“The funding gap in undergraduate medical education in primary care poses an existential threat to general practice curricula and we must advocate for radical change.”

We’ve highlighted five key areas, from the Wass report and from our recent experience, that need urgent action: the parlous state of funding for primary care placements; widening participation; the ‘bait and switch’ of the portfolio career; and the missed opportunities of generalism and role modelling.

**FUNDING: AN ONGOING SCANDAL**

There is well documented evidence that student experience in general practice is strongly associated with subsequent career choice. Funding for GP placements has a direct impact on both the quality and quantity of GP placements a medical school can offer, which in turn affects medical schools’ ability to authentically inspire students to opt for GP as a potential career. A detailed costing exercise, just published in the *BJGP*, has shown that GP remuneration is just over half (54%) of the real cost. The current payment to primary care stands in stark contrast to hospitals where, after the agreement of a secondary care national tariff in 2013, payments can be nearly double that currently offered to GPs. There currently exists a systemic bias and a lamentable structural inequality that frustrates curriculum development and could transform undergraduate medical education in primary care. Robust, determined, and forceful advocacy is needed from medical schools and politicians to address this scandalous funding gap between primary and secondary care medical education placements. While there are ambitions to continue to increase the proportion of general practice in undergraduate education, this funding crisis threatens the viability of existing courses. There is a real risk of stasis as funds need to be wrestled from hospitals to primary care.

**WIDENING ACCESS TO MEDICAL SCHOOL: A CROSS-SPECIALITY CONVERSATION**

The Wass report refers to prior experience and selection of medical students. This is a pressing concern: there is a marked social gradient with medical school places dominated by the more affluent. The medical profession needs to unite to offer meaningful opportunities to become a doctor to all sectors of society.

Yet, it feels the Wass report is conflating two different conversations: widening participation (WP) in medicine and recruitment into general practice. It is accepted that promoting diversity in all medical specialties is a valuable and desirable outcome; however, it is essential that the WP debate is a cross-speciality conversation. Promoting general practice alone to WP pupils carries a risk that school pupils feel they have limited possibilities as future doctors, which is clearly neither fair nor equitable.

**GP CAREERS: MORE THAN A ‘LIFESTYLE’ OPTION**

There is also a risk that the carrot of a ‘GP portfolio career’ is waved at school children and medical students in a desperate attempt to lure them into the profession, selling general practice as the ‘lifestyle’ option. Arguably, when presented out of context this undervalues the speciality and mis-sells what the working life of a GP entails in our current climate.

It is true that general practice affords unique opportunities that are more difficult to find in other specialties; these include teaching, research, focusing on population health, varied portfolio and flexible working, and a scholarly and rigorous approach to clinical care that should be celebrated. These need to be backed up with investment in academic general practice that is accessible at all career stages and dovetails with frontline clinical demands. Medical students and young doctors are committed to the intellectual demands of generalism and we need systems that support those aspirations and passions, rather than selling...
general practice as simply offering an easy life.

**GENERALISM AND PLACEMENTS IN PRIMARY CARE: NOT JUST FOR FUTURE GPS**

We propose that the Wass report is missing the opportunity to introduce the concept of generalism and distinguish it from a career in general practice. The Wass report states:

> ‘The distinction between “generalism” and “being a General Practitioner” is blurred. This failure to define and represent general practice as an academic specialty in its own right within the curriculum can be addressed.’

It doesn’t, crucially, expand on the need for all doctors to understand the principles of generalism and holistic integrated care in view of our current population needs. The experience of primary care and general practice as an undergraduate needs to go beyond promoting career choice. There are benefits for all future doctors, being a fertile ground to teach students skills in clinical reasoning and generalism that our complex ageing patients will increasingly require, and exposing them to the opportunities and challenges of integrating care across different healthcare settings.9

By equating time spent in general practice as an opportunity to convert students to general practice risks some medical schools (and some students) simply opting out, choosing not to be the type of medical school that only trains GPs. It may also result in push back from students who are unlikely to welcome pressure and coercion into career choices by manipulation of curricular design.

**ROLE MODELLING: MOVING FROM DOING TO BEING**

Role models are well known to have significant impacts on students’ professional identity and their subsequent career choices.10 Rather than focussing on role models solely by specialty type, other characteristics such as sex, ethnicity, and socioeconomic background could serve as more powerful drivers for students to relate to, helping them go beyond what type of specialty they want to do, to what type of doctor they want to be when they qualify.

The hidden curriculum was exposed recently and powerfully by the recent Destination GP report commission by the RCOP.11 Professional denigration at any level and in any direction, GP to specialty or vice versa or indeed GP to GP, is unhelpful and confusing for students as they try to make sense of their role models and career choices. Undoubtedly, general practice and psychiatry are repeatedly over-represented with such derogatory comments; however, a more equitable and acceptable approach would be to upskill all students, trainees, and doctors in the harms that these behaviours incite more broadly, rather than focussing on a few ‘special case’ specialties.

**SUMMARY**

General practice has always been, and remains, a demanding and intellectually stimulating career: The Wass report provided us with seminal guidance on what and how to implement strategies to promote generalist practice and general practice to our students.

However, three years on, with the political and professional landscape in flux, it is timely to take action on the important areas raised within the report. The funding gap in undergraduate medical education in primary care poses an existential threat to general practice curricula and we must advocate for radical change. At the same time we can’t lose sight of the need to attack the damaging prejudices of denigration, while building networks and systems that support generalism, role modelling, and fulfilling careers in general practice.

**Euan Lawson,**
Director of Primary Care Academic Teaching, Lancaster Medical School, Lancaster University, Lancaster.

**Sonita Kumar,**
Director of Undergraduate Primary Care Education and the Medical Education Innovation and Research Centre (MEDIC), Department of Public Health and Primary Care, School of Public Health, Imperial College London, London.

**Provenance**
Freely submitted; externally peer reviewed.

**Competing interests**
The authors have declared no competing interests.

**REFERENCES**


