

Focus on Medical Education Research in Primary Care: An Undergraduate Medical Education Faculty's Journey

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Introduction

Educational scholarship is a crucial core value of modern medical education. As GP educators we have a duty to ensure that scholarship underpins everything that we do (Easton, 2014). Historically in the field of primary care medical education there has been a relative lack of the essential high-quality research needed to provide a sound theoretical underpinning to educational practice, to enable us to develop new approaches to address key issues, and inform 'sane policy' (Peile, 2014). With an increasing proportion of medical school curricula being delivered in General Practice it is increasingly important that we develop our understanding of medical education specifically in this field and take an evidence-informed approach to teaching.

We are seeing the rapid evolution of approaches to teaching, generating increasing numbers of questions about the impact of these innovations on learners, teachers and patients. High quality educational research can help to answer these questions by providing evidence and relevant insight which can be transferable to other contexts. A recent example of this is the growing evidence base regarding LICs (Longitudinal Integrated Clerkships). Developed in Australia and the United States, a growing body of literature has emerged demonstrating their evidence in terms of student, teacher and patient benefit (Walters et al., 2012) and further research in primary care in the UK is establishing their evidence-base in this context (Bartlett et al., 2019). In addition to a growing evidence-base of GP teaching, literature is developing to theoretically ground the methodology used in primary care educational research (Park et al., 2015).

Educational research in primary care also contributes to raising the profile of academic general practice, vital for changing perceptions of our medical students, and encouraging those with an interest in academia to pursue careers in general practice, rather than feeling that this is only possible in secondary care (Wass, 2016). Undergraduate medical educationalists have published research since the Wass report on various aspects of the recommendations including the quantity of time medical students spend in general practice (Cottrell, 2020), evidence around GP trainees teaching students (Harrison et al., 2019) and progress of medical schools in their response to the report (Alberti et al., 2020).

Challenges and opportunities in the UK

The move of disbanding departments of General Practice in UK universities, causing educational and research primary care teams to be situated in different geographical and management locations, has had a negative impact on the potential research outputs of undergraduate educational teams. With the emphasis on high quality teaching and curricula development, primary care educationalists often do not have the time or the skills, to develop as researchers, and may not have access to those with methodological or other skills required. The lack of senior primary care medical educationalists, illustrated by the scarcity of Chairs in primary care or GP medical education, limits the role modelling opportunities for aspiring academics. A viable career pathway is a challenge in most areas with limited opportunities for doctors and other health care professionals to develop educational research skills. Similarly, historically there have been few opportunities for undergraduate students to develop skills as medical education researchers or even be aware that academic general practice was a potential career.

Fortunately, this picture is slowly changing and the NIHR (National Institute for Health Research) has incorporated medical education as one of its central funding themes. In some institutions, opportunities are available for undergraduate students to do modules or even qualifications in academic general practice and primary care medical education, and some regions offer AFP (academic foundation programmes), locally funded and NIHR funded ACFs (academic clinical fellowships) for aspiring academic GPs. Finally, a strength nationally is the collaboration and community of medical education researchers: the national Heads of GP teaching and the educational research group of SAPC (Society of Academic Primary Group) meet twice annually to share ideas and develop collaborations which have led to international presentations and publications (Nicholson et al., 2016), (Barber et al., 2019).

A local example: Our story

Over the last five years at Newcastle University we have worked to facilitate rapid growth in the field of medical education research in primary care. This was aided by the development of innovative training posts (ITPs) in primary care medical education, where trainees spend 50% of their post in medical education and undertake educational research qualifications. Rapidly a team of enthusiastic GP trainees equipped with research skills were developing projects on understanding perceptions of medical students on general practice careers, how medical schools can encourage students towards careers in general practice, evaluation of involvement of GP trainees in medical student teaching, undermining of general practice as a career choice, recruitment and retention of GPs as teachers of medical students, and raising the profile of academic general practice to medical students. Several of the projects have led to doctorate studies and further posts such as post-CCT Fellowships, funded by local Clinical Commissioning Groups (CCG) and/or Health Education England. The team have subsequently been successful in obtaining national funding for Academic Clinical Fellows, In Practice Fellows, Academic Foundation Programme trainees and SPCR Career Fellowships.

Local Impact

The impact of increasing primary care medical education research locally has been tangible, barriers have been identified and understood and policies implemented. A key example is research into denigration of general practice. Our mixed methods study identified that medical students were being exposed to negative comments about general practice and that these comments were potentially influencing their career choice (Alberti et al., 2017). These findings have led to a zero-tolerance approach of undermining of specialities at our institution and the local training programmes; informed the recent curriculum changes, for example, the inclusion of tutorials on the hidden curriculum and influenced the provision of the staff development programme.

Recommendations for further work

Primary care is currently ripe for research in undergraduate medical education with the increased emphasis and time that medical students spend in general practice. Key areas for further work include:

- Understanding GP placements; what is really happening and how are students learning?
- Understanding parallel surgeries
- The impact of longitudinal integrated clerkships / longitudinal placements
- How we prepare students for the changes the future holds?
- How do we teach empathy and compassion?

We would strongly recommend continued collaboration both nationally and internationally to explore these and other areas and recommend that all institutions are encouraged to recognise the importance of medical education research in primary care. Engaging with local post graduate training programmes and with Health Education England can provide opportunities for GP trainees and post-CCT GPs to undertake medical education research. Exploring funding avenues is crucial to sustain the workforce; and other opportunities may be available at institutions or through external bodies, such as NIHR.

Developing opportunities for students, such as scholarships, student selected components and intercalating opportunities, to taste primary care medical education is vital; this raises the profile of academic general practice to medical students, gives them the opportunity to undertake small projects which may generate posters and publications, and may inspire future GP medical education researchers (Lamb and Alberti, 2019).

Focussing on medical education research in primary care can only benefit our institutions, our local GP workforce, our NHS and ultimately our patients.

Word count 1175

Acknowledgements:

We would like to thank Helen Collingwood for her assistance with preparing this article.

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