	8.2	0.0	3.6	3.8
32	0.0	21.4	2.5	0.0	22.2	-	9.2	8.2
34	1.6	2.5	0.0	10.0	9.7	-	5.9	8.1
35	3.7	3.3	12.1	0.0	7.4	-	5.7	6.7
36	1.8	1.8	10.5	0.0	9.7	-	5.3	7.0
37	0.0	10.2	7.8	0.0	-	-	5.4	4.5
MAX	11.8%	21.4%	26.7%	20.0%	23.8%	18.8%	15.1%	18.6%
MIN	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	2.3%
MEAN	3.2%	4.5%	7.8%	7.8%	10.7%	9.9%	7.2%	9.0%
MEDIAN	**2.1%**	**3.0%**	**7.7%**	**8.3%**	**10.5%**	**9.9%**	**6.8%**	**8.2%**

Amount of GP teaching: taught by GPs outside the GP setting

Total number of sessions of GP teaching outside of practice

The following data describes the number of sessions per student assigned to GP teaching outside the GP setting (e.g. university seminars), and what proportion this makes up of the entire curriculum. Figures include compulsory teaching and optional teaching e.g. global health SSCs.

The average number of GP teaching sessions outside of practice per student is 30.8, equivalent to approximately 3 weeks teaching and forming 1.9% of the curriculum. The dataset is varied: ranging from 0-152.9 sessions. Most schools had no optional GP teaching based out of practice.

Table 4: Amount of GP teaching outside the GP setting in curricula

School	Number of sessions per student of GP teaching out of practice		Total	*Rank*	Curriculum assigned to GP teaching outside the GP setting (%)	*Rank*
	Compulsory	Optional				
1	50.9	0.0	50.9	*10th*	3.9	*6th*
2	65.6	1.3	66.9	*6th*	3.8	*9th*
3	32.7	0.3	33.0	*14th*	1.9	*16th*
5	10.3	0.0	10.3	*26th*	0.7	*26th*
6	108.6	0.0	108.6	*2nd*	6.0	*3rd*
8	14.3	0.3	14.5	*24th*	0.8	*24th*
9	16.3	0.0	16.3	*22nd*	1.0	*23rd*
10	0.0	1.6	1.6	*30th*	0.1	*30th*
11	22.3	4.3	26.6	*19th*	1.8	*17th*
12	37.4	0.7	38.1	*12th*	2.5	*12th*
13	6.6	0.0	6.6	*28th*	0.6	*27th*
15	33.7	0.1	33.8	*13th*	1.9	*15th*
16	152.9	0.0	152.9	*1st*	10.0	*1st*
17	30.6	0.0	30.6	*17th*	1.8	*18th*
18	70.3	6.1	76.4	*5th*	4.8	*5th*
19	51.3	0.0	51.3	*9th*	3.8	*7th*
20	19.4	0.0	19.4	*21st*	1.2	*21st*
21	53.7	0.0	53.7	*8th*	3.8	*8th*
22	0.0	0.3	0.3	*31st*	0.0	*31st*
23	31.4	0.0	31.4	*15th*	1.8	*19th*
24	90.9	0.0	90.9	*3rd*	6.0	*2nd*
25	30.4	0.6	31.0	*16th*	2.0	*14th*
27	80.3	0.1	80.3	*4th*	4.8	*4th*
28	44.7	10.8	55.6	*7th*	3.7	*10th*
29	6.7	0.0	6.7	*27th*	0.5	*28th*
30	0.0	0.0	0.0	*32nd*	0.0	*32nd*
31	4.6	0.0	4.6	*29th*	0.2	*29th*
32	31.7	10.8	42.5	*11th*	2.9	*11th*
34	14.6	0.0	14.6	*23rd*	1.1	*22nd*
35	13.4	0.1	13.5	*25th*	0.8	*25th*
36	18.3	2.3	20.6	*20th*	1.5	*20th*
37	29.9	0.4	30.2	*18th*	2.1	*13th*
MAX	152.9	10.8	152.9	*Out of:*	10.0%	*Out of:*
MIN	0.0	0.0	0.0		0.0%	
MEAN	36.7	1.2	37.9	*32*	2.4%	*32*
MEDIAN	**30.5**	**0.0**	**30.8**		**1.9%**	

Compulsory GP teaching outside of practice by year

The following data describes the proportion of each curriculum year which is assigned to GP teaching outside the GP setting e.g. university based seminars, communication skills teaching. A figure for the whole course is also given. Compulsory intercalation years are denoted by *.

The proportion of curriculum assigned to GP teaching outside of practice tends to be higher in the "pre-clinical" years (typically years 1&2) than the "clinical" years. In years 1&2, around 2-3% of the curriculum is assigned GP teaching outside of practice and practice-based GP teaching alike. The average proportion of curriculum assigned to GP teaching outside of practice is 1.8%.

Table 5: Amount of GP teaching outside the GP setting in curricula by curriculum year

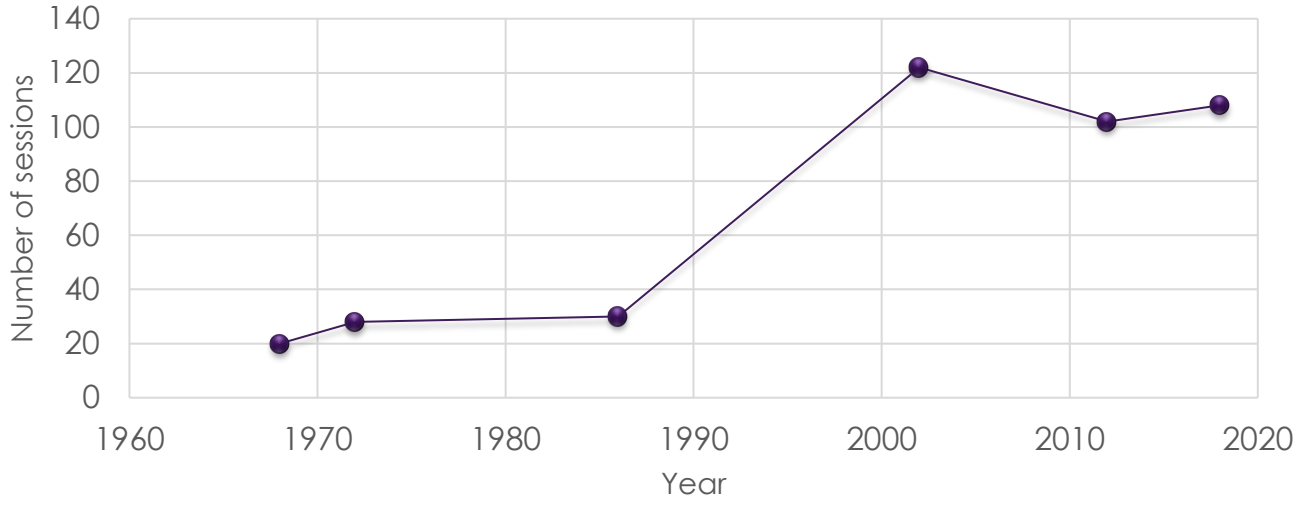
School	Curriculum assigned to GP teaching outside practice (%) by curriculum year						
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Whole course
1	10.8	10.6	0.3	0.3	0.2	-	3.9
2	1.6	1.2	7.8	6.7	0.0	-	3.7
3	2.2	2.6	2.4	1.3	1.2	-	1.9
5	0.1	0.1	0.0	2.9	0.1	-	0.7
6	4.8	7.0	9.4	7.9	1.1	-	6.0
8	2.6	2.6	0.0	0.0	0.0	-	0.8
9	0.3	0.0	2.5	2.0	0.0	-	1.0
10	0.0	0.0	0.0	0.0	0.0	-	0.0
11	3.7	2.6	0.6	1.0	0.6	-	1.5
12	2.1	0.0	4.1	*	1.3	5.7	2.5
13	0.2	0.1	*	1.5	0.0	0.4	0.6
15	1.0	1.4	3.6	3.2	0.0	-	1.9
16	11.1	11.%	9.0	9.0	9.0	-	10.0
17	1.6	2.8	3.8	0.8	0.0	-	1.8
18	2.8	3.7	3.4	8.5	3.5	-	4.4
19	8.4	7.2	3.7	0.7	0.3	-	3.8
20	1.2	1.2	0.5	1.5	1.6	-	1.2
21	8.0	6.7	0.0	0.0	-	-	3.8
22	0.0	0.0	0.0	0.0	0.0	-	0.0
23	1.9	3.5	1.2	2.0	0.8	-	1.8
24	7.0	11.9	3.2	3.8	4.2	-	6.0
25	2.4	2.9	*	1.4	2.9	0.7	2.0
27	9.1	11.4	0.0	4.5	0.1	-	4.8
28	6.3	4.6	3.2	0.9	0.7	-	3.0
29	0.3	0.5	0.3	0.0	1.1	-	0.5
30	0.0	0.0	*	0.0	0.0	0.0	0.0
31	0.1	0.0	0.0	1.1	0.0	0.0	0.2
32	0.7	4.6	2.7	0.1	3.3	-	2.2
34	1.4	2.2	1.1	0.0	1.3	-	1.1
35	0.3	1.4	1.4	0.0	0.7	-	0.8
36	3.3	3.0	0.1	1.1	0.2	-	1.3
37	5.3	2.5	0.9	0.6	-	-	2.0
MAX	11.1%	11.9%	9.4%	9.0%	9.0%	5.7%	10.0%
MIN	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MEAN	3.2%	3.4%	2.2%	2.0%	1.1%	1.4%	2.3%
MEDIAN	**2.0%**	**2.6%**	**1.2%**	**1.1%**	**0.4%**	**0.4%**	**1.8%**

Amount of GP teaching: comparison to historical data

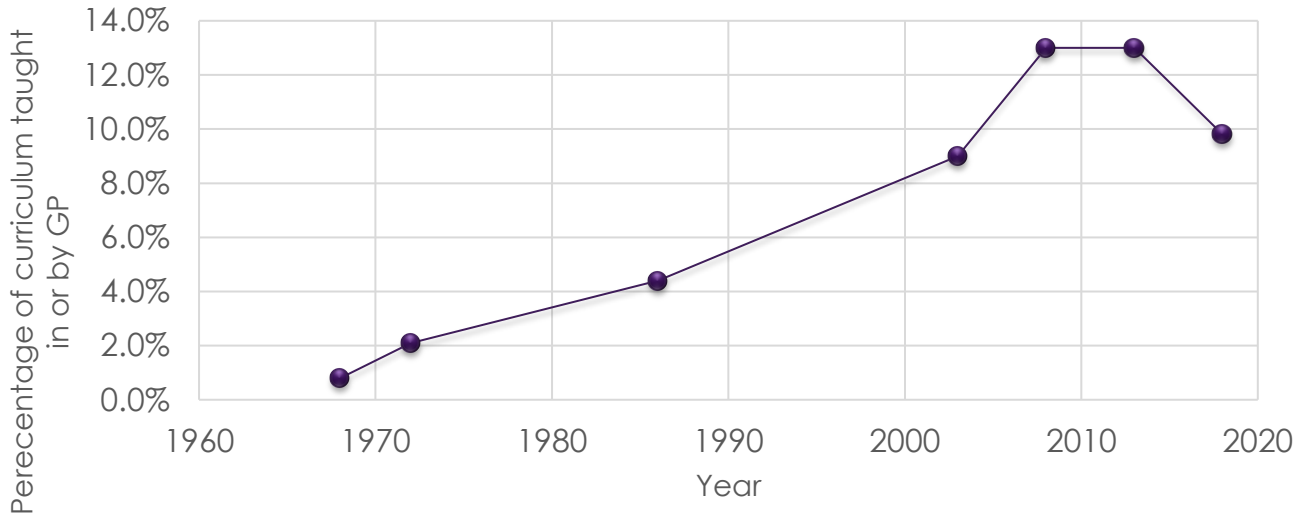
The average amount of GP teaching across UK medical schools has been compared with historical data in the graphs below, which demonstrate GP teaching is static or even declining over the past 20 years.

The discrepancy between trends can be explained by historical differences in the way GP teaching has been measured. Graph 4 illustrates GP teaching only in the clinical setting by number of sessions. Graph 5 illustrates the percentage of undergraduate curriculum taught in a GP setting or by GPs; however, the method for calculating the undergraduate curriculum as a denominator is not clear and therefore may not be consistent across studies.

Graph 4: Historical and current trend of clinical GP teaching, by number of sessions in GP[4, 6-8]



Graph 5: Historical and current trend of undergraduate curriculum taught in or by GP, by mean percentage of curriculum[4, 6-8]



Amount of GP teaching: inferential statistics

Given the variation between schools in amount of GP teaching, inferential statistics were performed in order to detect associations (using independent samples Mann-Whitney-U test) and correlations (using Kendall's tau and Spearman's rho).

There was a significant association between amount of GP teaching and age of medical school. The percentage of GP teaching in older medical schools (established pre-2000) was significantly lower than the percentage in newer medical schools (established post-2000): 8.3% vs 12.9% respectively, U=168.0, z=2.704, p=0.006, r=0.478. However, there was no significant association between the age of medical school and the amount of practice-based GP teaching.

Additionally, there was no significant association between the amount of GP teaching and medical school location (including England vs devolved nations, north vs south). There was no significant correlation between the amount GP teaching and ease of recruitment of GP teachers or GP teaching practices.

Amount of GP teaching: perceived trends

Changes in GP teaching in the past 5 years

Heads of Teachers' perceptions of changes to GP teaching in the last 5 years shows a trend toward an increase in General Practice/Primary Care provision with a majority (58%, n=21) reporting increases, 25% stable provision and 17% decreased provision (n= 9 and n=6 respectively). Factors reported to be driving increased provision include:

- Concerns regarding GP recruitment
- The WASS Report
- GMC visits/inspections
- Curriculum reviews (which seem to drive things toward Primary Care)
- Newness of the medical school (new schools may have more Primary Care from the outset)
- Demonstrably good feedback from students
- Moves toward longitudinal integration
- Supportive senior tiers in the medical school

Decreases in the amount of General Practice/Primary Care teaching are not always as they seem: for instance one respondent reports better quality from shorter placements and another reduction from a previously very high level of 15 weeks in one academic year.

Plans to change GP teaching in the next 5 years

Almost two thirds report plans for expansion in GP teaching, with 30% staying stable and only 2 schools reporting a planned decrease in the amount of GP teaching. This data represents estimates only, but again indicates a trend toward expanding provision. The value of longitudinal placements is again mentioned, along with the desire for early clinical exposure, and the WASS report. Factors against expansion included completion from other specialties and lack of funding for GP placements. Space in GP practices is also a factor. It would be wrong to assume that amount of provision is synonymous with the quality or impact of placements provided – those not expanding may be consolidating.

Funding for GP teaching

Introduction

In this section, the funding allocated to GP teaching is described. There is significant complexity and variation in the funding allocated to GP teaching within and across UK medical schools.

The following tables describe several aspects of funding allocated to GP teaching including: the average funding allocated to practice-based GP teaching per student per session; the range in funding within each medical school allocated to GP teaching (both practice-based and out of practice teaching); and comparisons of funding to the proportion of curriculum allocated to GP.

Funding for practice-based GP teaching has been described using an average payment per student per session. Whilst this allows comparison across UK medical schools, an average cannot capture the variation and nuances in funding for practice-based GP teaching. It must therefore be acknowledged that there are multiple factors which may cause variation within and across medical schools in funding for practice-based GP teaching, such as:

- Number of students per group in GP teaching
    - Some medical schools report a graded funding system dependent on the number of students is in a group. A typical example of this is a set payment for the first student, with a payment of approximately 10% less per subsequent student.
    - Other medical schools provide the same funding per student regardless of group size.
- Differences in student activity within GP teaching based on seniority of student (for example, sitting in, parallel surgeries)
    - Different student activities have varying demands on GP teachers; for example GP teachers are likely to be able to maintain a higher level of concurrent service delivery with senior medical students than junior medical students. Subsequently some schools may offer higher funding for GP teaching for more junior medical students in order to remunerate for a relatively higher shortfall in service provision as a result of teaching.
    - Other schools provide the same funding per student regardless of stage of training.
- Differences in medical school expectations of student activity within GP teaching
    - Whilst most practice-based GP teaching is described to include a mix of sitting in with GPs, hot seating, joint and parallel surgeries, home visits, and shadowing other members of the primary care team, data from the survey cannot crystallise the exact balance of student activities in practice-based GP teaching within and across schools.
    - Some schools may base funding provided for practice-based GP teaching upon the student activities expected, and how much these activities impact on service delivery.

List of tables and graphs in this section

Funding for practice-based GP teaching

The following data describes the funding allocated to compulsory practice-based GP teaching by medical schools, per student per session. Average figures were calculated using the payment data and data describing number of sessions in practice-based GP teaching. Maximum and minimum payments are included to illustrate the range of remuneration within some schools.

Average payment per student per session is £55.60, with a large range from £32.21 to £120.00.

Table 6: Funding allocated to compulsory practice-based GP teaching /student/session (£)

School	Average payment	*Rank*	Minimum payment	Maximum payment
1	97.38	*3rd*	74.50	105.50
2	60.00	*14th*	60.00	60.00
3	50.47	*23rd*	49.00	62.00
5	56.39	*17th*	41.67	59.17
6	54.61	*20th*	40.61	59.53
7	120.00	*1st*	120.00	120.00
8	45.00	*27th*	45.00	45.00
9	40.58	*29th*	40.00	43.00
10	40.00	*30th*	40.00	40.00
11	54.40	*21st*	54.40	54.40
12	39.22	*33rd*	39.22	39.22
13	53.89	*22nd*	23.00	40.00
14	40.00	*31st*	40.00	40.00
15	42.74	*28th*	42.00	45.00
16	83.41	*4th*	73.32	145.00
17	68.05	*9th*	54.40	60.00
18	45.03	*24th*	43.00	56.00
19	45.53	*26th*	22.50	78.57
20	32.21	*36th*	23.13	41.25
21	61.67	*12th*	60.00	65.00
22	74.79	*6th*	55.00	100.00
23	55.00	*19th*	55.00	55.00
24	114.09	*2nd*	59.00	202.00
25	38.32	*34th*	33.00	50.75
26	61.20	*13th*	38.50	69.50
27	59.11	*15th*	31.00	100.00
28	40.00	*32nd*	40.00	40.00
29	70.85	*7th*	67.50	80.00
30	58.48	*16th*	54.00	70.00
31	77.33	*5th*	40.15	124.22
32	32.83	*35th*	29.03	42.86
33	64.23	*11th*	60.00	65.00
34	56.21	*18th*	53.00	100.00
35	45.53	*25th*	32.00	57.00
36	68.67	*8th*	60.00	85.00
37	67.50	*10th*	67.50	67.50
MAX	120.00	*Out of:*	22.50	39.22
MIN	32.21		120.00	202.00
MEAN	58.74	*36*	48.90	71.46
MEDIAN	**55.60**		**44.00**	**60.00**

Funding: inferential statistics

Given the variation between schools in payment for practice-based GP teaching, inferential statistics were performed in order to detect associations (using independent samples Mann-Whitney-U test) and correlations (using Kendall's tau and Spearman's rho).

There was a significant association between payment for GP teaching and age of medical school. The payment in older medical schools (established pre-2000) was significantly lower than the percentage in newer medical schools (established post-2000): £51.31 vs £62.95 respectively, U=230.0, z=2.887, p=0.003, r=0.481.

There was no significant association between the payment for GP teaching and medical school location (including England vs devolved nations, north vs south). There was no significant correlation between the payment for GP teaching and the following:

- Total amount of GP teaching (as curriculum percentage and number of sessions)
- Amount of practice-based GP teaching (as curriculum percentage and number of sessions)
- Ease of recruitment of GP teachers
- Ease of recruitment of GP teaching practices

Funding: perceived trends

Changes in funding for GP teachers in the past 5 years

The majority of Heads of Teachers' report the payment for GP teachers has remained static over the past 5 years (64%, n=23). 31% report an increase in payment rates (n=11) and 6% report a decrease (n=2).

The global impression is of stagnation in GP placement payments. Where there has been uplift this has mainly been linked to inflation indices - so no change in real terms. There were some outliers: one school bemoaning no change and a SIFT budget of circa £12,000/student/annum, signalling a rate of <£30 per student per session. One school reported a doubling of rates compared with four years previously - though we don't know their starting situation.

Plans to change funding for GP teachers in the next 5 years

Responses regarding local plans to change funding for GP teachers in the next 5 years were mixed: 39% reported plans to change funding (n=14) and 61% reported no plans (n=22).

Results for this question were obscured by different interpretations of what is meant by "local plans". Respondents who answered "Yes and "No" both gave the same qualifying statement that future payments were dependent upon the results of on-going national negotiations on the Medical Undergraduate Tariff. In other words there was a general intention to increase payments, but for some this did not amount to a plan because of uncertainty over centrally-provided funding to meet the uplift. Two schools report increases planned to match the CPI (Consumer Price Index) and another reported plans to increase payments by increasing activity (as opposed to increasing payment rates).

Given the conditionality of many of the "Yes" responses, the overall picture is of few plans to increase Primary Care teacher payments above inflation in the near future.

Investments in practices

Investing in practice premises to encourage teaching expansion

A clear majority of schools are not currently investing in practice premises to encourage expansion (89%, n=32). However, from the data, the underlying reasons for this are unclear and it is not known whether there is funding and appropriate mechanisms available in order to allow medical schools to invest in practice premises. Of the schools who reported investing in practice (11%, n=4), the following illustrates the heterogeneity in current approaches

- Investment in practice premises in planning only
- £30,000 per annum to share with x100 practices (£300/practice)
- Allocation of £530,000 underspend on "infrastructure" over two accounting years
- Allocation of £100,000 underspend in a single year

Some schools who are not formally investing in practice premises reported small non-placement budgets to spend on educational development. No specific examples of contemporary premises schemes were described. One respondent noted that when their institution "academised" the school into regional centres, there was substantive capital funding for creating educational facilities in hospitals but no funding to practices.

Human resources

Introduction

In this section, the human resources allocated by medical schools to support the delivery of GP teaching are described. Data describing both administrative staff and GP academic faculty at each medical school is included, as well as a summary of the current trends in:

- Teacher development initiatives offered by schools
- Pay scales of academic and administrative staff
- Titles of academic staff
- Recruitment of GP teachers and GP teaching practices.

To allow comparison across medical schools, data describing provision of academic and administrative staff is standardized: the amount of GP academic faculty support is reported as a Whole Time Equivalent (WTE), and the amount of administrative support is reported in number of sessions allocated to support GP teaching.

Data describing provision of academic and administrative staff is described in the following tables, alongside the total number of medical students on the course and the total number of GP teaching sessions an average medical student experiences over the medical course in order to allow comparison across medical schools.

When interpreting the following data it is important to note that administration and teaching staff may be employed to support the delivery of both GP and non-GP teaching. In some schools, the separation of the GP teaching aspect of their role from the non-GP teaching aspect may be difficult, and could lead to under- or over-estimation of the time dedicated to supporting GP teaching.

List of tables and graphs in this section

GP academic faculty

The following tables demonstrate the whole time equivalent of key GP academic faculty in relation to total number of students (Table 7) and total GP teaching sessions/student (Table 8).

The average WTE of academic GP faculty is 2.6 (range 1.1-11.4), with on average 364 students to 1 WTE of key academic GP staff (range 31-1237).

Table 7: GP academic faculty in relation to total number of medical students

School	Total WTE of key GP academic faculty	Number of students in medical course to 1 WTE faculty staff ratio	*Rank*
1	11.4	64.4	*2nd*
2	1.8	747.2	*29th*
3	6.0	248.5	*8th*
5	2.7	494.4	*23rd*
6	3.0	276.7	*12th*
7	2.0	-	-
8	1.7	694.1	*28th*
9	3.8	342.1	*16th*
10	2.4	376.3	*20th*
11	2.8	424.3	*21st*
12	-	-	-
13	1.1	993.6	*33rd*
14	2.6	184.6	*7th*
15	2.1	582.9	*27th*
16	2.4	281.3	*13th*
17	3.7	571.4	*26th*
18	2.8	92.1	*3rd*
19	3.6	366.9	*18th*
20	4.5	338.0	*14th*
21	1.1	266.4	*10th*
22	1.7	760.6	*30th*
23	4.0	152.0	*5th*
24	1.2	367.5	*19th*
25	4.1	478.3	*22nd*
26	4.1	99.5	*4th*
27	2.6	268.8	*11th*
28	5.0	164.2	*6th*
29	2.0	877.5	*32nd*
30	2.6	553.8	*25th*
31	1.9	525.8	*24th*
32	6.2	338.1	*15th*
33	6.0	30.8	*1st*
34	1.2	1237.4	*34th*
35	1.1	772.7	*31st*
36	4.4	360.7	*17th*
37	2.5	265.2	*9th*
MAX	11.4	1237.4	*Out of:*
MIN	1.1	30.8	
MEAN	3.2	429.4	*34*
MEDIAN	**2.6**	**363.8**	

There was also marked variation in WTE of academic GP faculty in relation to total GP teaching sessions per student. On average, there are 57.2 GP teaching sessions to 1 WTE GP academic faculty staff, with a range from 21.9-242.4.

Table 8: GP academic faculty in relation to total GP teaching sessions per medical student

School	Total WTE of key GP academic faculty	Total GP teaching sessions per student	Teaching sessions to 1 WTE faculty staff ratio	*Rank*
1	11.4	250	21.9	*1st*
2	1.8	141.6	78.7	*26th*
3	6.0	158.5	26.4	*3rd*
5	2.7	74.3	27.5	*6th*
6	3.0	313	104.3	*30th*
7	2.0	484.8	242.4	*35th*
8	1.7	265.8	156.4	*32nd*
9	3.8	140.3	36.9	*12th*
10	2.4	168.6	70.3	*24th*
11	2.8	121.8	43.5	*15th*
12	-	160.3	-	-
13	1.1	65.3	59.4	*19th*
14	2.6	68.8	26.5	*4th*
15	2.1	135.8	66.2	*23rd*
16	2.4	282.3	117.6	*31st*
17	3.7	101.2	27.4	*5th*
18	2.8	168.8	60.3	*22nd*
19	3.6	125.5	34.9	*10th*
20	4.5	150.4	33.4	*9th*
21	1.1	178.6	162.4	*33rd*
22	1.7	82.5	48.5	*17th*
23	4.0	228.7	57.2	*18th*
24	1.2	202.9	169.1	*34th*
25	4.1	146.4	35.7	*11th*
26	4.1	331	80.7	*27th*
27	2.6	108.5	41.7	*14th*
28	5.0	158.6	32.0	*8th*
29	2.0	119.9	60.0	*21st*
30	2.6	191.3	73.6	*25th*
31	1.9	75.5	39.7	*13th*
32	6.2	183	29.5	*7th*
33	6.0	356.1	59.4	*20th*
34	1.2	95.7	83.2	*28th*
35	1.1	112.5	102.3	*29th*
36	4.4	104.5	23.8	*2nd*
37	2.5	110.9	44.4	*16th*
MAX	11.4	484.8	242.4	*Out of:*
MIN	1.1	65.3	21.9	
MEAN	3.3	171.2	67.9	*35*
MEDIAN	**2.7**	**148.4**	**57.2**	

Administrative support for GP teaching

The following tables demonstrate the administrative support allocated to GP teaching, in relation to total number of students (Table 9) and total GP teaching sessions/student (Table 10).

The average number of administrative support sessions allocated to GP is 24 (range 6-140), with on average 42 students to 1 administrative support session (range 9.7-217.3).

Table 9: Administrative support in relation to total number of medical students

School	Total sessions of administrative support allocated to GP	Number of students in medical course to 1 administrative support session	*Rank*
1	17	43.2	*19th*
2	24	56.0	*25th*
3	30	49.7	*21st*
5	10	133.5	*32nd*
6	9	92.2	*29th*
7	10	-	-
8	14	84.3	*27th*
9	16	81.3	*26th*
10	25	36.1	*14th*
11	31	38.3	*15th*
12	-	-	-
13	10	109.3	*30th*
14	25	19.2	*4th*
15	24	49.8	*22nd*
16	21	32.1	*11th*
17	140	15.1	*2nd*
18	11	23.5	*8th*
19	44	30.0	*10th*
20	7	217.3	*33rd*
21	10	29.3	*9th*
22	30	43.1	*18th*
23	27	22.5	*5th*
24	8	55.1	*24th*
25	42	46.7	*20th*
26	18	22.7	*6th*
27	30	23.3	*7th*
28	45.5	17.9	*3rd*
29	33	53.2	*23rd*
30	40	36.0	*13th*
31	24	41.6	*17th*
32	54	38.8	*16th*
33	19	9.7	*1st*
34	41	34.7	*12th*
35	-	-	-
36	18	88.2	*28th*
37	6	110.5	*31st*
MAX	140	217.3	*Out of:*
MIN	6	9.7	
MEAN	26.9	54.1	*33*
MEDIAN	**24**	**41.6**	

There was also marked variation in administrative support in relation to total GP teaching sessions per student: average is 6.2, with a range from 0.7-48.5.

Table 10: Administrative support in relation to total GP teaching sessions per medical student

School	Total admin support sessions	GP teaching sessions to 1 admin support session	*Rank*
1	17	14.7	*24th*
2	24	5.9	*17th*
3	30	5.3	*14th*
5	10	7.4	*20th*
6	9	34.8	*33rd*
7	10	48.5	*34th*
8	14	19.0	*30th*
9	16	8.8	*22nd*
10	25	6.7	*19th*
11	31	3.9	*12th*
12	-	-	-
13	10	6.5	*18th*
14	25	2.8	*3rd*
15	24	5.7	*15th*
16	21	13.4	*23rd*
17	140	0.7	*1st*
18	11	15.3	*25th*
19	44	2.9	*5th*
20	7	21.5	*31st*
21	10	17.9	*26th*
22	30	2.8	*4th*
23	27	8.5	*21st*
24	8	25.4	*32nd*
25	42	3.5	*8th*
26	18	18.4	*27th*
27	30	3.6	*10th*
28	45.5	3.5	*9th*
29	33	3.6	*11th*
30	40	4.8	*13th*
31	24	3.1	*6th*
32	54	3.4	*7th*
33	19	18.7	*29th*
34	41	2.3	*2nd*
35	-	-	-
36	18	5.8	*16th*
37	6	18.5	*28th*
MAX	140	48.5	*Out of:*
MIN	6	0.7	
MEAN	26.9	10.8	*34*
MEDIAN	**24**	**6.2**	

Investment in human resources

Titles of academic staff

The job titles of the academic staff leading primary care varied widely. The commonest titles for the most senior GP was Professor (n=10) or Director (n=4). Other titles used in more than one school were head, associate professor, senior lecturer, subdean, principle senior clinical teaching fellow and senior clinical teacher.

Titles of the rest of the academic team also varied widely, with many schools using a mix of titles. The most commonly used were: senior lecturers (n=8), lecturers (n=9), clinical or senior teaching fellows (n=10), leads (n=11), clinical or GP teachers (n=4), tutors (n=3) and educators (2) as well as 7 associate/deputy professors/heads/directors.

Figure 1: Word cloud of academic staff titles in leadership roles

Figure 2: Word cloud of academic staff titles in the wider academic team

Pay scales of academic and administrative staff

The most common pay scale for academic GP staff was clinical consultant/senior academic GP; at around half of schools (n=17) this was the pay scale for all staff and another third (n=121) of schools pay some of their academic staff on this scale. The non-consultant scale is used in 2 schools for all staff and 8 schools for some staff. The HEE GP educator pay scale is used in 1 school for all staff and 4 schools for some staff.

The most common pay grade of the most senior administrative support staff was grade 6, but this varied between schools from grade 3 up to grade 7.

Teacher development initiatives for Faculty Academic Staff:

Encouragingly, the majority of schools report they offer all four of the teacher development initiatives that were offered as options in the survey to their faculty academic staff:

- Fee sponsorship for medical education qualification(s) (e.g. Certificate in Medical Education)
- Support for staff to attain formal recognition from Higher Education Academy (HEA)
- Support for staff to apply for academic promotion
- Staff development workshops.

Around 90% offer staff development workshops and support to attain formal recognition from HEA (n=33 and n=32 respectively), 78% fee sponsorship for medical education qualifications (n=28) and 67% support to apply for academic promotion (n=24). Only one school stated they offered none of these options. A few other initiatives were offered including faculty wide conferences and annual GP conferences.

Teacher development initiatives for GP teachers:

In contrast with development for faculty staff, initiatives for GP teachers are predominantly in the form of staff workshops (89% of schools, n=32) but a significant minority offer support for teachers to attain formal recognition from Higher Education Academy (42%, n=15), fee sponsorship for medical education qualifications (33%, n=12) and support to apply for academic promotion (25%, n=9). A number of schools reported other teacher training initiatives and most described various forms of workshops and seminars offered to their teachers. These included some formal teacher training programmes and many hold annual GP teacher days. A couple mentioned the offer of honorary status for the teachers. Only one school has no teacher development available for their GP teachers.

Recruitment

Recruitment of teaching practices

In three quarters of medical schools (n=28), recruiting practices is proving difficult. In only 2 medical schools is it in fact easy to recruit but cited reasons for this problem are varied. The increase in student numbers and in the proportion of Primary Care is cited by several – with the resulting mismatch of demand and supply. An additional factor for is competition between medical schools with overlap in their placement areas. Others cited difficulties placing the locum workforce in practice, poor pay for clinicians, difficulty where placements were not in blocks, or where students had excessive travel. Some note practices pulling out of teaching altogether.

Recruitment of university-based GP teachers

The picture for recruiting GPs to work on campus is very different. A third of medical schools (n=12) find it easy to recruit, over half find it neither easy or difficult (n=21) and only 4 in the sample found it difficult. No respondents report difficulties in recruitment for substantive positions – one cited 9 applicants for one post. Three schools reported waiting lists for GPs to teach on campus. Virtually all the comments reported ease of recruitment. GPs, it was reported, liked to get out of practice on full pay. Difficulties were noted where the medical school was looking for x4 sessions per week for a short ad hoc period.

By Choice – Not by Chance recommendations

Introduction

In this section, initiatives used by medical schools to respond to the "By Choice – Not By Chance" recommendations are described and quantified.

Whilst some overlap exists, the data has been broadly organised according to the sections of the "By Choice – Not By Chance" report[3] and their associated recommendations:

Section 3: the student experience before medical school entry
Including GP involvement in widening participation, outreach and selection processes

Section 4: the influence of the formal curriculum
Including formal teaching in the curriculum on:

- The delivery of care at the primary-secondary care interface
- Formal teaching on the business elements of GP
- Formal teaching on the career options in GP

Section 5: The influence of the informal curriculum
Including:

- Numbers and names of GP placements
- Involvement of GP trainees in teaching, as positive and enthusiastic role models
- GP involvement in careers events
- GP representation in higher management roles
- Departments of General Practice

Section 6: The influence of the hidden curriculum
Including formal teaching in the curriculum on undermining and the hidden curriculum.

List of tables and graphs in this section

Raising the profile of GP prior to medical school entry

GP involvement in widening participation and outreach activities

While a clear majority of schools report GPs involved in widening participation and outreach activities (72%, n=26), the extent of this involvement varied a lot. In one school "a large number" of GP Tutors host widening participation placements, while in another the respondent states "I am the team". In several schools the Widening Participation Lead is a GP with the implication that this facilitated involvement. As well as placements, one university does "loads of school visits". Comments give the impression that engagement is greater where the GP teachers are integrated within wider schemes at medical school and RCGP levels.

GP involvement in selection processes

The level of involvement of GPs in selection processes varies considerably though nearly all schools have some. 10% would be a typical proportion of interviewers who are also GPs - with a stated range of 0-25%. Low proportions are reported in a school where locum expenses are not paid - it being noted that consultants interview in their work time. Two schools report the Primary Care team being responsible for the design and delivery of the admissions process.

Formal curriculum

Topics addressed in curricula according to By Choice – Not by Chance recommendations

The "By Choice – Not By Chance" report[3] recommends the following topics are addressed within the formal curriculum. The table below describes the current proportion of schools addressing these topics in the formal curriculum.

The majority of schools (80%) deliver some of the topics listed below, with a minority delivering all topics listed (14%) and only 6% schools (n=2) not delivering any of the topics below. There are several comments stating plans to include these topics in new curricula.

Table 11: Topics addressed in the formal curriculum, as based on "By Choice - Not By Chance" recommendations

Topic	Proportion of school addressing the topic in formal curriculum	
	Percentage	Number
Undermining of GP	24%	8/34
Hidden curriculum	36%	12/33
NHS management	70%	23/33
Delivery of care are the primary-secondary care interface	80%	28/35
Career options in general practice e.g. portfolio GP	64%	23/36
Business elements of general practice e.g. partnership, salaried	31%	11/35

Hidden curriculum

See the above section for information on incorporation of undermining and the hidden curriculum in the formal curriculum.

Informal curriculum

Numbers and names of GP placements

The average number of GP placements that medical students will experience during their studies is 5 (mean 5.3; median 4.5) with a range of 2-20. Over half of medical schools (58%, n=21) purposively send students to a variety of practices. Of those who do so, the commonest reason is based on rural/urban practices (n=12) with other reasons being distance to medical school (n=6) and deprivation (n=3).

There is a large variety of names for the GP placements at medical schools and varies for each year within medical schools, with the commonest names being "GP placement" or "GP attachment" and less frequently "Primary Care placement/attachment". Less frequent names used more than once are "GP assistantship" (later years), "community placements" (early years) and "community based medicine".

Involvement of GP trainees in teaching

One third of schools (n=12) say that they have formal arrangements for GP trainees to teach medical students, with most others (44%, n=16) saying they have informal arrangements and the remaining (25%,n=9) stating there are no arrangements.

GP involvement in careers events

It appears that General Practice is fairly represented in careers at UK medical schools: the average number of formal careers events was 3.5 per medical school and virtually all of these included General Practice.

Responses included some discussion of what constitutes a "careers event" and highlight careers guidance often comes in other forms. Only 61% of schools responded to this item (n=22), suggesting possible uncertainty over data (as most stems in this survey had a full response rate).

GP representation in higher management roles

Medical schools reported very different experiences of GP representation at higher management levels and it should be noted that schools use different titles for different roles. Schools described representation carrying from high/strong/good (n=8) to low or absent (n=7).

Specific roles that GPs filled were: Deans/head of medical school (n=6), programme directors (n=7), deputy medical school head/vice deans (n=12), year leads/directors (n=8), assessment leads (n=7), admission leads (n=2), professionalism leads (n=2), clinical skills lead (n=2), communication leads and leads/directors of leadership, graduate entry course and Widening Participation (1 each). Several other deputy or specific roles were also mentioned.

In contrast, other responders state that they as Heads of GP teaching are the most senior GP role (n=6) and sit on the senior management team (n=8) most noting they are the only GP in a higher management level. Some state there are no GPs in higher management roles (n=3) or representation is low (n=4).

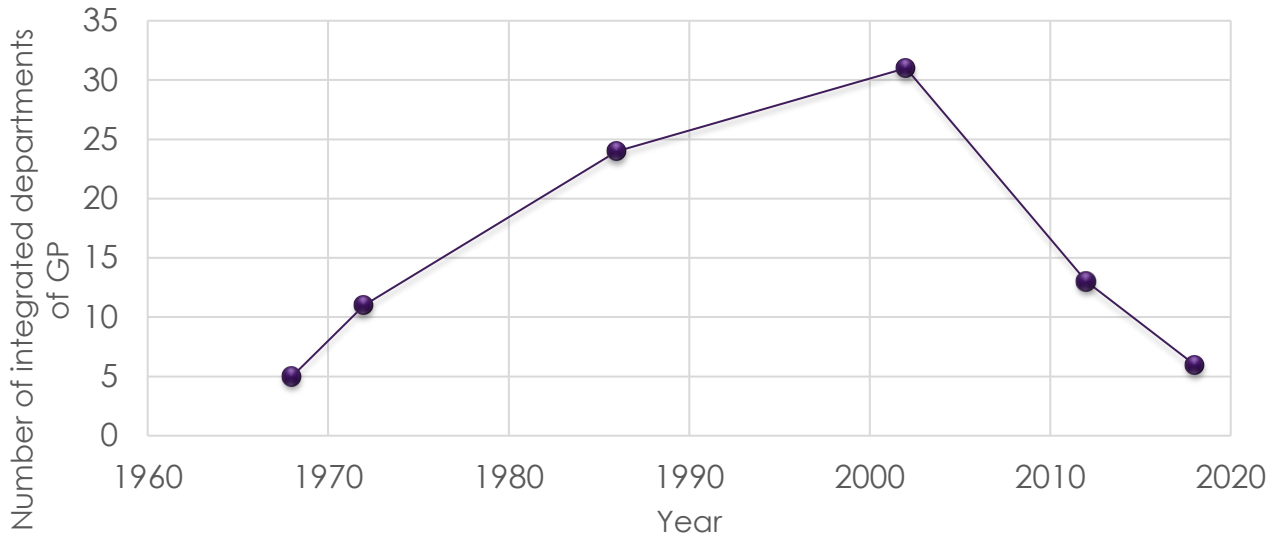
Departments of General Practice

The minority of medical schools have a single GP department or unit (17%, n=6). The majority state that primary care teaching and primary care research occur in geographically and administratively distinct departments/units (42%, n=15) or that the primary care teaching and primary care research are situated in the same department/unit but there isn't much integration (28%, n=10), with the remaining three schools stating that there is no department/unit dedicated to primary care research at their institution.

Positive examples of change are one school reversing a previous decision to separate teaching and research, and another school have recently developed an integrated Academy of Primary Care. Several others stated they are currently working towards improved integration and working between teaching and research teams. However, others noted the problem of having very different structures, priorities and locations.

In comparison to previous data described by Harding et al[4], the number of schools with an integrated teaching and research department of GP has fallen to levels similar to 1968. When compared to the background total number of medical schools, this constitutes a real-terms unprecedented downturn since 1968.

Graph 6: Number of integrated university departments of General Practice[4, 6-8]



References

1. NHS England. *General Practice Forward View,* London: NHS England, Royal College of General Practitioners and NHS Health Education England, 2016
2. Health Education England. *Investing in people for health and healthcare: Workforce Plan for England 2016/2017*. Health Education England, 2016
3. Wass, V. *By choice – not by chance: supporting medical students towards future careers in general practice*, London: Health Education England and the Medical Schools Council, 2016
4. Harding, A. et al. Provision of medical student teaching in UK general practice: a cross-sectional questionnaire study. *British Journal of General Practice.* 2015; 65(635): e409-e417.
5. Finlay, I. G. Report from the UK Shape of Training Steering Group (UKSTSG). Shape of Training, 2017
6. Harris, C.. *General practice teaching of undergraduates in British medical schools,* London: Royal College of General Practitioners, 1969
7. Byrne, P.. University departments of general practice and the undergraduate teaching of general practice in the United Kingdom in 1972. *The Journal of the Royal College of General Practitioners.* 1973; 23(Suppl 1,Suppl 1): 1-12.
8. Howie, J.G., Hannay, D.R., Stevenson, J.S.. The Mackenzie report: general practice in the medical schools of the United Kindom – 1986. *British Medical Journal (Clinical Research Edition)*. 1986; 292(6535): 1567–1571.
9. Mathers, N., Carter, Y., Marshall, M. UK Heads of the Academic Departments of General Practice. New century, new challenges. *Family Practice*. 2003; 20(4): 360-361

Acknowledgements

We would like to thank all those who have contributed to this project, particularly all the Heads of Teaching at medical schools across the UK for completing the survey (for the list of participating schools, see appendix).

We would also like to thank the wider research team, including Lindsey Pope and Joe Rosenthal, who have contributed to the design and pilot of the National Survey questionnaire.

Finally, we would like to thank Alex Harding and colleagues, whose 2015 paper is used to make comparisons and generate historical trends in this study.

Appendix: List of participating UK medical schools

Thank you to the following schools for taking part in the National Survey of undergraduate teaching in General Practice in the UK:

The University of Aberdeen

The University of Birmingham

Brighton and Sussex Medical School

The University of Bristol

The University of Buckingham

The University of Cambridge

Cardiff University

The University of Central Lancashire

The University of Dundee

The University of East Anglia (Norwich Medical School)

The University of Edinburgh

University of Exeter Medical School

The University of Glasgow

Hull York Medical School

Imperial College London

Keele University

King's College London (GKT School of Medical Education)

Lancaster University

The University of Leeds

The University of Leicester

The University of Liverpool

The University of Manchester

Newcastle University

The University of Nottingham

The University of Oxford

Plymouth University Peninsula Schools of Medicine and Dentistry

Queen Mary University of London (Barts and the London School of Medicine)

The Queen's University of Belfast

St George's Hospital Medical School

Swansea University

The University of Sheffield

The University of Southampton

The University of St Andrews

The University of St Andrews, ScotGEM

University College London

The University of Warwick

We would also like to thank the School of medicine, NUI Galway, Ireland who also participated but whose data is not presented in this report.