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TEACHING GENERAL PRACTICE

Guiding principles for undergraduate GP Curricula
in UK Medical Schools

(SECOND EDITION 2021)

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FOREWORD

UK medical schools in the 21st century have embraced GP inputs to their qualifying programmes – through placements in practices, through campus-based teaching, and through supporting students in many ways. We are hugely grateful to all GPs, their patients, and their teams for their ongoing commitment and we wish to support them to achieve the highest possible impact.

But sometimes, general practice is used as a setting, or an access route to patients, rather than a speciality with its own exceptional potential. So, I am delighted to see this updated resource, which has taken its authors a lot of effort and energy to create - thanks to them too!

What this resource emphasises is how to introduce students to the broader context and the key components of general practice – and it offers ideas, ways to enhance your current teaching, and demonstrate the value of integrated personal care across the lifespan. We hope that you will read it and

it may add value, and potentially to educate non-GP colleagues in what general practice can actually offer to the curriculum. I found it refreshing and inspiring to read and hope it will do the same for you.

With thanks again to all involved.

Amanda Howe, RCGP President 2019-2021,
Professor of Primary Care, Norwich Medical
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they take public responsibility, and which they must therefore impart to those entering their profession. In undergraduate medicine, this task is particularly important as students need to understand the intellectual heritage underpinning each of the major medical disciplines to inform their eventual career. The professional knowledge base for undergraduates has arguably not been fully achieved.¹

General practice is now well established as an ideal setting in which to learn clinical skills and the principles of clinical medicine. However, a lack of signposting to intellectually stimulating undergraduate experiences is likely to be one of the reasons why lower numbers of students choose general practice than are required to address the needs of the population.²⁻⁴

In order to address these issues, the Society for Academic Primary Care (SAPC) and the Royal College of General Practitioners (RCGP) have collaborated to produce this guidance on the design and delivery of general practice learning and teaching in UK medical schools.

The guidance is based on published evidence and

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The teaching content outlined in this document is supported by an online textbook, **Learning General Practice**, which outlines the content in more detail and provides signposting to teaching activities and further resources. In addition, each of the core principles of general practice is demonstrated in **Virtual Primary Care**, a video library of GP consultations available to all UK and Irish medical schools.

Together, Teaching General Practice, Learning General Practice, and Virtual Primary Care provide a comprehensive guide to contemporary general practice. Whilst the emphasis is on undergraduate learning, we hope that postgraduate trainees, academic, a GP ca a
the content useful.

DEFINITIONS

CURRICULUM

We use the term 'curriculum' to describe guidance as to both what should be taught (content) and how it should be taught (process). This is in contrast to the term 'syllabus', which refers to content only.

This document proposes a different way of delivering curriculum in general practice. Instead of viewing curriculum as a detailed list of specialities and conditions, we suggest that clinical learning is organised around principles. We propose that these

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the context and research evidence underpinning the principle and secondly by applying these principles through 'doing' various relevant learning activities. Both [Learning General Practice](#) and [Virtual Primary Care](#) resources have been developed to support this process. By discovering the breadth and depth of these principles through appropriate activities, students will gain a deeper understanding of their developing clinical knowledge and how it is integrated and used in practice.

CURRICULUM DEVELOPMENT

Curriculum development is an ongoing process, involving meaningful interaction between teachers and students in a continuous cycle of quality improvement. Therefore, in generating this guidance, we have:

1. Undertaken an extensive review of the literature relevant to curriculum development in classroom and work-based learning context.⁷
2. Consulted and debated widely within the general practice teaching and learning community,^{8,9} with regular meetings at a national level where curriculum is discussed to gain consensus of content and delivery methods.
3. Reviewed curriculum documents from all UK medical schools, outlining what is currently taught in or about general practice and how it is taught.
4. C ca a c a c a b
perceived needs and to gain their feedback on draft resources.

This document does not address assessment. However, it is fully amenable to mapping onto assessment criteria. The document has been fully mapped to GMC Outcomes for Graduates⁶ in order to assist assessment and curriculum planning in medical schools (see Appendix).

CURRICULUM PRINCIPLES

Modern work-based learning literatures, together with contemporary curriculum and knowledge transfer literatures, all suggest that guidance regarding to allow work-based teachers to teach on the job. General practice clinical placements are a case in point. It is not possible to predict what clinical cases will present and so curriculum outcomes must be able to encompass a wide variation of clinical conditions curricular outcomes must provide practical relevance and intellectual rigour to drive student interest.

As a result, this guide moves away from the conventional medical curriculum approach of listing 'conditions to see', and instead highlights key principles of general practice, that encompass multiple conditions and themes, allowing adaptation to differing contexts and clinical presentations.

of modern general practice: patient-centred care, population-centred care and effective delivery of care. Each theme consists of several principles that are listed in a manner that reveals their inter-relatedness, allowing learners to see at a glance an overview of modern general practice. This approach provides the intellectual scaffolding for more detailed clinical as general practice. As such, this document moves away from the scatter-gun approach of listing that allows readers to see general practice in terms of intellectual principles.

The principles do not replace clinical knowledge, which remains as the bedrock of clinical practice. Instead, they provide a way of marshalling clinical learning into something deliverable, interesting, and intellectually rigorous.

PLACEMENT BASED TEACHING

There is a direct relationship between the percentage of clinical curriculum devoted to authentic general



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General practice comprises the practical and scholarly aspects of delivering highly effective personalised care to individuals, families, and populations in primary care and community settings.

T , c a b a ca b c in both university and work-based placement contexts:

1. **Person-centred care**

The discipline of general practice is fundamentally based on person-centred care. This involves caring for patients beyond their immediate condition and tailoring services to suit their individual wants and needs. It links to concepts of clinical generalism and the biopsychosocial model of a a . T a ac a c c a a c a including consultation, physical examination, clinical reasoning, and clinical management (including investigation, prescribing, and referral skills). All of these involve adapting best evidence to suit individual patients who may have a range of acute or chronic conditions, life experiences, and health beliefs. The biopsychosocial approach acknowledges that psychosocial factors are key predictors of clinical outcomes and therefore trust between clinician and patient is essential to build and maintain doctor/patient/family relationships over time.

2. **Population-centre care**

GPs work with and lead multidisciplinary teams that together provide care to their local population. To improve the health of their practice population, GPs are responsible for planning and executing health promotion, screening, and prevention of infectious and chronic diseases for large groups of people in their local communities. Groups of practices are increasingly working together in a c a c ,c - c ,a - a ca .

3. **Effective delivery of care**

General practices in the UK operate as independent businesses that contract with the NHS. They provide 90% of healthcare episodes for less than 10% of NHS budget. Countries with well-developed primary healthcare systems are known to have better health outcomes than countries that do not.^{11,12} GPs are well placed to combine medical expertise, local community a a ,a a c - c ac c c a c delivery of care.



Theme 1: Person-centred Care

- A. The generalist clinical method
- B. Holistic care (the biopsychosocial model)
- C. The doctor-patient relationship
- D. Continuity of care
- E. Long term conditions
- F. Emergency conditions
- G. Multi-morbidity and complexity

Theme 3: Effective Delivery of Care

- A. The generalist approach
- B. The history of UK general practice
- C. The current structure of UK general practice
- D. The funding of UK general practice
- E. The role of general practice in other countries
- F. Sustainable healthcare

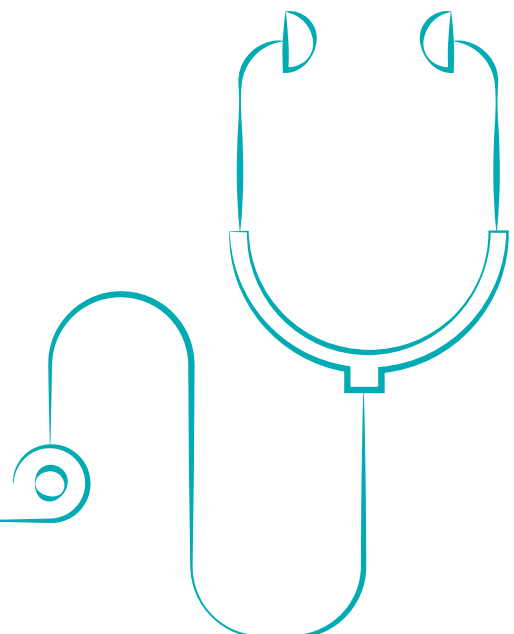
Theme 2: Population-centred Care

- A. The social determinants of health
- B. Preventing disease and promoting health
- C. Quality of care
- D. Information technology
- E. Teamwork and leadership
- F. Medical ethics

Scholarly General Practice

- A. Learning in primary care settings
- B. Teaching in primary care settings
- C. Research in primary care

Each principle is explained in detail in the accompanying online textbook [Learning General Practice](#) and is demonstrated in practice in the accompanying video resource [Virtual Primary Care](#)



Each one of the principles comprises:

- 1.

PLACEMENT-BASED LEARNING AND TEACHING

Various iterations of the GMC's Outcomes for Graduates emphasise the importance of graduating competent generalist physicians. General practice is an ideal setting for students to see a wide range of patients and problems, to learn clinical skills and the principles of clinical medicine.¹³ The GMC gives detailed guidance on the relevant basic, clinical, and social sciences necessary for undergraduates to learn.¹⁴ These detailed outcomes can and should be integrated and delivered through broad discipline themes developed in collaboration with specialist colleagues, and delivered using a range of methods including joint teaching by primary and secondary care specialists in hospital and community settings.

GPs who teach students on practice placements should be kept informed of teaching taking place on campus, online, and in hospital, and be able to use examples from their practice to consolidate the students' previous theoretical and clinical learning. Faculty development and continuing professional development (CPD) programmes will help to ensure that GPs feel comfortable teaching some of the above content. Medical schools may want to give thought to how faculty development of its teaching staff can integrate with wider GP CPD structures. SAPC, RCGP, and local primary care networks can provide guidance and support in this respect.

CONCLUSIONS AND RECOMMENDATIONS

This document provides guidance on the design and delivery of general practice learning and teaching at UK medical schools. It is based on best available evidence and wide consultation. Whilst each school must have freedom to develop its own GP curriculum, we urge all schools to include the themes and principles presented

quality of GP teaching must be addressed in order to 1) promote general practice as compelling a career choice, 2) enhance patient care, and 3) ensure future hospital specialists are equipped to work in an increasingly community-based NHS. To this end we make the following overall recommendations:

Quantity of teaching

- Evidence shows that recruitment to general practice is directly related to the amount of experience at medical school. Based on this evidence, we recommend all medical schools review the balance of clinical placements, working towards delivering a minimum of 25% of placements in general practice.

Quality of teaching

- Teaching should be developed and delivered by a dedicated Primary Care Education Team (PCET), led by a named Head of GP Teaching (HoT). PCETs should preferably be part of an integrated and co-located university department of academic primary care, delivering and connecting GP teaching and research.
- Teaching about general practice should be clearly labelled and directly linked to relevant assessments. Teaching should involve a

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This mapping document therefore covers both overarching and detailed OFG outcomes.

Outcomes for graduates (General and detailed outcomes)	TGP Theme / Principle
Overall outcome	
1 Medical students are tomorrow's doctors. In accordance with Good medical practice, applying their knowledge and skills in a competent, ethical and professional manner and taking responsibility for their own actions in complex and uncertain situations.	Theme 1 – Person-centred care
Outcomes 1 - Professional values and behaviours	
Professional and ethical responsibilities	2f - Ethics
2 Behave according to ethical and professional principles.	2f – Ethics
2a Demonstrate the clinical responsibilities and role of the doctor 2b Demonstrate compassionate professional behaviour and their professional responsibilities in making sure the fundamental needs of patients are addressed 2c Summarise the current ethical dilemmas in medical science and healthcare practice 2d Make a case for a patient's best interests 2k demonstrate the principles of person-centred care and include patients and, where appropriate, their relatives, carers or other advocates in decisions 2l seeking patient consent 2l providing information about options for investigations, treatment and care in a way that enables patients to make decisions about their own care 2 p,q,r,s,t	3a – Generalist clinical method 1c – Doctor-patient relationship 2f – Ethics 2f – Ethics Person-centred care: 1a,b,c,d Inclusive decisions: 1di 2f – Ethics 1ci – Communicating with patients from all backgrounds Scholarship in primary care – Teaching in community settings
3 Awareness of the importance of personal physical and mental wellbeing incorporating compassionate self-care into personal and professional life.	2e – Teamwork and leadership
Legal responsibilities	Not covered in TGP
4 Demonstrate knowledge of the principles of the legal framework in which medicine is practised.	Not covered in TGP
Patient safety and quality improvement	2c – Quality of care
5 Demonstrate that they can practise safely. They must participate in and promote activity to improve the quality and safety of patient care and clinical outcomes.	Not covered in TGP
5a Place patients' needs and safety at the centre of the care process 5c Recognise how errors can happen in practice and that errors should be shared openly and be able to learn from their own and others' errors to promote a culture of safety 5e Describe the principles of quality assurance, quality improvement, quality planning and quality control	

Outcomes for graduates	



Outcomes for graduates (General and detailed outcomes)	TGP Theme / Principle
Applying psychological principles	1a – Generalist clinical method

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