Recruitment of medical graduates to general practice is a matter of national concern. Medical schools are recognised as critical to this mission, particularly given growing evidence to suggest that medical students’ experience of primary care is associated with their likelihood of choosing a GP career. Provision by medical schools of high-quality undergraduate GP teaching is also vital to the training of future secondary care specialists, who will no doubt in future be working increasingly in community-based and integrated care services. However, until now these important priorities in undergraduate medical education have been hampered by:

- chronic underfunding of undergraduate primary care clinical education relative to secondary care;
- systemic misunderstanding as to the nature and organisation of undergraduate GP teaching; and
- a lack of agency for GP educators with responsibility for leading and delivering undergraduate primary care teaching in medical schools.

On 31 March 2022, the Department of Health and Social Care in England (DHSC) published new education and training tariff guidance that finally goes some significant way to address [historical] problems [with undergraduate medical education funding].

“The recent announcement of a harmonised undergraduate medical education and training tariff of 30 750 GBP plus MFF in all settings finally achieves parity for undergraduate education funding in general practice, albeit subsidised by a slight reduction in the payments allocated to secondary care placements.”

This harmonisation follows a detailed cost collection study published in the BJGP in 2019, which presented powerful evidence that the costs of providing undergraduate placements in general practice were considerably more than currently available funding, and broadly comparable to the higher funding allocated to placements in secondary care. Since publication of that study, extensive negotiations have taken place within the context of a National Tariff Advisory Group involving the DHSC, Health Education England (HEE), Society for Academic Primary Care, Royal College of General Practitioners, Medical Schools Council, British Medical Association, and Committee of General Practice Education Directors. The recommendations of this group went on to inform particularly Annex C of the new education and training tariff guidance document for the academic year 2022–2023.

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"History is littered with organisational models created for secondary care being cookie-cuttered across to general practice with unsatisfactory results.”
“Undergraduate medical tariff has been set for all at 30 750 GBP per full-time equivalent student per year for 2022–2023, but if this figure does not increase annually with inflation, undergraduate GP teaching ... will be the first to suffer.”

cuttered across to general practice with unsatisfactory results. During these latest tariff negotiations this risk was explicitly identified and hopefully averted. The resulting guidance recognises the unique nature of undergraduate general practice education. It supports the existing processes and controls developed over decades that already provide efficient, accountable use of clinical teaching funds and preclude inappropriate diversion from education into service delivery. The guidance acknowledges the requirement for a central GP team of GPs and administrators based within medical schools, who are responsible and accountable for all aspects of general practice education in the undergraduate medical course. It recognises the scale and complexity of their organisational responsibilities as well as the need for certain aspects of GP placements to be delivered centrally.

3) FORMALISING THE ROLE OF UNIVERSITY HEADS OF UNDERGRADUATE GP TEACHING

Responsibility without influence is never a comfortable space but this has until now been the situation for many of those who lead undergraduate GP teaching in England. The new education and training tariff guidance acknowledges their critical leadership role and provides them with a level of agency commensurate with their responsibilities. It does this by establishing them as the custodian of these funds, equipping them with the tools to oversee spending decisions, and giving them a seat alongside their medical course director colleagues at HEE regional inter-school liaison committees. In doing so, it formalises the role of the medical school head of undergraduate general practice teaching across the nation, similar to the way that the role of GP dean director is now established in postgraduate education.

THE FUTURE — RELATIVE UNDERFUNDING REMAINS A RISK

So, after a long journey, undergraduate GP teaching finally has a tailor-made funding model that provides parity with secondary care, and which formally supports the essential role of the head of undergraduate GP teaching and their team at each medical school.

Challenges, however, still lie ahead. Parity of primary and secondary care education funding is necessary but may not prove to be sufficient. For example, transporting students from universities to more remote GP practices, and accommodating them while they are there, is expensive and now exposed to worrying price inflation. Geographical dispersion is central to providing students with an authentic experience of general practice, and encouraging them to consider living and working in rural and remote areas themselves one day.

Undergraduate medical tariff has been set for all at 30 750 GBP per FTE student per year for 2022–2023, but if this figure does not increase annually with inflation, undergraduate GP teaching, given its high exposure to market cost pressures, will be the first to suffer. While we can now celebrate a new funding model for medical student GP teaching, suitable funding levels must also be maintained in the future if it is to achieve its long-term purpose.

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