

CAPC Teaching Mission Statement

CAPC Teaching, the teaching arm of the University of Bristol's *Centre for Academic Primary Care* (CAPC), is responsible for undergraduation medical education in Bristol's MB ChB programme. CAPC Teaching works with more than 200 practice and 600 GP teachers and an annual budget of around £1million across all the programme's Academies. Its global aim is to provide students with foundational knowledge, skills and attitudes in the practice of patient-centred medical care. We set about defining how we set about achieving that global aim and discovered that *CAPC Teaching* is an organisation which:

1. Delivers high quality teaching and learning in all curriculum years
2. Promotes scholarship and innovation within its teaching endeavours
3. Works to ensure Primary Care is well integrated within the New Curriculum in Bristol
4. Fosters a supportive, dynamic working environment for its professional and academic staff
5. Promotes the wellbeing of students on GP attachments
6. Supports the development of its broad teaching community
7. Projects a clear local and national identity through social media
8. Actively engages teaching partners including hospitals, the Deanery, CCG and 3rd sector
9. Works in partnership with members of the public in the design and delivery of its teaching
10. Inspires students to become the general practitioners of the future
11. Offers an interesting diversity of library and group-based SSCs
12. Works actively to secure the funding necessary to support its endeavours.

1. Delivers high quality teaching and learning in all curriculum years

We have GP placements in each of the undergraduate years led by an academic GP. Learning objectives are clearly described in the year-specific student and GP teacher guidebooks and updated on a yearly basis. The emphasis is on patient contact and active and self-directed learning. Student feedback is essential to our quality assurance. Feedback questions are blueprinted to learning objectives and teaching requirements. We collect feedback in a planned and structured way in all years and act on it. We also ask for written and/or verbal feedback from our GP Teachers and visit teaching practices to discuss student feedback and encourage good teaching practice. Primary Care is working towards the requirements of the GMC's 'Promoting excellence: standards for medical education and training' to come into effect in January 2016.

2. Promotes scholarship and innovation within its teaching endeavours

Scholarship and innovation touch the work of *CAPC Teaching* in various ways. We are part of a 5* rated research school and draw on that expertise in our teaching. We also seek to utilise educational research to inform our methods of teaching and assessment. We do this through private reading, attending educational conferences, through our fortnightly academic “catch-up” and through the journal club we established (open to all UoB medical educationalists). It is also our intention to create new knowledge in the field of medical education. Most recently we have been developing ideas for a scholarly iBSc in Primary Care.

3. Works to ensure Primary Care is integrated within the New Curriculum (MB21) in Bristol

The Five Year Forward View (Kings Fund) highlighted the place of community-based care in the future of the UK NHS. The New Curriculum for Bristol will reflect this and *CAPC Teaching* is working actively to ensure that the needs of Tomorrow’s Doctors for community-based learning are deftly addressed. We have representation on the working groups for all five years of the curriculum. One of these (Year 4) is chaired by a *CAPC Senior Tutor*. We are working on a major new teaching unit for Year 5, modelled on the Keele experience. We will be a central part of the initiative to bring more clinical medicine into Years 1 and 2. In addition a *CAPC Teaching* staff member is chair of the Helical Themes committee. Primary Care will be one of the key vehicles for vertical integration within the new curriculum. Finally we sit on the *Choice!* working group and will be in the vanguard of new SSCs.

4. Fosters a supportive, dynamic working environment for its professional and academic staff

The University *CAPC Teaching* team is founded on a core of professional and academic staff that lead the work of a large network of 600+ teaching GPs and university research staff who also teach. We want *CAPC Teaching* to be an enjoyable and supportive working environment for this core team: one of open communication, high levels of trust and where each person is treated with respect and their (often huge) efforts appreciated. The academic team has a fortnightly “catch up” where achievements can be noted and challenges shared. The head of teaching and manager of the professional staff meet fortnightly. It is our hope that by fostering a culture of autonomy we will at the same time foster a sense of engagement and ownership – that has been our experience so far.

5. Promotes the wellbeing of students on GP attachments

Our GP teachers deal everyday with the impact of stress in our patients, are attuned to its presentation and experienced in offering appropriate support. They see students 1 to 1 or in small groups and often get to know them well over an extended period. GP placements may therefore be intrinsically supportive. We aim to further support them in modelling good self-care and being attuned to pastoral care issues such as isolation, exam stress and family problems. We signpost our GP teachers to resources available to support their students. We will help GP teachers understand the curriculum and

its assessments so they can support their students and allay exam anxieties. Alice Malpass runs mindfulness training for medical students and we will promote this, signpost learning skills, and link to the VTS personal and professional development resources. We will work with GPSoc to promote student wellbeing in primary care including developing social media support groups for students on placement. CAPC Teaching opposes ranking which increases peer to peer competition.

6. Supports the development of its broad teaching community

Our GP teaching body is large and dispersed over the footprint of the medical school. We aim to create a virtual undergraduate GP teaching community through our extensive teaching workshop programme, GP teacher guidebooks, monthly teaching newsletter and speedy email replies. Workshops are our vehicle for disseminating educational theory and good teaching practice. It is also an opportunity for meeting teachers from other parts of the course who come to share their specialism. We have developed the concept of 'Core teaching practice'. These are practices that take on a substantial amount of student teaching for enhanced remuneration. Individual GP teachers are incentivised through our 'Honorary Clinical Teacher' scheme. Students nominate a GP in each year for our 'Best GP teacher' award.

7. Makes judicious use of Social Media with students, teachers and in promoting a national identity

We are aware that our students are *netizens*, digital natives for whom social media is the normal means of communication and dissemination. We are aware too that *CAPC Teaching*, like most other aspects of the academy, has been slow to embrace the potential of the digital environment. In the next few years we intend to substantively ramp up our activity in this domain. For instance we wish to upgrade our website and the resources there for students and teachers. We want to explore how SM applications such as Facebook and Whatsapp could be used to co-ordinate and facilitate student placements. We are curious about the value of blogs and blogging by staff and students. We seek to embrace the challenges of confidentiality and etiquette and look forward to engaging GPSoc in this endeavour. We see this as our best hope for establishing a national reputation.

8. Actively engages teaching partners including hospitals, the Deanery, CCG and 3rd sector

CAPC teaching engages a wide range of partner organisations and is constantly looking to develop partnerships with new organisations. We have representation at each of the academies through an academy GP lead, and run integrated lectures with physicians, scientists and GPs. We have representation at the Severn Faculty of the RCGP, and strong links with the Severn School of Primary Care – many GP registrars develop their teaching skills through teaching our third year medical students in practice, and we hope that as the new curriculum develops, further opportunities will arise. Within the student body, we have strong links with the GP society, having jointly run teaching sessions. In the future, we aim to develop a patient participation group for teaching development, explore opportunities among GP federations for teaching opportunities as well as strengthen our links with third sector organisations through developing integrated community placements.

9. Works in partnership with members of the public in the design and delivery of its teaching

CAPC Teaching works with established groups already involved in teaching, such as the *Misfits* theatre group in the disability teaching, communication skills and exams. We have established a patient involvement focus group, work led by Amanda Carmichael in Clinical Sciences, Sarah Jahfar, Year 1 lead and Pamela Richards, *Patient Involvement* and Rheumatology expert patient. We intend to invite other patient members to the group, discuss an “Aims and Objectives and policy” document with them and try to get this group’s representation throughout the medical curriculum. The new curriculum and case based learning will be an excellent opportunity to embed *Patient Involvement* throughout the curriculum, both with regards to development and delivery of teaching and curriculum development.

10. Inspires students to become the general practitioners of the future

General Practice is the best job in the world. *CAPC Teaching* is privileged to be ideally placed throughout the curriculum to showcase the wide range of skills and talents, challenges and delights that students can gain from a career as a GP. Bristol is a vibrant centre of General Practice and CAPC is a UK-leading centre for research and innovation – our enthusiasm for teaching reflects this. We reach out to students through a diverse portfolio of student selected components and our strong links to GPSoc. Our GP speciality placement block offers an opportunity, unique in the curriculum, to pair students with a senior clinician. Sharing ownership of the diverse and complex presentations encountered in General Practice stretches and rewards the students, highlighting both the academic rigour required and the satisfaction of practising holistic, longitudinal care.

11. Offers an interesting diversity of library and group-based SSCs

CAPC currently offer a diverse and popular range of SSC's in years 2, 3 and 4. Approximately 120 students undertake primary care SSCs each year. As well as offering audit, research projects and the opportunity to develop educational material, students can spend time within prisons, schools for learning difficulties and holistic health centres. We also offer taught SSCs in management, mindfulness, creative arts and religious ethics. By using more engaging methods of presenting our SSC's, such as videos and animations, and running a CAPC SSC showcase event for students and supervisors, we hope to further increase the uptake of current primary care SSC's. We would also like to encourage new and innovative SSC's and plan to advertise the opportunity to be involved in SSC's at GP teaching workshops and in the GP newsletter.

12. Works actively to secure the funding necessary to support its endeavours.

Primary Care teaching There are particular costs associated with Primary Care teaching. GPs who are teaching are not seeing patients and have to “back fill” for lost consultations through working additional hours or employing salaried or locum doctors. These costs are met by payments to Primary Care from a national “SIFT” (Service Increment for Teaching) budget. To maintain our current provision, and more importantly to ensure funding of new teaching, *CAPC Teaching* works hard to make sure that Primary Care is well represented in funding discussions. In addition we must ensure there is adequate funding for administrators and GP academics to design and run modules. To inform these discussions we are developing costing maps of all our activities – these to include our innovative SSC programme.

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Dr Trevor Thompson