**Appendix 1: A summary of examples of innovations and developments taking place at individual medical schools**

**Theme 1**: **Nurturing positive student attitudes, behaviours and perceptions towards general practice**

Access and exposure to enthusiastic role models, including GPSTs (GP trainees)

* Medical students invited to attend GPST training afternoon as part of their 4th year attachment. This allowed them to network with trainees, find out more about the application process, their experiences of training and portfolio careers.
* GP teaching fellows recruited with a view to strengthening links between the training programme and the medical school.
* GPST3s to co-deliver 4th year teaching.
* Packages in collaboration with HEE and CCGs to recruit practice-based teaching fellows, and offer medical school based professional development to GP trainees for near peer GP tutors.
* Visiting GP lecturer programme aiming to develop an enhanced programme to cover teaching in the early years with more GP trainees.
* Actively engaged with local training programme for future leaders funded and supported by HEE involving GP trainees working in medical school to gain experience of leadership, research and teaching.
* Members of the primary care team at the medical schools have attended training programme to promote and explain the role of GPs in teaching undergraduates to GP trainees: A significant number of newly qualified GPs in the area have become tutors as a result and a smaller number of GPs still in training have become involved in the delivery of teaching.
* Maintain a register of GP alumni willing to meet/present to students.

Tackling undermining of GP as a career

* Joint hospital/GP tutor training day.
* Denigration is addressed in faculty development sessions and in teaching leads meetings.
* Annual survey of final years students asking them about any experience of career choice denigration.
* Encouraging GP tutors to show students they have pride in their work.
* Placing more importance on getting students to critically reflect on their perception of general practice.
* Film produced in conjunction with university media team which profiles GP as a career.
* Article published in university staff newsletter drawing attention to “Destination GP” findings on undermining.

Raising the profile of academic general practice

* Several examples of increasing the visibility of research academics and ACFs including lectures and video podcasts of academic professors of primary care made and integrated into 5th year curriculum.
* Successfully negotiated a re-structure to get all GPs on appropriate academic contracts.
* Instituted a Julian Tudor Hart Prize for first clinical year, in addition to two final year prizes.
* Final year GP prize sponsored by local RCGP faculty.
* 4th year students invited to attend RCGP AGM. 24 chose to attend and of these 70% said it improved their impression of general practice as a career.
* Started and evaluated GP ‘grand rounds’.
* Academic GP careers group for doctors in training/post CCT which seeks to support them to develop scholarship skills to extend their career ‘portfolio’.
* New BMedSci Health sciences: primary care intercalated degree course, with 15 students signed up to primary care strand.
* New intercalated BSC in Primary Care.
* Regional ‘raising the profile of academic GP’ symposium.
* Lecture on academic general practice, delivered by high profile research active professors from the department.
* New ‘systematic review’ teaching module taught by academic GPs.
* Programme for involving GP academic clinical fellows in teaching as well as a strategy for enabling primary care researchers to contribute to teaching.
* Maximising progression from ACFs to doctoral training through bespoke MPhil in Primary Care Research. Wellcome Clinical GP Fellowships.
* Through CLAHRC Fellowships we have provided GPs opportunities to get academic exposure.

**Theme 2: Providing engaging and informative careers advice and guidance**

* Paired careers tutorials added to a 4th year attachment - this was shown to increase the likelihood of choosing primary care as a career.
* Introduced a promotion of GP as a career choice tutorial into year 5 teaching.
* Making sure general practice is well presented at careers fairs.
* Introduced an annual GP careers evening presented by GPs in training.
* Ensuring that general practice is appropriately represented on our careers module and that GPs are visible at every formal careers promotion event.
* Introduced a regular Wednesday lunchtime careers clinic which is largely staffed by GPs involved in teaching.
* Relatively unique in having a careers lead for primary care at associate professor level.
* GP Lecture and careers forum will bring students into contact with GPs at all levels and pursuing various career paths.

**Theme 3: Enhancing access and exposure to general practice**

Outreach, work experience and widening participation

* Recruitment and development of a database of GPs across the region willing to host work experience students or work with schools, colleges and widening participation teams.
* Received funding from RCGP and HEE for widening participation work experience places.
* Completed RCGP activity book for use by clinicians and students providing outreach activity in primary schools.
* Introduced CCG led work experience placements and provide pre and post placement support. HEE have supported expansion of this work to other medical schools.
* Conference for senior students from state schools in the area exploring the future of health care and taken part in Outreach for Medicine lecture programme.

Recruitment and selection

* Switching selection process to an MMI format has facilitated the recruitment of a larger number of GPs (1/6 of selectors).
* GP appointed (1 day/week) as deputy director of admissions with significant part of role being outreach and widening participation.
* Primary care have provided a number of stations for selection MMIs and GPs are being asked to take part on the selection days.

Teaching and curriculum change

* Various increases in the length of GP placements.
* Two community care weeks introduced in year 3 including an opportunity to spend time with a current GPST3 and formal discussion about range of career opportunities within general practice.
* Introduction of an academic programme covering the themes laid out in ‘Teaching general practice”
* During the first two years, *all* clinical placements are in primary care.
* New assistantship in general practice.
* New curriculum with a significant increase in GP time. Plan to consider purposively varying the practices students are linked to in order to cover a variety of experiences.
* New ‘GP immersion week’.
* Focus on improving quality through increased QA measures such as practice visits and close monitoring of student feedback.
* Working on increasing the amount of GP content in summative assessments.
* Development and implementation of a year 3 longitudinal integrated clerkship delivered in continuous GP placements for the academic year.
* Two week block of general practice in year 3 with specific day exploring academic content of general practice.
* Extending a pilot of delivering an eight week module (chronic disease in the community) entirely through GP placements.
* GPs with specialist interests now delivering lectures on specialist topics that were traditionally delivered by secondary care colleagues.
* GP appointed as theme lead for ‘patient pathways’, whose main remit is to ensure students gain an understanding of the patient journey through different health care settings and the primary-secondary care interface.
* Supporting electives in primary care by making available a limited fund to reimburse practices for the administrative costs of accepting students on elective.
* Developing a new MBChB programme for existing healthcare professionals aimed at training graduates who will be more likely to enter GP training.

**Theme 4: Supporting and empowering student-led activity**

* Various initiatives with GP societies from initiation to reinvigoration to working more closely with them, including strategic support by offering advice, speakers and early access to relevant information.
* Academics and local practices supporting student-led GP society in gaining extra-curricular experience.
* With the support of the school, local GPs and the RCGP, the society has flourished winning national awards.
* Actively promoting student presentations and presence at primary care conferences (with financial support).