

All letters are subject to editing and may be shortened. General letters can be sent to bjgpdisc@rcgp.org.uk (please include your postal address for publication), and letters responding directly to *BJGP* articles can be submitted online via **eLetters**. We regret we cannot notify authors regarding publication. For submission instructions visit: bjgp.org/letters

Revealing the reality of undergraduate GP teaching in UK medical curricula

Thank you for publishing our article 'Revealing the reality of undergraduate GP teaching in UK medical curricula' in which we highlighted the longstanding problem of underinvestment in general practice teaching in the UK.¹ One of our key recommendations was for 'an adequate primary care tariff, which reflects the cost of teaching and simplifies current payment mechanisms'. We are pleased to report that since writing this paper the Department of Health and Social Care (DHSC) in England has for the first time introduced a national minimum tariff for medical student placements in general practice.² We of course welcome this development as a step in the right direction. However, the new minimum tariff of £28 000 per full-time equivalent (FTE) placement per year still falls significantly short of the current tariff for secondary care undergraduate medical placements set at £33 286.³ A primary care payment of £28 000 per FTE is also significantly lower than the actual cost of undergraduate teaching in general practice, identified by a national study in England as £41 700 per FTE.⁴

While there is no doubt that the health economy will be struggling in the wake of the COVID-19 pandemic, recent events surely present yet further evidence of the need to provide all future doctors with high-quality experience in general practice and primary care. We strongly urge governing bodies to move fully to a fair and flat tariff for undergraduate placements from 2021 onwards if they are committed to training the future medical workforce that the NHS will surely need.

Hugh Alberti,
Subdean for Primary and Community Care, School of Medical Education, Newcastle University Medical School, Newcastle upon Tyne.
Email: hugh.alberti@newcastle.ac.uk

Emily Cottrell,
General Practice Specialty Trainee, School of Medical Education, Newcastle University

Medical School, Newcastle upon Tyne.

Joe Rosenthal,
Professor of Primary Care Education, Research Department of Primary Care and Population Health, University College London, London.

Lindsey Pope,
Professor of Medical Education, School of Medicine, Dentistry and Nursing, University of Glasgow, Glasgow.

Trevor Thompson,
Professor of Primary Care Education, University of Bristol, School of Social and Community Medicine, Bristol.

REFERENCES

1. Cottrell E, Alberti H, Rosenthal J, *et al*. Revealing the reality of undergraduate GP teaching in UK medical curricula: a cross-sectional questionnaire study. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X712325>.
2. Department of Health and Social Care. *Education and training tariffs: tariff guidance and prices for the 2020–21 financial year*. 2020. <https://www.gov.uk/government/publications/healthcare-education-and-training-tariff-2020-to-2021> (accessed 10 Sep 2020).
3. Department of Health and Social Care (DHSC). *Education and training tariffs: tariff guidance and prices for the 2019–20 financial year*. DHSC, 2019.
4. Rosenthal J, McKinley RK, Smyth C, Campbell JL. The real costs of teaching medical students in general practice: a cost-collection survey of teaching practices across England. *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X706553>.

DOI: <https://doi.org/10.3399/bjgp20X712721>

Doctors as patients: submission deadline extended

We would like to thank those who have contributed so far to our book documenting the experience of doctors as patients. In view of the COVID-19 pandemic we felt it was necessary to delay the final compilation and writing in order to include accounts of this new disease and the unprecedented impact it has had on our profession.

If you have a story to share about your experience as a patient during this pandemic then please consider submitting it. See www.whatsinastory.co.uk/doctoraspatient for more details.

Samuel J Finnikin,
Academic GP, University of Birmingham, Birmingham.
Email: finniksj@bham.ac.uk

David A Orlans,
Retired GP, Liverpool.

Rodger Charlton,
Professor of Undergraduate Primary Care Education, Leicester Medical School, Leicester.

Devina Ravall,
GP, London.

DOI: <https://doi.org/10.3399/bjgp20X712733>

'Bad old habits' ... and what really matters

Matt Hancock has urged GPs (30 July) that 'all consultations should be teleconsultations' and that we mustn't 'fall back into bad old habits', thus freeing up clinicians to concentrate on what 'really matters'.¹

Teleconsultations are potentially dangerous for patients and professionals. It is vitally important not only to be able to listen to the patient, but also to see them and to touch them. Without the ability to examine patients and pick up other clues, diagnoses will be missed or delayed.

Teleconsultations may also prevent those who are disadvantaged or in danger at home from seeking appropriate help. Although they may offer convenience for some patients with discrete, clearly defined problems, teleconsultations are incapable of embracing the inherent 'messiness' of most clinical situations.

What 'really matters' is that we maximise opportunities for meaningful therapeutic engagement with patients. It 'really matters' that we do not assume that what has been