



Royal College of
General Practitioners



Generally Speaking: Student & Trainee GP Conference

5 April 2017

Chaired by Professor Jenny Higham

Summary Report

Medical students, trainees and medical school staff attended the first student and trainee GP conference, “Generally Speaking”, on 5 April 2017 at Woburn House, London. The conference was a joint initiative between the Medical Schools Council and the Royal College of General Practitioners. Twenty-seven medical schools were represented by their students at the conference.

The conference was chaired by Professor Jenny Higham, Principal of St George’s, University of London and Chair of the Medical Schools Council.

Professor Higham welcomed attendees and introduced the themes of the day.

By choice – not by chance – an introduction to the key themes in the report

Professor Val Wass

Professor Val Wass discussed the findings from the report, [*By choice-not by chance*](#), which was jointly produced by the Medical Schools Council and Health Education England. The report looked at the way general practice is taught at medical schools and offered recommendations for medical schools and key stakeholders. Professor Wass thanked medical students, who played a large role in developing the report by sharing honest opinions about general practice.

A 2015 and 2016 survey looking at the destinations of Foundation Year 2 doctors showed that there is variation in the number of medical students entering general practice between medical schools. It was noted that improvements have been made, evidenced by the 2016 survey which saw some medical schools increase the number of students entering general practice training, notably Oxford. However, more work is needed to be done to meet the government target of 50% of medical students entering general practice.

The development of the report was supported by a working group consisting of representatives from the Royal College of General Practitioners, British Medical Association, Society for Academic Primary Care, junior doctors and medical students as well as meetings with medical staff and students at five medical schools.

The following key themes arose:

- *Prior experience* – Many students were unsure what a GP is and what exactly the role entails. This lack of knowledge, together with the excitement of hospitals represented by the media, has lowered the perception of general practice. More outreach should be undertaken early on, for example in primary schools, as well as improving work experience opportunities in practices.
- *Formal curriculum* – It was noted that 12% of the formal curriculum is in general practice. Greater exposure is needed in the formal curriculum for example through SSC’s, electives and internships. Medical students need more positive GP role models and better information on what the role of a GP is, including business

information about how to become a partner and running a practice. GPs should take part in more 'real' lectures, as there is a perception that GPs are left to teach 'woolly' areas.

- *Informal and hidden curriculum* – GP placements can often be a mixed experience. There is a need for 'quality over quantity'.
- *Hidden curriculum* – Medical schools need to combat the negative stereotypes and myths in the hidden curriculum, such as perceptions that there are no research opportunities in general practice, or a bright student is 'wasted' if they choose to become a GP.

In subsequent discussions, the following points were made:

- There is an incorrect perception that GP surgeries are paid to teach and that hospitals are not. It was mentioned that hospitals receive approximately a third more in funding than GP surgeries. Negotiations are currently ongoing with the government to address this balance.
- There are opportunities for research and education in a general practice career. GP Academic Clinical Fellowships (ACFs) are available with some places funded by NIHR. It was mentioned that at St George's medical school, ACFs are involved in undergraduate teaching, providing medical students with positive GP role models.
- 0.4% of clinical academics are GPs resulting in a very small pool for role models. A point was raised about moving academics, which has possibly led to research moving centrally and a lack of role models in certain areas.
- It was mentioned that while the National School of Primary Care consists of only a select number of medical schools, all UK medical schools have academic departments and ACF posts are not confined to those particular schools.

Perceptions of general practice as a career – Oxford medical student survey

Dr Rachel Brettell & Dr Richard Harrington

Dr Rachel Brettell, an ACF in general practice and Dr Richard Harrington, Associate Director for Graduate Entry Medicine at the University of Oxford, discussed the findings of an Oxford medical student survey exploring the perceptions of general practice.

All medical students in their final two years of study were surveyed, having previously completed their GP attachment. The survey received a response rate of 89%.

Analysis of the results found that:

- 45% of students were considering a career in general practice. 40% of respondents viewed primary care as an attractive career choice.
- Job satisfaction and reasonable working hours were the most important factors when making career choices, with community-based working and length of training

the least important. In comparison, it was noted that the BMA quarterly survey found that GPs were the least satisfied with their work-life balance.

- There is a disparity between what students value in a career and what they expect general practice will offer. While most expected close relationships with patients, factors such as job satisfaction, reasonable working hours and research opportunities were perceived as less likely.
- As well as patient and lifestyle considerations, other key factors affected student career choices such as relationships with colleagues, reputation of training, clinical aspects, extra opportunities, career development and role certainty.
- The disparity between expectations and reality in general practice needs to be tackled. There is a role for education to vocalise the opportunities in general practice and showcase that a large scope exists for GPs in research and education, location flexibility, team work, portfolio careers and so on. Areas which students were least interested in, such as community based learning, should be further considered – such as whether the current exposure is enough and of good quality.
- 75% of students experienced positive GP placements. Negative experiences came from hospitals, consultants, other students and GPs themselves. 63% of students believed that GPs held a lower status than hospital doctors. While most students felt the culture of medical students influences their views negatively towards primary care, it was not associated with how attractive they rate a career in primary care.
- GPs have the greatest positive and negative influence on students. GPs encourage students through good placements, being enthusiastic role models and encountering GPs beyond traditional settings such as academic GPs or those in leadership positions. Discouragement from GPs through negative placements, bad experiences as patients and direct discouragement often have a profound and lasting effect on students.
- There is disparity between desired and perceived research opportunities. 55% agreed that research opportunities were an important factor when making career choices but only 19% agreed that primary care would offer these opportunities. The majority of students have little interaction from academic GP's, but when they do, it is positive. Students want more information on academic GP careers.
- Further negativity and tribalism needs to be avoided. Many students felt that status is not an important factor but instead the value of primary care should be given greater focus.

During subsequent discussion, the following points were made:

- Medical schools that were members of the National School of Primary Care are accepted based on the research showcased in the Research Excellence Framework and other metrics. These schools achieve extra funding from the government to provide primary care training and research.
- Many students expressed concerns about the uncertain future of general practice.

Group work – perceptions of General Practice

The conference was asked to discuss the varying perceptions of general practice, where these perceptions are built and what medical schools can do to encourage more students to consider a career in primary care. The following responses were recorded.

What is your main perception of the work that GPs do and where do you think that perception comes from?

- Relationships with patients can be a key detriment – there is a perception that the role of the GP is to filter patients and make referrals or check pulses
- There is limited career progression
- Medical advancements are slow to filter down to general practice, other specialities move at a faster pace
- GPs are less reliant on tests in comparison to doctors who work in hospitals
- Perceptions from own experience – GP work is mostly chronic illness management, seeing coughs and colds, rushed, busy environment and running a business
- Perceptions change over time, with clinical GP placements playing a big role in changing attitudes
- There is a variety of work, as there is no need to super specialise as career progresses, and greater flexibility
- Lots of follow up appointments with patients, the ability to provide longitudinal and acute care is a positive
- Not necessarily dealing with medical problems
- Better experiences are gained from placement blocks rather than a few scattered days
- Work experience as a GP surgery receptionist whilst at medical school allowed a much broader perspective on what GPs do than student placements
- Time and cost of getting on to a GP placement puts many students off
- Patients in hospital ‘badmouthing’ GPs
- Experiences as a patient, both good and bad, have huge importance
- Student experiences have included seeing a high number of consultations with often non-medical problems
- Lots of paperwork
- Positive experiences have come from placements and own experiences and negative perceptions have come from other students and doctors
- One room, one location and lone working
- Teamwork orientated
- A ‘rushed’ specialty
- Perceptions built from placement experiences, other colleagues/students, media-focus solely on hospitals
- Lack of research opportunities and limited minor surgery – need more intellectual challenge
- GPs are seen as left to tie up loose ends by hospital doctors
- Lectures on general practice have been both positive and negative
- Too much exposure to general practice may have a negative impact. Students sometimes feel pressurised into going into general practice, often told that 50% will *have* to go onto be GPs.
- Positive experiences through GP societies but these are understandably biased
- Negative perceptions from family – “just a GP”

- Unsustainable, managing patient expectations
- We should consider identifying ambassadors and positive GP role models as many students get a limited experience from GP placements
- Autonomy can be challenging
- Perceived lower status of training than other specialties
- GPs talk about other motivations which do not always resonate with medical students – hours, lifestyle

What are the most important things (flexibility, variety, intellectual challenge etc.) to you when choosing your future career? Do you think a GP could be a career that could provide things and why?

- Lifestyle factors are very important particularly flexibility
- Portfolio careers allow study of academic and special interests and opportunity to branch out
- Positive experiences in minor surgery in primary care
- The variety of general practice work can be appealing compared to the formulaic structure of other specialties
- Genuine teamwork – even though the perception is that general practice is isolated
- Autonomy – quality of core longitudinal care
- Being on-call is not compulsory
- Excitement – ‘saving lives’, adrenaline rush
- Physically and mentally challenging role – if the opportunities exist in general practice
- Length of training
- Building patient relationships – general practice allows follow up care, and GPs can see diagnosis and impact on life
- Family/work balance
- Being more specialised
- Job satisfaction
- Holistic care opportunities
- Working in large busy environment with lots of teamwork
- Freedom to attain your own goals and direct your own career

What could medical schools do to encourage more students to consider primary care as a career option?

- GP societies – more GPs should be brought in to spark interest in the profession and discuss the diversity of general practice
- More contact with GP trainees
- Broad range of exposure to GP role models
- Skills of a GP are different and sits outside of a medical school training model (which focuses on post-graduate training for other specialties). More GPs should be used for teaching
- Medical students want to learn more about the business management aspect of general practice
- Not in the medical school’s scope but F2 places need to be increased and GP training should be made longer to prevent fears on missing diagnosis

- Schools should work on busting the myths surrounding general practice – that doctors are not alone and there is a great deal of teamwork involved
- General practice needs to be made a specialty in its own right – medical schools could increase pressure to make this change
- There should be more information on portfolio careers and the ability to maintain a variety of interests
- Rebalance negative perceptions of workload

Given that there are a number of specialties experiencing under recruitment, including GP, should medical schools seek to recruit new students on the basis of possible career intentions as academic excellence?

- No – decisions may change throughout medical school and you would not want a student who lies about choosing a specialty purely as a means of getting in to medical school
- No, the focus should be on widening participation schemes and trying to find a new pool of doctors from underrepresented areas.

Do GP tutors who teach medical students have a professional obligation to put a positive spin on their working lives even if they are feeling demoralised?

- No – students do not want ‘sugar coating’
- Students should be trusted to weigh up both positive and negative aspects of general practice and decide themselves
- There should instead be more contact with trainee GPs
- Students appreciate honest feedback from practising clinicians, however placing them with motivated, keen tutors will have a greater influence (also bigger practices)

What, if anything, should medical schools do about the fact that medical students often hear other doctors being derogatory about other specialties?

- Coaching for all tutors
- Educating students about the hidden curriculum – through collaboration with GP societies, lectures, CCS modules, professionalism seminars
- Part of leadership training
- Other specialists should spend time in general practice so they will gain a better insight about the role of the GP and the challenges they face

Should medical schools be penalised for not meeting the requirements of workforce planning e.g. if only a small proportion of their graduates go into GP training?

- No – medical schools are not the sole cause and the issues are far deeper and often rooted alongside larger problems with working in the NHS. By adding penalties, tribalism will increase.

Panel session – medical school teaching and curricula

The conference heard from a mixture of medical school staff and a student representative on optimising GP placements, promoting research opportunities and increasing GP role models. The panel included Maya Connolly, a medical student from the University of Liverpool, Dr Matthew Webb, Clinical Lecturer in Medical Education at Keele University, Professor Sarah Purdy, Associate Dean at University of Bristol Medical School, Professor Deborah Gill, Director of UCL Medical School and Professor Tim Lancaster, Director of Medical Studies at the University of Oxford.

By choice, not by chance

Maya Connolly

The conference was informed of the Liverpool GPSoc Research 2016, a survey, led by medical students, assessing student perceptions of general practice and the factors which influenced those perceptions. It was noted that the research had been conducted over a curriculum change therefore student experiences varied significantly.

Key findings included:

- GP placements are key. Medical students' perceptions of general practice would change after third year. While in first and second year students are able to shadow a GP, which was often described as boring, in third year medical students would be given their own patient lists. The latter improved perceptions of general practice greatly.
- Students do not get to experience the 'other interests' and opportunities available to GPs and would like more exposure to this.
- Negative stigma still needs combatting; many students would not openly say they want to be a GP in fear of being judged.
- Four successful regional GP conferences organised by GPSocs with RCGP have been held – interventions such as this have made a significant difference in changing opinions about working in primary care.

Optimising GP placements and experiences at Keele Medical School

Dr Matthew Webb

Dr Matthew Webb discussed the experiences of medical students and staff at Keele Medical school in primary care education. The conference heard that there are 23 weeks of undergraduate teaching in primary care based in years 3-5 with 110 placement providers. The RIME framework is often used by GP tutors to assess medical student progress.

The following points were discussed regarding optimising GP placements and the use of GPs in undergraduate teaching:

- Engagement with placement providers is key. The model used at Keele enables the curriculum to be flexible enough to accommodate practices whilst delivering medical school outcomes and providing ongoing tutor development.

- There are several roles in the medical school held by GPs, such as in examining and OSCE writing. Students are able to see a visible presence of GPs in non-primary care settings.
- Placements require robust quality assurance processes which includes supporting tutors' development. Keele regularly encourages informal and formal feedback from students and tutors.
- Practices are based in 'patches', with 'patch leads' who have ultimate responsibility for around 5-20 patches. Patch leads tend to be GPs from the area.
- The longitudinal nature of placements is key for students becoming part of a team and improving engagement and learning.
- Getting students to consult as soon as possible is important. Students find having their own patient list very empowering.
- Exposure needs to be optimised. It was mentioned that students want to increase their understanding of what happens in general practice, and opportunities for special interests.
- Medical students at Keele take part in a mixture of 'near-far' placements which involve placements in both inner-city and rural settings. This variety exposes students to the opportunities and challenges of both settings.
- While there is differing opinions on what should be taught in general practice, the approach at Keele is teaching 'generalist skills' rather than general practice, which plays to the strength of skills and knowledge of the specialty.

Increasing opportunities for students to do research projects in General Practice

Professor Sarah Purdy

Professor Sarah Purdy explained the importance of GP research opportunities at medical school. This was emphasised by a parliament recommendation in April 2016 that stated general practice be taught in UK medical schools 'as intellectually rewarding'. The Royal College of General Practitioners have also stated that there needs to be more research in general practice.

The following discussion points were made:

- There are currently only approximately six intercalated BSc programmes in primary care which highlights a big missed opportunity for medical schools. The number of programmes should be increased.
- Medical schools should offer student choice projects, such as SSCs, which should not only be in research but also allow opportunities in quality improvement, leadership and clinical focus.
- The profile of general practice research needs to be raised within the research work that takes place in medical schools. The Academy of Medical Sciences

administers the 'Inspire Initiative' which promotes research to medical students, and GP research should be integrated into this scheme.

- It is important that general practice research is perceived as core to the research that goes on in medical schools. GP's should be involved in core curriculum teaching; this should be in clinical topics as well as GP topics.
- Research successes in general practice should be publicised to students.
- Non-GP academics should be encouraged to partner with GP clinicians to offer research projects.

To learn more about research opportunities, students should visit medical school websites, talk to faculty staff and learn more about the Inspire programme. There are opportunities to complete an integrated BSc, MSc or PhD while at medical school however students can also get involved in research after medical school such as through the Academic Foundation Programme and Academic Clinical Fellowship (ACF) posts.

Increasing the visibility of role models

Professor Deborah Gill

Professor Deborah Gill discussed the importance of strong GP role models for medical students. There is a need for increased GP role models not just in primary care but also in departments outside of primary care as this is where most student opinion is formed.

It was noted that the amount of time spent by medical students in general practice placements has actually fallen in the last decade. There are also very few GPs in clinical academia or senior roles. The medical school culture continues to affect medical student opinion on general practice, however recent surveys have found that often the reasons not to enter general practice fall beyond the remit of the medical school. The 2016 BMA GP survey found that 35% of GPs would not recommend a GP career to an undergraduate or doctor in training. These issues have made it difficult to maintain visibility and encourage students to enter general practice.

The following points were made as potential solutions to increasing visibility of GP role models:

- More GPs should be encouraged into key roles including leadership positions of influence.
- Exposure needs to focus on the right role models and high quality placements. The medical school needs to assess its role in removing the GP placements that are not of high quality or consist of people with 'negative energy'.
- There needs to be more 'positive talk' about general practice from high influence scientists and specialists
- There should be greater exposure to GP academics and GPs in training
- Medical schools tend to focus on one strand of general practice which is usually full time, established GP roles. There should be more emphasis and exposure to portfolio careers.

- There needs to be more GP involvement in outreach, such as GP tutors at Open Day, GPs on the medical school website etc
- A GP should be on every admission panel and there should be more GPs as clinical supervisors and personal tutors. GP alumni should be targeted for mentoring roles.
- Use of academic GP generated empirical and policy data
- Framing UK general practice in a global perspective
- Greater promotion of the Academic Foundation Programme and GP training
- Language is very important, general practice should be mentioned more often (such as Outcomes for Graduates, ILOs, mission statements etc)

In subsequent discussion, the following points were made:

- There was an assumption that a portfolio career is only accessible through an academic route, which is not the case. Every GP working at a medical school by default has a portfolio career as they are working in general practice alongside their role at medical school.
- There was further discussion regarding portfolio careers, ranging from experiences where being a 'just a GP' was perceived as not enough therefore a portfolio career was essential to attain and other cases where some colleagues did not value portfolio careers. It was noted that part of the problem is attempting to confine a general practice career to one role.
- It is not just GPs that have portfolio careers but often hospital doctors do as well. It was suggested that there is perhaps an expectation that a hospital consultant will take part in teaching and research. In comparison, there is a misconception that these are not key attributes of general practice.
- Information about portfolio careers can be sought from the Royal College of General Practitioners, careers events and services at medical school and by speaking to faculty staff.
- At Keele University, approximately half of GP tutors are trainees or appraisers therefore have a strong interest in education.
- Medical schools need to discuss how to teach the business element of general practice.
- To build capacity for more GP research, non-GP academics should be encouraged to partner with clinical GPs who may not initially be confident. It was also noted that GPs increasingly feel distant from colleagues in secondary care and this will help broker relationships.
- To increase the number of ACF positions, schools and staff need to work together to influence NIHR, which funds the core of ACF places, as well as work with Health

Education England, who fund GP training, to continue to lobby these posts and be representative of the GP workforce.

- It was mentioned that career choice uncertainty continues beyond medical school. While in previous years, GP training discounted the value of other activities it now does accept the merit of previous work and awards credit. This has opened general practice to those who wish to change their career path.
- Only half of doctors that go into specialty training are from FY1 and FY2. In the foundation years, up to 50% of placements are in general practice though there are plans to expand this.
- Earlier exposure to general practice before medical school is important, such as work experience opportunities.
- General practice is moving towards greater collaboration. There are challenges in both rural and city settings but the future collaborative working will lead to a different environment.
- It was noted that the under-recruitment in general practice should not lead to individuals who would not make good GPs entering the profession in order to meet targets. In response, it was stated that GP training schemes are still very selective and run rigorous entry training and exams. Medical schools should also select students who can work in any area of medicine.
- Job satisfaction was discussed. It was agreed that the health service is at a difficult place and the difficulties are being felt by all specialties including general practice. However, despite the onslaught of negativity at present there remains a positive outlook that things will improve.
- It was mentioned that the current GP partnership model may be replaced in the near future with entirely new care models involving much more integrated care. Medical schools should not get stuck teaching one model of general practice.
- There is not much disparity between a GP and consultant pay, though the perception is that consultants receive more. In the future, more GPs may become salaried.
- It was noted that while general practice needs to change, there are opportunities for GPs to become cutting edge and lead and develop the future care for the population.

Helping ourselves – what can the profession do to help?

Chris Bull and Dr Duncan Shrewsbury, Royal College of General Practitioners

Chris Bull, Student Engagement manager at the Royal College of General Practitioners discussed the current challenges faced by the profession. It was noted that there is a recruitment crisis in general practice, which is further hurt by denigration of the specialty through tribalism and ‘badmouthing’ and a low job satisfaction rate.

There are three key areas of work that need to be undertaken by the profession to help counteract these issues:

- *‘Standing up for ourselves’* – Responsibility needs to be taken to address the negativity and restore self-esteem and morale. This responsibility falls on the entire profession.
- *Raising awareness* – There is a need to paint a more accurate picture of the current and future general practice landscape as well as better showcasing the opportunities available.
- *Enhancing access and exposure* – This includes enhancing the quality and quantity of opportunities for students to experience general practice and to engage face-to-face with trainees and fully qualified GPs. It was mentioned that work is current being undertaken to develop work experience opportunities for 16–18-year-olds.

Dr Duncan Shrewsbury, Chair of the RCGP Associate in Training (AiT) Committee, discussed how GP trainees can engage more with medical student teaching. There are many positive benefits to this ‘near-peer’ teaching including access to role models and assisting with the teaching burden. However, it was stressed that for the involvement to be effective, trainees need to be adequately supported particularly as time available amidst regular training may be limited.

The current involvement of trainees includes assisting with GP Society and faculty board events, interviews and teaching. Integrated Training Programmes (ITPs) are also currently taking place. These programmes extend training by a year to allow GP trainees to deliver tandem-teaching of general practice.

The conference was asked to answer the question, “*how can we make general practice a more exciting, engaging and attractive career prospect?*”

The following responses were recorded:

- Completing FY3 in GP training (global health)
- Pick n’ Mix careers - understanding the variety/specialism in GP and matching student interests
- Provide greater exposure to different GP roles
- GP as a specialism – referring to General Practice Consultants rather than GPs
- Emphasising the human angle of General Practice
- Understanding the work of a GP and the intellectual experience
- IT – integrated GP/hospital systems - transparency of health records between primary and secondary care
- Increase/strengthen communication between primary and secondary care

- Good administrative teams
- Use of health cards that record patient details as used in Milan
- Provide financial incentive or pay more
- Teamwork aspect – to counteract perception of isolation
- Get out to the naysayers
- Promote changing landscape eg ECGs can now be taken in practice
- The future of GP – debunking the worry and threat of uncertainty
- Longer consultation times
- Feeling useful in GP placements (not just an observer) – Doing not watching!
- Student centred learning – bilateral communication, having targeted learning and shared development plans on GP placements, to feel wanted and needed on placements and given space and feedback
- Changing the community's perceptions of General Practice and maximising value
- Portfolio careers – emphasise the unique control GPs have on their working lives
- RCGP should change its image
- Equality of funding – value for money
- Enhanced training opportunities and awareness of existing opportunities eg Global Health fellowship and local arrangements
- Only have people who want to teach as tutors
- More near-peer tutelage
- Showcasing opportunities through GPSocs and student conferences
- Showing that General Practice, and generalism in itself are good and rewarding experiences
- Better role models – hear more from GPs in teaching and at events.
- Longer placements to display continuity of care and form attachment to patients
- Make general practice a speciality in its own right
- Make training longer – better quality, not a gap filler for secondary care
- Business education for those who wish to run practice partners
- Decrease administration and bureaucracy for GPs
- Multidisciplinary teams to be established to take pressure off GPs (eg specialist nurses or physician associates)
- It is not exciting, so focus on positives – challenging, demanding, rewarding
- Detective work and knowledge required is impressive and rigorous
- Flexibility of hours and location

Research in primary care

Professor Richard Hobbs, National Director of the NIHR School of Primary Care

Professor Richard Hobbs emphasised the quality of primary care research and the large impact it has made on the public health. The conference heard summaries of GP research in various non-communicable diseases. It was noted that many of the leading causes of disability adjusted life years (DALYs) such as stroke and cardiovascular disease are within the scope of general practice research because the earliest symptoms of these conditions are reported first to GPs.

Preventing stroke more effectively in atrial fibrillation (AF)

Atrial fibrillation (AF) is increasing in prevalence, particularly amongst an ageing population,

and is a significant risk factor for stroke. Many patients with atrial fibrillation are asymptomatic and are picked up in general practice through opportunistic screening. The SAFE study looked at the most cost-effective method for atrial fibrillation in primary care assessing 15, 000 patients across 50 practices. The outcome of the research led to changes in NHS policy and international guidelines on detecting atrial fibrillation. Further research looked at the benefit of anticoagulant therapy in stroke reduction. The study entitled BAFTA, The Birmingham Atrial Fibrillation Treatment of the Aged study, led to changes in both NICE and international guidelines of stroke prevention in atrial fibrillation.

Other areas of impactful primary care research include diagnostic research, patient experience research, health behaviours research such as work on tobacco advertising, which has influenced government policy, and health services research that has considered the changes in clinical workload in UK primary care.

The many examples of impactful primary care research evidenced that the perception that there are no research opportunities in general practice is false. UK primary care research has top quality ranking on international benchmarking and clinical care needs more applied clinical research. Health systems also need applied primary care based research to guide policy.

There are opportunities available to be involved in primary care research, for example through ACF roles, senior fellowships, professorial roles, full time and part time portfolio careers etc. Funding is available through organisations such as NIHR, Wellcome Trust, Medical Research Council and NIHR School for Primary Care Research.

The following points were made in subsequent discussion:

- It was noted that the current levels of clinical academia in primary care is very low and there is a lot of work to be done. However, while the volume has remained the same, the quality and infrastructure to support primary care research has improved greatly.
- It was mentioned that the NHS tends to follow a 'boom and bust' cycle, and now there is significant opportunity for investment. There are also lots of smaller changes that can be done to help make improvements, such as recognising general practice as a speciality in its own right.

Close

Dr Katie Petty-Saphon, Chief Executive, Medical Schools Council

Dr Petty-Saphon summarised the key points of the conference. The discussions of the day further evidenced that the role of a GP is incredibly multifaceted. It was mentioned that the Medical Schools Council and Royal College of General Practitioners should produce a centralised resource for students which should include information on the business aspect of general practice and opportunities for involvement in research. There is also a need to ensure the quality of GP placements as it plays a critical role in shaping student opinions on primary care.

The conference was thanked for their attendance and invaluable input.