

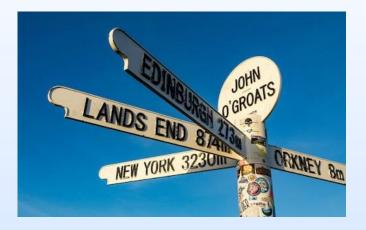
# Establishing an Independent GP Placement (IPs) programme

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#### What are IPs?

- IP typically means 'out of area' (i.e. outside Sussex/Surrey) but sometimes students can 'unlock' local surgeries
- Independently-sourced by the student
- In: UK, Channel Islands, Isle of Man or Gibraltar
- A four week placement in year four
- A funded 'elective' in GP opportunity





## **Historical context**

- Driven by declining numbers of local placements
- For students in year 4 (previously year 5)
- Four week block placement in General Practice
- IP model also at London and other medical schools
- IP brought to Brighton from Kings



#### IPs in a nutshell

• Planning and checks are key:



Students approach GP practices UK-wide GP practices return completed form to accept Quality & Placement team review GMC and CQC status

GP Team meet with GPs on Zoom to discuss placement



#### **Other checks**

- Basic requirements form: GMC and CQC check
- Personal declaration of probity
- Group zoom calls with GP team
- Individual calls to GPs with significant GMC issues
- Consider informing relevant NHS medical director
  - Usually via a deputy



#### **Development of IPs at BSMS**

- 2012: small numbers (e.g. c20) of 'keen' students
  - Often in small groups
  - In their fifth year of study
  - Able to access the NHS bursary for costs
- 2021: GP placement moved to year four
  - Part of new curriculum
  - Creation of internal bursary to match NHS one
  - c150 independent placements per year
- 2023/4: now about 100 IP placements



## Why are IPs popular with students?

- Experience in a particular type of practice inner city / rural
- Experience a new geographical area
- Spend four weeks at 'home' / save money
- Be close to family / partner
- A place to live/work in the future?
- Time away from the pressures of medical school
- Avoids remote placement in Sussex?
- Positive feedback (even during Covid-19)

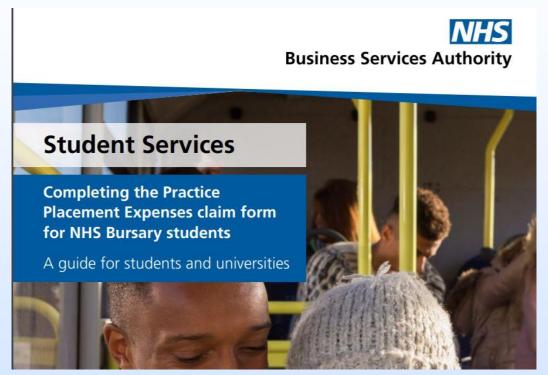


## Why do GPs like IPs?

- A large pool of GP surgeries who are not teaching, even for their local school
  - Local school focused on hospital medicine
  - Some say they have never been asked by local medical school
- Student's existing relationship with surgery
- GPs value personal approach
- Attracting future GPs to area
- An opportunity to start teaching



### Funding: NHS Bursary (year 5)



 Year 4 students receive BSMS bursary in line with NHS bursary: Promotes equality and faster repayment



## Risks

- Problems usually arise with local placements!
  - Mainly from poor student communication
- Students with family/employment/health reasons to be local
  - Needs planning
- Student must not be a patient at the surgery
  - May need to change surgeries temporarily
- Many students have a link with surgery:
  - Often already working there (e.g. records)
  - GP supervisor should not be a relative of the student
- Relationships between medical schools over 'patches'



### Educational benefits of IPs

- Novel experiences, i.e. (properly) rural general practice
- Diversity in patient populations, regions and approaches to general practice
- Meeting and working with medical students from other schools
- Role models from outside medical school network



## Summary

- Successful: an untapped market
- A response to falling placements and curriculum change
- Most placement risks can be mitigated
  - Pushing induction key
- Valuing the personal
  - Existing relationship/praise and thanks for GPs/surgeries
  - 'Cold calling' (emailing) works... but may require multiple tries
- Suggest starting small and building on success...
  - Ask previous year's students to show case...



# Any questions?

