15/5/17 (1)

How much teaching in primary care.
Important to agree on definitions

Aberdeen 1B final year in primary care
year 1-3. ~~25~~ 15% of teaching each week is fundation of primary care.
80% of GPs take students - no real capacity to ↑. would need to go further afield to ↑ capacity
Location has influence!

Glasgow - about 15%. varies between years.
Year 4
? upscale - potentially increase proption of GPs taking students

Must be good experience.
focus on qualitative.
quality of experience

~~aim~~ aiming to reduce tribalism
Culture is very important.
Engaged GPs involved in medical education.

? scope to ↑ teaching in community

- (A) - where do GPs teach? - address
  could GPs teach general principles
  GPs visible in curriculum
  Positive role models
- placements
  [redacted]
  ↑ demands (with other trainees FY2 GPSTs

Primary secondary care division
Very important Culture
Lead as educationalists
ACT funding influential - balance
"top slice" & give money to GP - careful
of unintentional consequences
ACT supports infrastructure in health
boards

ed Innovation within ACT

[redacted]

[redacted]

Community aspect of acute are unintended consequence

[redacted]

- not usual market forces as in other areas.

[redacted] of other areas complex.

Why are medical send applications changing? Why do people stop training?

Lack of flexibility has a direct influence. Are totally

Are we attracting the right pad?

Aware of how profession is portrayed in media, work experience.

Generally unattractive for all NHS staff.

What are people choosing to do? and why?

What are the strengths of older applicants?

what are the expectations of those applying?

Might need to review application process, establish expectations & aptitude.

"flood the market" → drive behaviours.

flexibility

Redacted

[redacted]

there has been an ↑ in people staying in jobs.

UK national recruitment would reduce award ave Scottish applicants

increase specialty training

~~HAA~~ MTI scheme is another option aware of Brexit

Redacted

③

[redacted]

If born in England.

Control & loss of flexibility already.

be aware of the impact that any changes have on the pool of applicants to medical school.

medical school

- quality of clinical experience
- providing teaching in local area
  - open university model
- quickly addressing difficulties
- need to encourage innovation
- Scotgem - graduate programme.
- role modelling
- culture.

Post medical school

- clustering
- quality of discussions
- caution in using data for WTE when needing to make it flexible.
- flexibility needed / desired.
- [redacted]

University could provide innovation

employer what kind of employer do we need to be?

- need to give trainees feedback

Before medical school

- aspirations
- practicality of doing required grades

[redacted]

- Could more time be spent targetting schools which don't get applicants in
  Could pick from a wider pool.
- ? change entry requirements
  academic vs service aptitude
  "just in case application"
- more diverse in entry routes to medical school.
- could accept local applicants to work locally? (Not ignoring international students.)
  different applicants.
- do we need to be investing in schools? Medical schools liaising with students directly.

[redacted]

- manage [redacted] applicants expectations
- advertise broad range of potential careers enabled by a medical degree

Technology

- GP - when in community need good access to internet
- live consultations. Communities of practice

- links ~~[illegible]~~ between central medical schools and remote applicants
- easy to work & learn in community
- share expertise from other areas in universities - technology