

GP Scholarship

Championing and cultivating the intellectual expertise at the heart of
the profession of General Practice

Why GP Scholarship?

We need to champion and cultivate the intellectual expertise of General Practice for the sake of:

- Patients: to support the individually tailored care needed to address treatment burden, both over- and under-diagnosis, and the need for person-centred health care
- Professionals: to address workforce challenges arising from low autonomy, replacing trust in people with trust in systems, and the burn out risks that come from feeling inadequately equipped to deliver the service demanded. To make visible the often 'hidden' expertise – every GP a scholar; to support the growing proportion of GPs with extended roles that involve scholarship (research and teaching); and to address concerns that General Practice is the largest branch of medicine but with the smallest proportion of academics.
- Health systems: to embed the intellectual capacity and expertise needed for learning organisations adequate to respond and adapt to rapidly changing health needs and contextual challenges – to deliver responsive and adaptive health systems that are fleet of foot. Including embedding capacity to teach the theory and discipline of general practice & primary care throughout all levels of health systems.

What do we mean by scholarship?

Refers to both the intellectual capacity of individual GPs (*Every GP a Scholar*) and the collective professional wisdom.

Recognises the full range of intellectual tasks described by Boyer (1990).¹ *Scholarship is defined by tasks/actions not by job title or contractual status.*

Is a necessary part of professional excellence: both in clinical consultation as well as the extended roles of GPs including practice development and organisation, education, innovation, leadership, research.

Collective professional wisdom is an integral part of Academic Primary Care: the distinct body of work and knowledge that defines, develops and delivers the person-centred model/system of healthcare that is primary care.

¹ Discovery (including original research); Integration (information synthesis across discipline/topics/time); Application (discovering ways to use knowledge to solve problems); Inspiration (teaching)

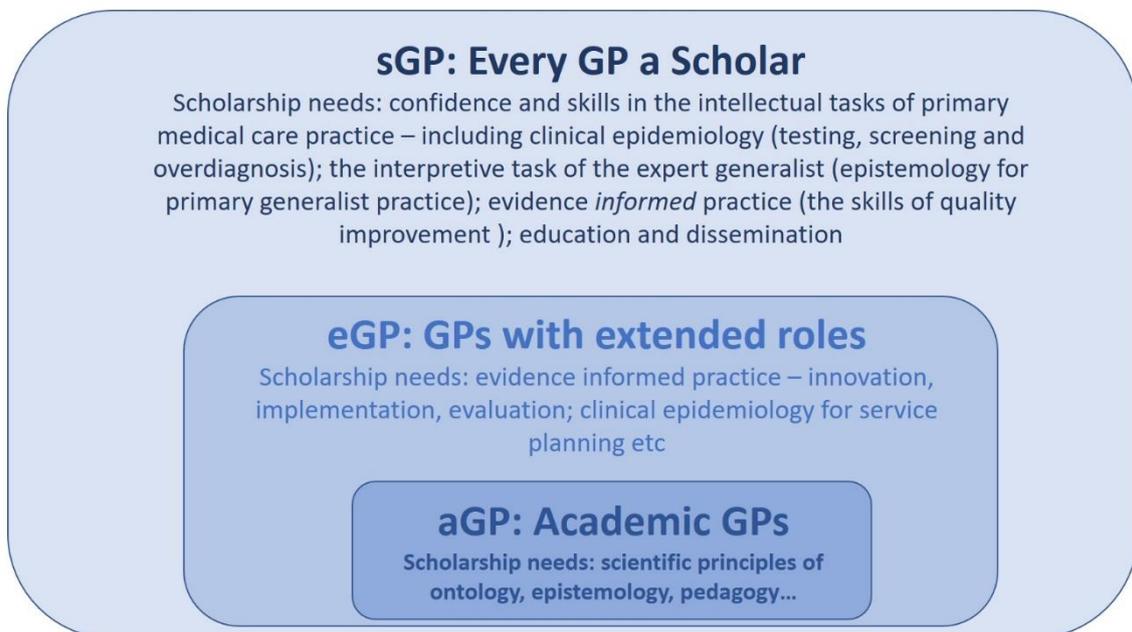
Aims and priorities for the SAPC GP Scholarship work

The identified three key aims of the work are to

1. **Addressing Career and Workforce development needs:** recruitment and retention, making GP careers attractive for current and future doctors
2. **Developing skills:** enhancing front-line scholarship skills needed in today's primary care and quality improvement agenda – individual tailored decision making, defensible decisions, innovation and evaluation
3. **Raising awareness: promoting understanding of the intellectual expertise of generalist practice** from jack of all trades/technician view to high level intellectual skill – amongst GPs as well as policy makers, managers, other professionals, patients

Identified priorities for action reflect the needs of 3 groups of GPs:

- Every GP a scholar (sGP) refers the intellectual/scholarly skills of *all GPs* delivering whole person care. ($n \sim 60,000$)
- *GPs with extended roles* are those with portfolio careers that include extended scholarly activities (teaching, research, innovation, implementation). ($n = ???$)
- *Academic GPs* are those with university based contracts – the smallest group but key to championing a distinct discipline of Primary Care and academic Primary Care² ($n \sim 200$ at Senior AGP level)



The four elements of Scholarship: Discovery (D), Integration (I), Application (A), Inspiration (Ins) [Boyer]

² <https://sapc.ac.uk/article/academic-primary-care-now-more-ever>

Priority areas emerging from conversations

Every GP a Scholar Career development/workforce recruitment and retention: broadening horizons and championing careers through profiling scholarship (starting in UG)

Skills development for expert generalist practice in 21st century: RCGP Overdiagnosis group is highlighting a gap in the development of clinical epidemiology skills.

Challenges of multimorbidity, problematic polypharmacy, medically unexplained symptoms highlight a gap in defensible decision making (confidence in the generation/assessment of what Gabbay described as Knowledge in Practice in Context)

GP with Extended roles Skills development to support portfolio careers: including linking to existing resources within RCGP – Bright Ideas, Quality Improvement, Research Ready, support for appraisal, CRN training eg GCP etc

Academic GPs Reviewing/developing aGP career paths: what does the aGP in twenty years time look like. *Reviewing ACF/IPF entry point; addressing the ‘pinched middle’ (lecturers/SL); describing the aGP/APC professor of tomorrow.*

Describing the distinct body of knowledge/contribution to society of a discipline of aGP/APC. *Justifying why Health Services Research in Primary Care/GP is not enough?*

Partnership working: RCGP Innovation & Research Board

The recently established RCGP IRB is also addressing work in this area. Current RCGP priorities focus particularly on the needs of eGP – with potential for SAPC to partner this work.

SAPC (Exec, HODs and HOTs) has traditionally led discussions related to aGP development – with RCGP as an important partner in these discussions.

Explicit recognition of the sGP group (as an intellectual task) is a newly emerging area which could usefully be shared across both organisations.

Implementing GP Scholarship: a programme of work between SAPC and RCGP

Initial tasks have been to establish a virtual working group and identify some initial action points to start the work. From which base, we aim to build a more sustained programme of work.

Working group

Already involved/interested include RCGP Officers (Helen SL, Martin M, Terry K, Imran R, Kamila H, Nigel M); Emma Parry, Jon Dickinson; Sara McKelvie, Umesh Chauhan, Faraz Mughal

Resources

We have a workshop slot at RCGP conference (Umesh Chauhan, Sara McKelvie, Joanne Reeve).

SAPC potentially able to offer a £5k budget to pump prime this work.

Proposed initial projects – for discussion

Project	What will deliver	How
Championing GP scholarship – every GP a scholar	Resources that promote awareness/understanding of the intellectual tasks and range of General Practice (what GPs do – why you should be a GP – and what is needed – implications for designing training/posts etc) <i>Link with By Choice not Chance work</i>	Resources for UG GP Societies, Faculties, and wider Online resources – written, videos – and dissemination strategy Task and finish group to deliver Academic project on professional development with Quassim Cassam (Wellcome funding application)
Skills academy	Curriculum review and development of resources to support skills development (UG/PG/CPD) – epidemiology and epistemology <i>Link with By Choice not Chance</i>	Working group to undertake review (<i>Interest from international partners via NAPCRG in this</i>) Consensus event to identify existing resources, discuss development of new
Championing Academic GP Careers	Describing the academic GP (professor) in 2030...2040. Reviewing aGP career pathways needed to deliver this Linked to RCGP led discussions on describing the future GP	A combined SAPC/HODS/HOTS, RCGP, NIHR review of aGP career paths and proposal for the next twenty years...
Supporting GPwER initiatives	Recognising the scholarship that is integral to many emerging GPwER posts; providing academic expertise to RCGP work to develop capacity and interest in this area	Ongoing collaboration with IRB

Next steps

- To discuss proposed areas of work at SAPC AGM, with RCGP IRB (by telephone conference)
- To develop a budgeted workplan for SAPC Exec (September 2017) and to present to RCGP Council (November 2017)

Joanne Reeve, 27th June 2017