UNIVERSITY OF LIVERPOOL

FROM STUDENT TO COLLEAGUE:

PRIMARY CARE'S ROLE IN DEVELOPING THE DOCTORS OF THE FUTURE

Professor Andy McKeown
Dean of Medicine

THANK YOU!

Image from
Dreamstime.com

WHAT I INTEND TO COVER

- A little about me
- Setting the Scene
- Understanding our students
- Primary care’s power to shape the future
- Educational Authenticity
- The Future of UG Primary Care?

ABOUT ME

perial College
ndon

David Weatherall

Great
Sutton
Medical Centre

SCHOOL OF MEDICINE
UNIVERSITY OF LIVERPOOL
welcome to the
LIVERPOOL
SCHOOL
OF
MEDICINE

GP AND PROUD!

- I hope I represent all of us in the room
- GPs increasingly recognised in positions of med ed leadership
- The Russell Groups are catching up
- My path was not a set one

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School of Medicine

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SETTING THE SCENE

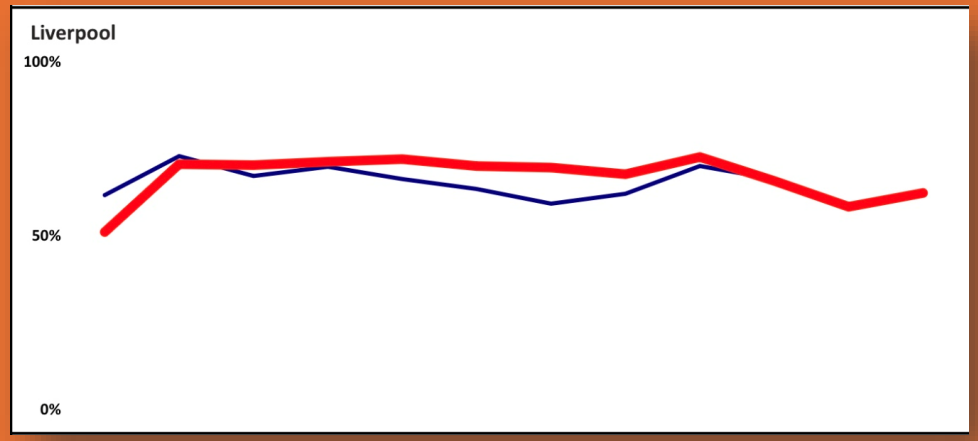
- What are the current issues facing the sector?
- How are we doing vs national benchmarks?
- How do our students experience medical school?

WIDER SECTOR CHALLENGES

WHERE WE ARE

BENCHMARKING

- *Russell Group education on the doorstep of clinical excellence.*
- 1697 UG students (Gov cap)
- 50 PG students
- 138 FTE equivalent staff (approx. 300 in total)
- Main provider of NHS workforce in Merseyside



GMC F1 Preparedness data (2024)

Provider	Average	Rank
Imperial College of Science, Technology and Medicine	90.61	1
The University of Leicester	90.34	2
University of Ulster	89.17	3
University of Oxford	89.07	4
Univeristy of Keele	89.01	5
University of St Andrews	88.19	6
University of Sunderland	88.10	7
Hull York Medical School	86.19	8
The University of Lancaster	85.53	9
University of Dundee	83.01	10
Brighton and Sussex Medical School	82.44	11
Queen's University of Belfast	82.34	12
Univeristy of Aberdeen	82.19	13
Cardiff University	82.10	14
University of Exeter	81.77	15
University of Liverpool	80.87	16
Aston University	79.07	17
The University of East Anglia	78.81	18
University of Bristol	78.63	19
The University of Warwick	78.54	20

NSS Table (2025) n=42

CHALLENGES FOR THE SCHOOL

- Placement vulnerability
- Service reconfigurations
- DHSC Ten Year Plan uncertainty
- Clinician engagement / competition
- Student perceptions/expectations/professionalism
- Clarity of USP in shifting market

NHS
University Hospitals of Liverpool
Group

General Medical Council

Wes Streeting quits cabinet and calls on Starmer to resign

Former health secretary, who is on the party's right, says he wants a leadership contest with a broad range of candidates

UK politics live – latest updates

Wes Streeting in Downing Street on Tuesday. In his resignation letter, he criticised Keir Starmer's determination to remain leader. Photograph: Leon Neal/Getty Images

MLA SUCCESSES

AKT (2026) **96.6% first pass rate.**

2025 98.7% first sit pass rate

CPSA (2026) **98.9% pass rate.**

2025 99.8% pass rate

WHAT ASSUMPTIONS CAN WE STILL MAKE?

- The Government wish for more medical graduates **without significant increases in funding**.
- **Innovation** is likely to be key to such increases
- We need to actively shape our curricula to the **three pillars of reform**
- Shortening of training remains an attractive option to some…
- The GMC is likely to **review Outcomes for Graduates** in the short/medium term
- The advent of the **MLA may tighten the framework of innovation**

Uninterested medical students on placement

I LOVE teaching. Not for portfolio bullshit but just for the love of sharing what I have learned. Now I have had many medical students join me on their placements during my short career so far. However today I had the distinct displeasure of having two completely bored and uninterested medical students attached to me.

They were on their phones 90% of the time. Responded to any questions asked with one word answers. Didn't maintain any eye contact or smile or anything. Just genuinely looked like they didn't wanna be there. I asked if they wanted to practice bloods and cannulas with me supervising, and they were like 'we're good at them' and just sat in the office with me.

Like it was making me restless and so I just said you guys can 'go to teaching' if you want, and don't have to come back? This made them very happy and they disappeared. But I know they're gonna be back tomorrow and be just as bored, and I don't know what to do?

Like my job is very boring most of the time, just doing discharges, and referrals. I do sometimes do fun procedures, and every so the registrars do cool procedures too, but apart from that there isn't really much going on.

Will I get in trouble if I just let them leave if they want to?

EDIT: Some people are saying I should have offered bedside teaching etc. I asked them to go and see some patients and present to me, but they refused, stating that they were 'gonna have bedside teaching with the consultant anyway'. I couldn't really accommodate bedside teaching myself as I was quite busy.

https://www.reddit.com/r/JuniorDoctorsUK/comments/10wd1m4/uninterested_medical_students_on_placement/

UNDERSTANDING OUR STUDENTS

Modernising Medical Careers

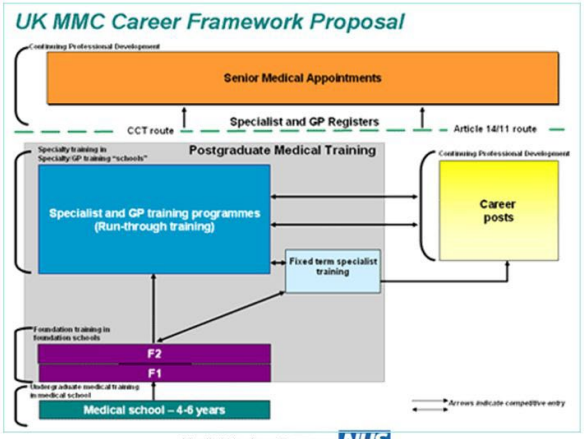
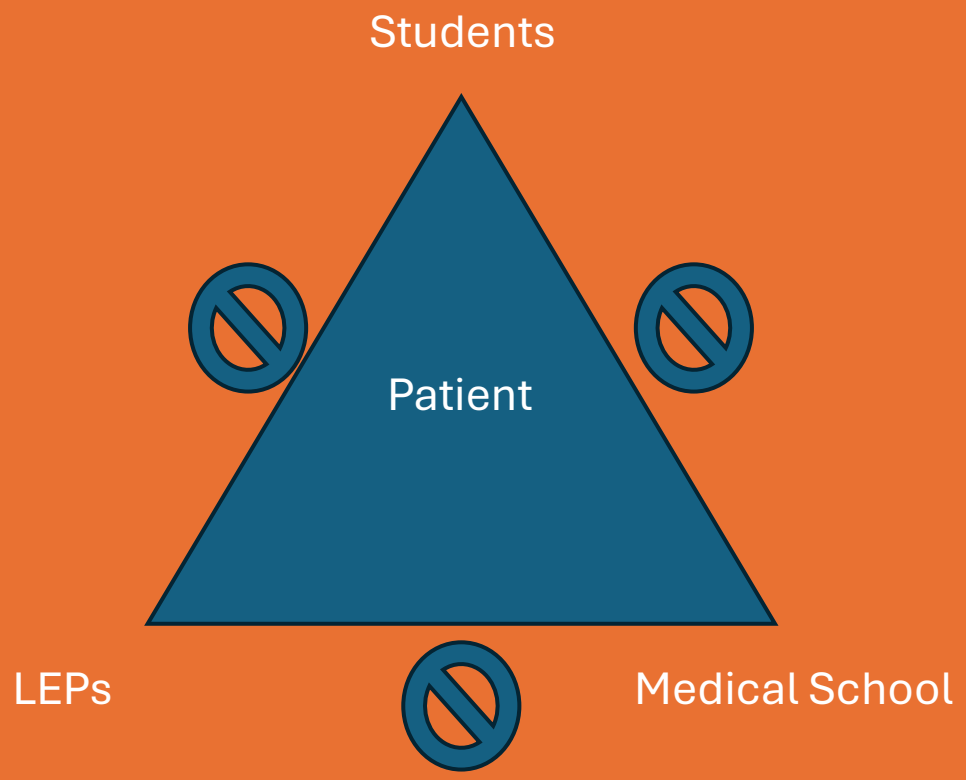


Photo: Daily Mail

A LACK OF BELONGING

- Student Academic Pressures (National Assessments)
- Obligations to design curricula that teach to those assessments
- A lack of logistical mentorship
- Rotations cause stress! (Radcliffe and Lester, 2003)

THE CURRENT STATE OF PLAY



- Student attitudes are evolving
- Expect to be treated as ‘adult learners’ but not demonstrating those traits
- Trust eroding
- Implementation of policies to ensure basic standards are met
- Ed teams criticised for enforcing policies
- Disengaged Academic Colleagues
- Placement Vulnerabilities

WHAT IS THE STUDENT TO COLLEAGUE JOURNEY?

- **Formation of Professional Identity** acceptance and rejection of role models
- **Threshold Moments** of transition from passive learner to active ‘proto-professional’
- **Prepare for Practice** by learning the realities of the job

HOW DOES PRIMARY CARE FIT IN?

Drivers for Change:

- Ageing & multi-morbid population
- Increased demand on health & social care[1]
- NHS in crisis[1]
- Professional burnout[2]
- Students feel underprepared for practice[3-4]

What is needed from our students:

- Generalist & integrated thinking
- Compassion, empathy & resilience
- Active learning with responsibility and ownership
- More prepared to enter the NHS

Primary care placements → **- Enable patient centred care[5]**
- Increased student responsibility[5]
- Better approach to ethical dilemmas[5]

PRIMARY CARE

POWER TO SHAPE FUTURE COLLEAGUES

- Continuity of Supervision
- Whole-person care
- Inter-professional working
- **Authentic** responsibility

What are the tools/settings required for students to feel authentically responsible?

Image from Dreamstime.com

WHAT IS EDUCATIONAL AUTHENTICITY?

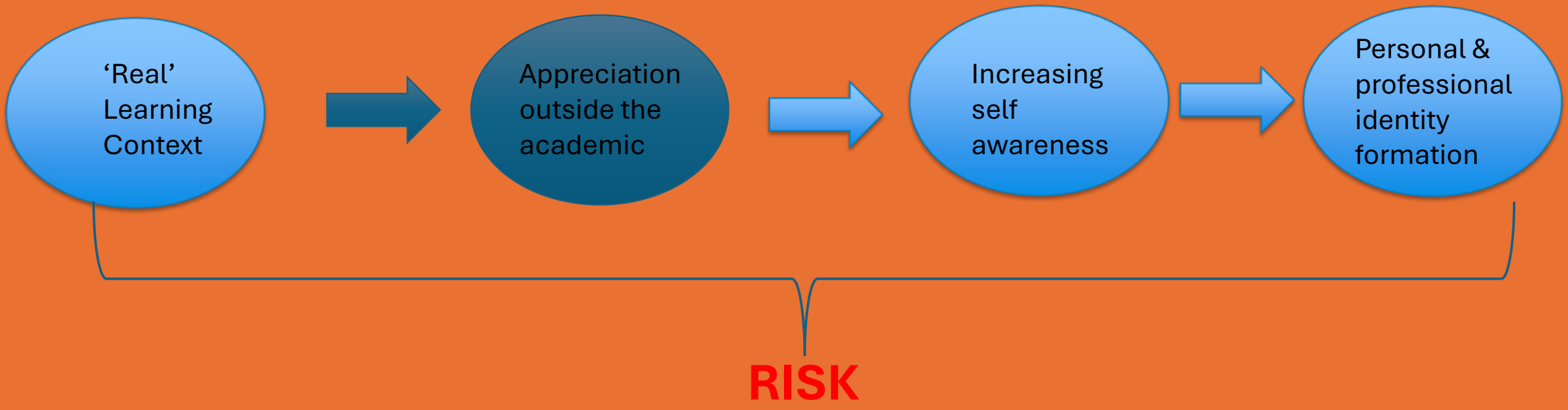
The Authenticity of Context

- Effective learning is dependent on where it is situated (Lave & Wenger 1991)
- Learning not driven by work, but who you work with (Hung 2002)
- Working with experts drives learning (Hung 2002)

The Authenticity of Being

- How the learner develops their ‘true self’
- Transformative learning (Mezirow 2009)
- Self-efficacy
- Self-Awareness and personal identity (Kernis and Goldman 2006)

LINKING SITUATEDNESS AND BEING



RISK AS AN EDUCATIONAL TOOL?

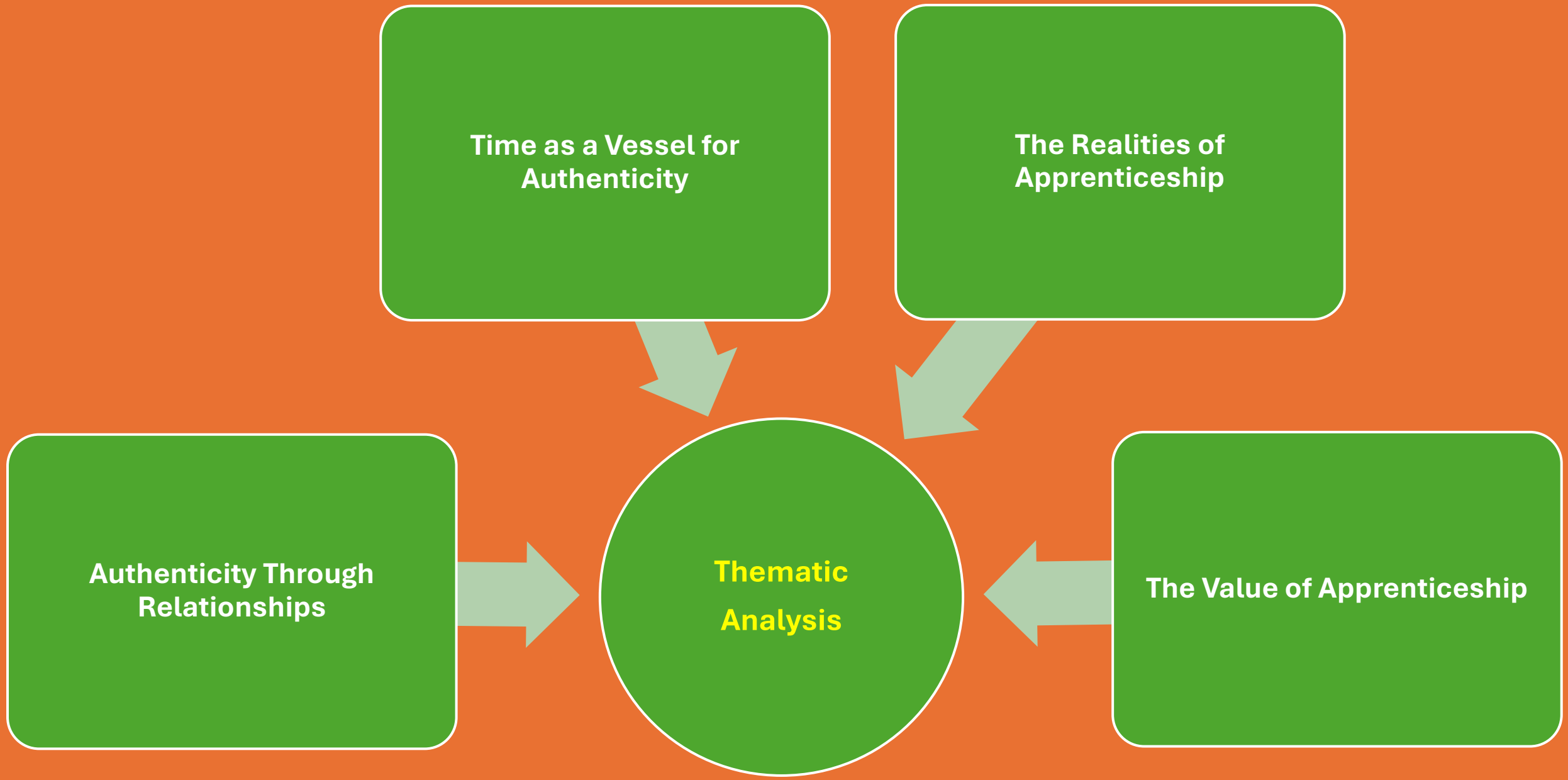
IS RISK HELPFUL OR SHOULD IT BE DESIGNED OUT/MINIMISED?

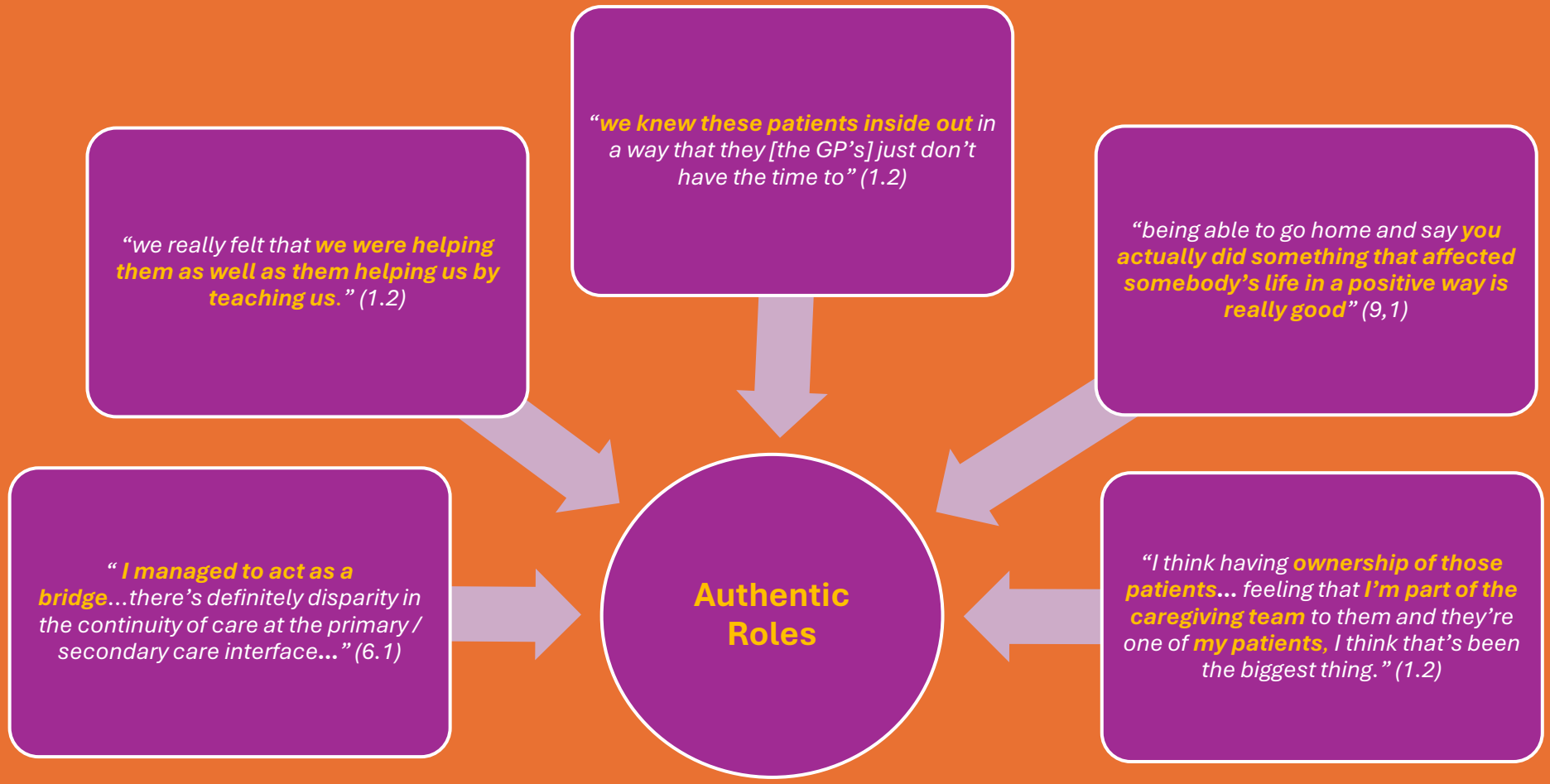
MY DEFINITION OF AN AUTHENTIC CONTEXT

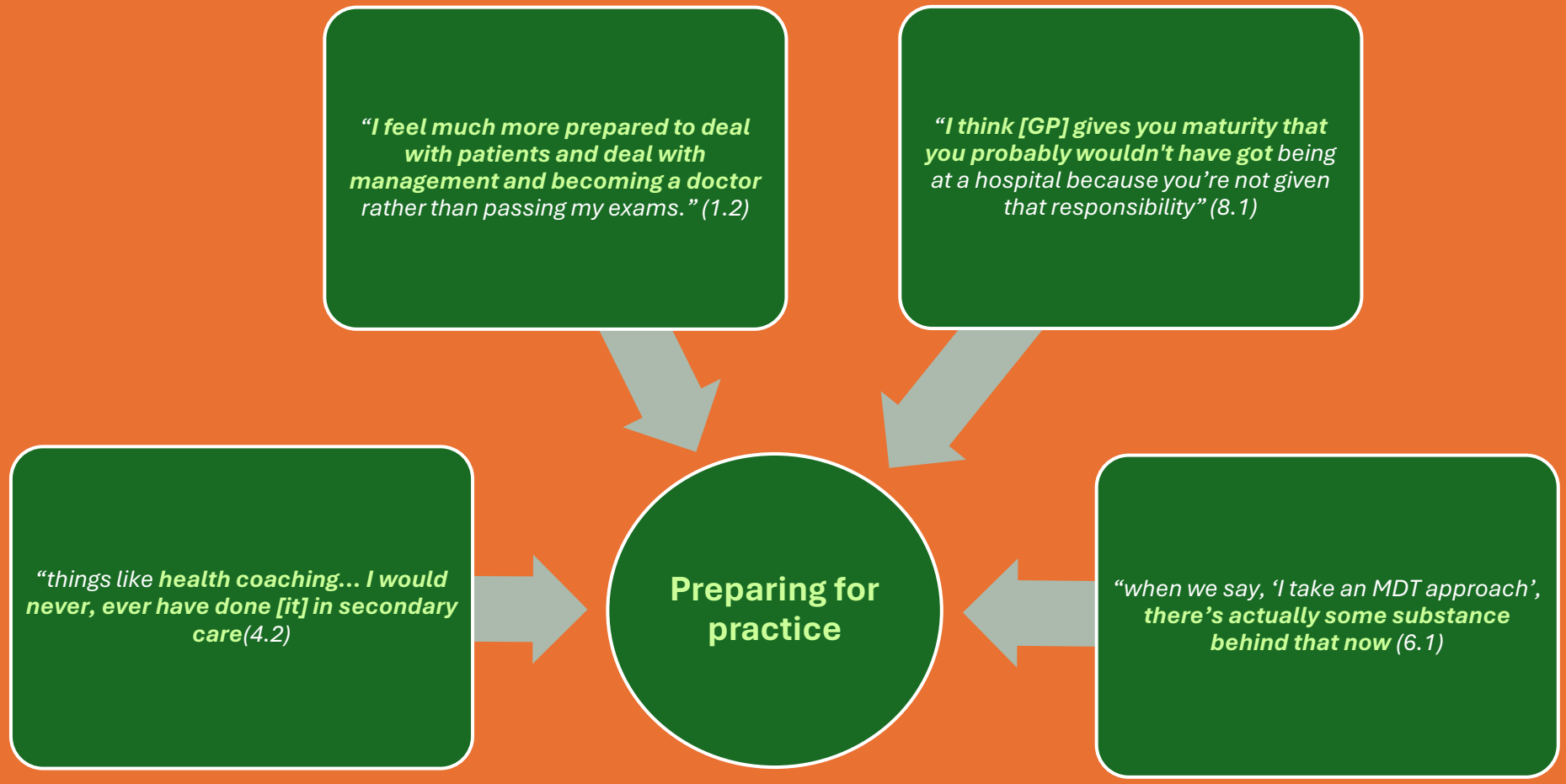
- ‘Real World Setting’
- Learners are able to make decisions and see the consequences of those decisions over time
- Reflect on those decisions and whether how they practise is true to their own beliefs
- Reflect whether the consequences affect the formation of their personal identity.
- **General Practice gives students such opportunities regularly**

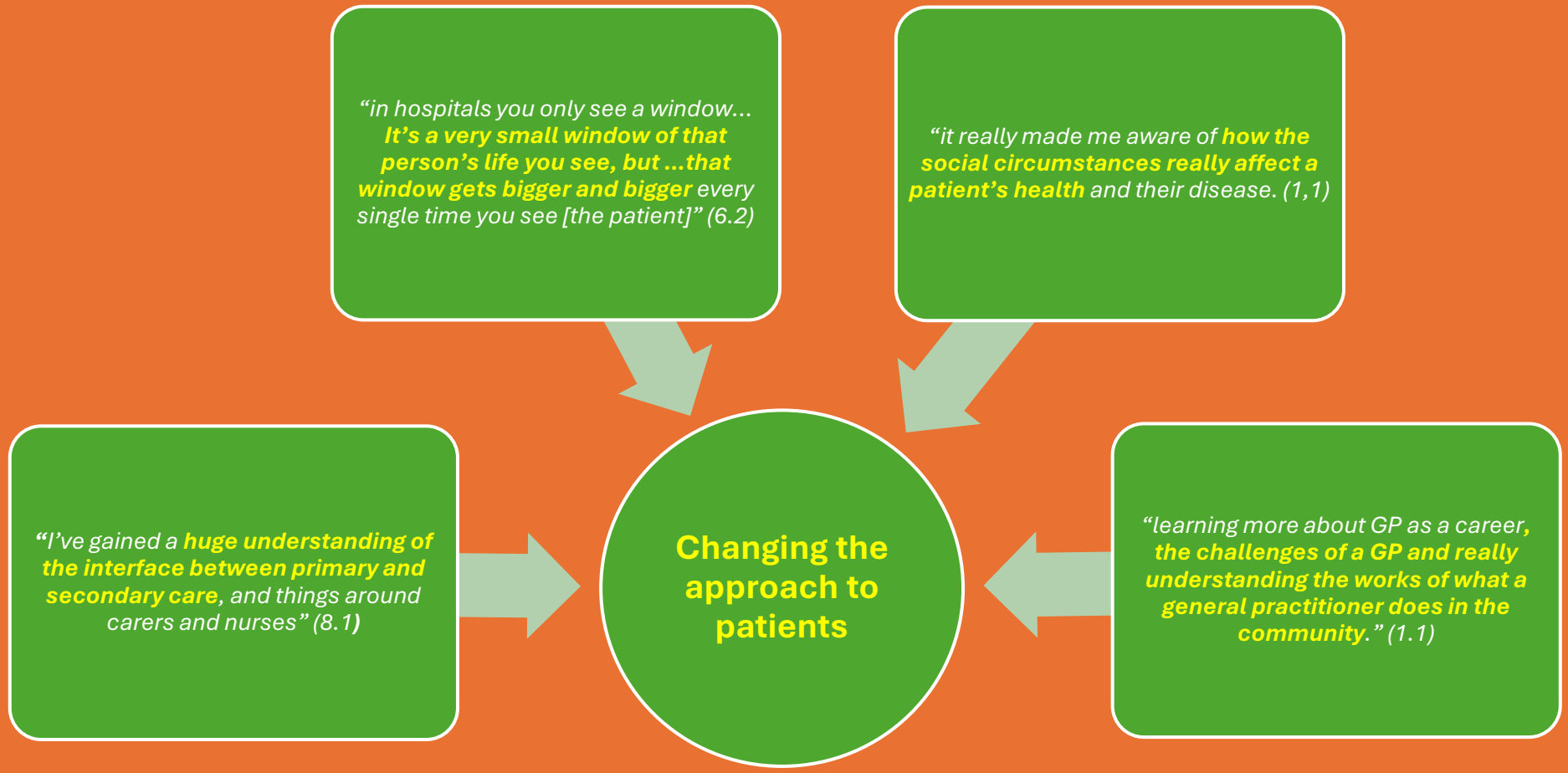
WHAT DO STUDENTS THINK GP ADDS?

- Semi-structured Interviews of students on longitudinal GP placements
- Thematic analysis of their words
- Trying to understand why GP feels more authentic


Time as a Vessel for Authenticity
The Realities of Apprenticeship
Authenticity Through Relationships
Thematic Analysis
The Value of Apprenticeship

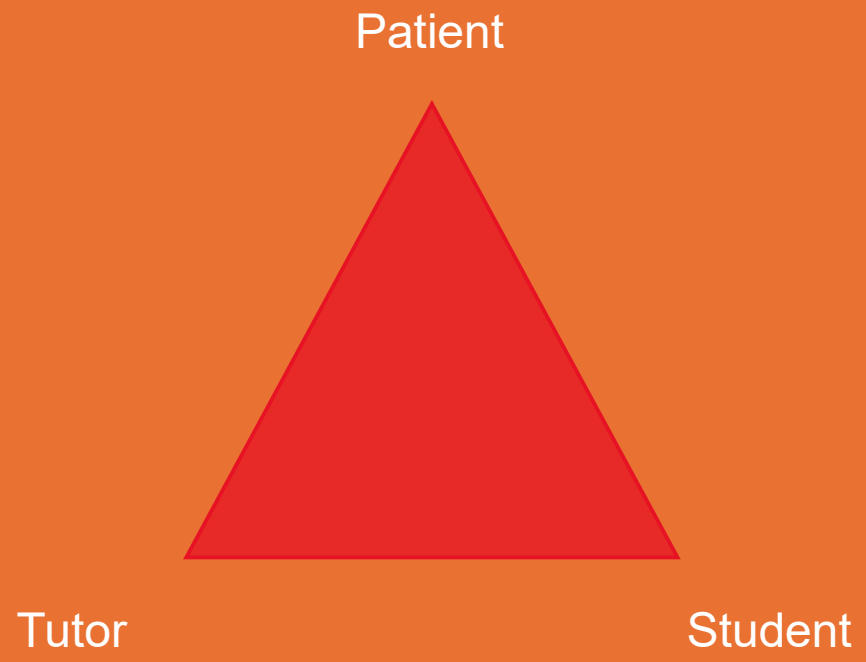

"we knew these patients inside out in a way that they [the GP's] just don't have the time to" (1.2)
"we really felt that we were helping them as well as them helping us by teaching us." (1.2)
"being able to go home and say you actually did something that affected somebody's life in a positive way is really good" (9,1)
" I managed to act as a bridge...there's definitely disparity in the continuity of care at the primary / secondary care interface..." (6.1)
Authentic Roles
"I think having ownership of those patients... feeling that I'm part of the caregiving team to them and they're one of my patients, I think that's been the biggest thing." (1.2)


"I feel much more prepared to deal with patients and deal with management and becoming a doctor rather than passing my exams." (1.2)
"I think [GP] gives you maturity that you probably wouldn't have got being at a hospital because you're not given that responsibility" (8.1)
"things like health coaching... I would never, ever have done [it] in secondary care(4.2)
Preparing for practice
"when we say, 'I take an MDT approach', there's actually some substance behind that now (6.1)


"in hospitals you only see a window... It's a very small window of that person's life you see, but ...that window gets bigger and bigger every single time you see [the patient]" (6.2)
"it really made me aware of how the social circumstances really affect a patient's health and their disease. (1,1)
"I've gained a huge understanding of the interface between primary and secondary care, and things around carers and nurses" (8.1)
Changing the approach to patients
"learning more about GP as a career, the challenges of a GP and really understanding the works of what a general practitioner does in the community." (1.1)

AUTHENTICITY THROUGH RELATIONSHIPS

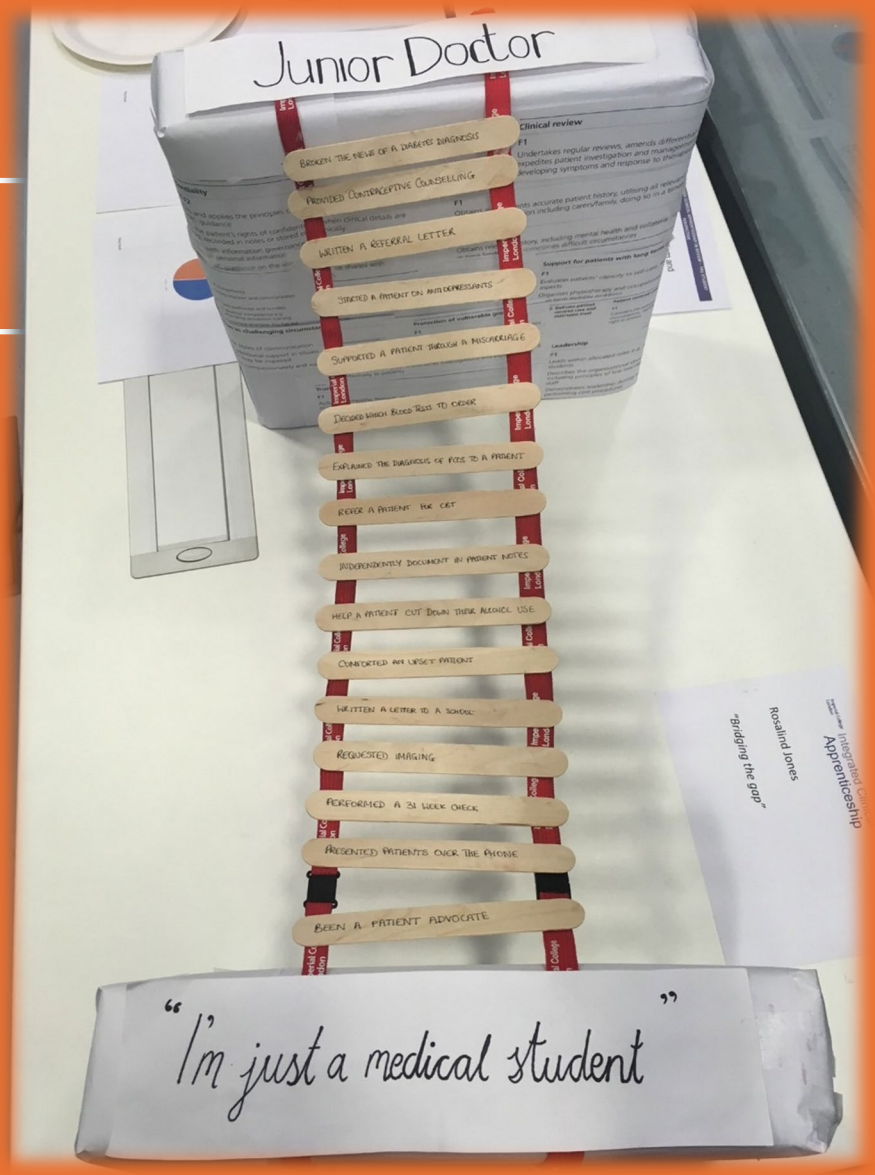
- Bridging
- Patients as masters
- Patients as educational gatekeepers
- All 3 parties receive increased status



AUTHENTICITY THROUGH RELATIONSHIPS

"I think we're like a bridge; someone that a patient can touch base with that has the time to invest in them and also has the medical knowledge to relay important, pertinent facts to a doctor."

(Fiona)



Original Piece by Rosalind Jones

RESPONSIBILITY TO FEEL ATTACHED

*“You feel as a whole. I did say you're in (the GP tutor’s) shadow, but you're also part of… **Being somebody's shadow** is being part of them to a certain degree if you could say that.*

*In a hospital you don't even feel part of somebody's shadow. **You just feel as a ghost** observing everything that happens. And there in the hospital you don't really… You feel detached from everything. You feel detached and you don't really take on board all the emotions and everything. And again, I think that's because **you don't get given responsibility to feel attached**, whether it's the patients or the duties or anything.”*

(Tomas)

THE BENEFITS OF INFORMALITY

"I think the ability ***to be informal with someone who is in a higher position than you*** *and who is your tutor or your mentor…Because you feel* ***comfortable…you're more comfortable making mistakes and learning from them****. And your more comfortable with the learning and process and helping…with things they need, admin stuff things like that"*

(Tomas)

CONTINUITY BREEDS BELONGING

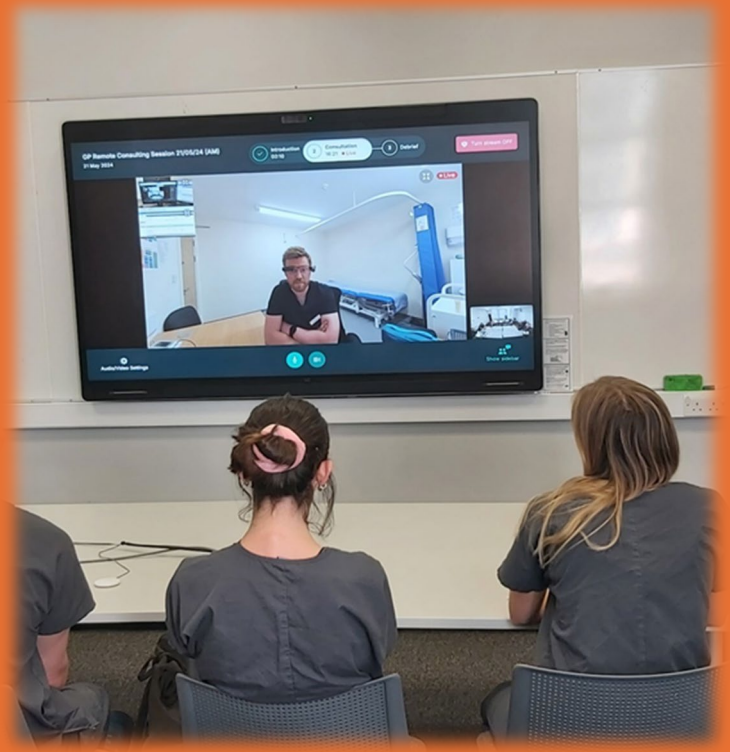
- It is only possible for a student to feel like they belong if there is time
- Time brings trust
- Primary Care allows time and has a more flattened hierarchy
- Small acts of kindness leads to acceptance (the power of the cup of tea!)
- Acceptance leads to engagement and teamwork

FUTURE-PROOFING UG MEDICINE

- What role will AI play?
- How do we build capacity?
- Can larger learning groups have more intimate learning experiences?

CAPACITY BUILDING

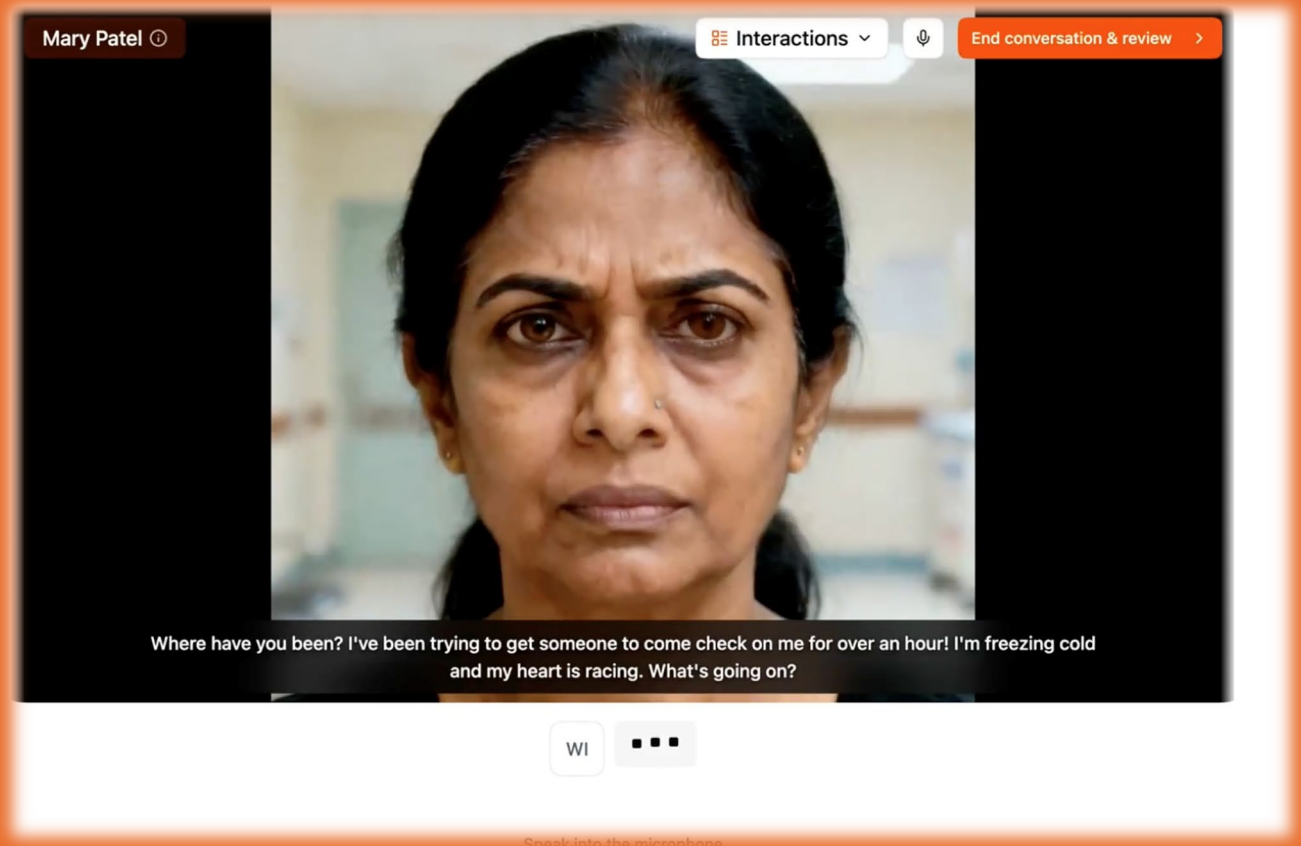
VIRTUAL CLINICAL ENVIRONMENT



SIMCONVERSE

CLINICAL REASONING

Digital patients, Real Skills: Can AI Assist Students in Practising their Clinical Communication?



THE FUTURE UG PRIMARY CARE?

AUTHENTIC SERVICE LEARNING

Patients/community health and social needs

authentic learning

service

Student learning needs

EPAS AS A DEMONSTRATION OF TRUST

Original Research

When to trust our learners? Clinical teachers' perceptions of decision variables in the entrustment process

Chantal C. M.A. Duijn, Lisanne S. Welink, HaroldG. J. Bok, Olle T. J. ten Cate

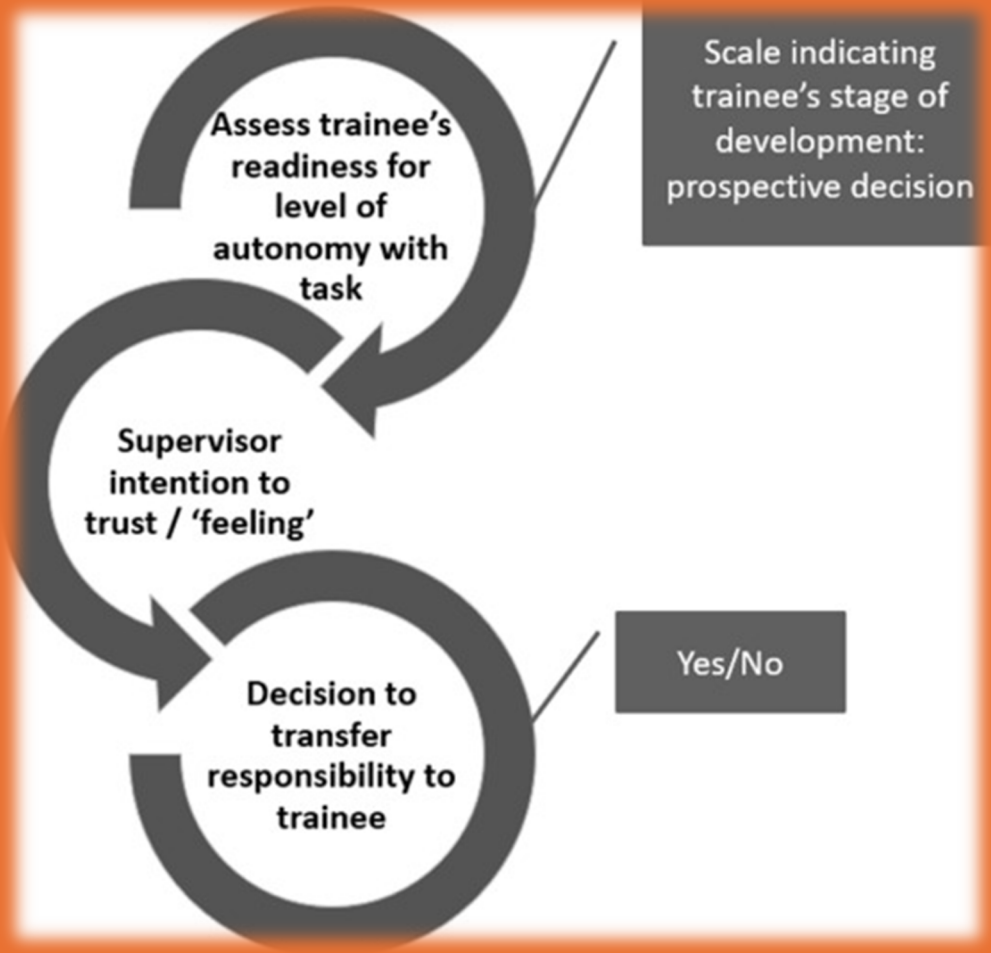


Diagram Journal of Dentistry (2022) vol 130 104099

LIVERPOOL 2031

THE FUTURE?

- Clearer research collaboration
- Interprofessional UG and PG environment
- Innovation and research hub
- Clearer clinical links?
- Teach and Treat?

WHERE DO WE GO FROM HERE?

- General Practice is a central tenet of training of the doctors of the future
- There is a place for traditional training to protect against future uncertainties
- Wrestling with the discomfort of aurthentic risk vs sound/safe processes
- We must bring our students closer to the community we serve
- Small steps can be giant leaps

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THANK YOU

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REFERENCES

1. Kings Fund (2018) Is the NHS in crisis? Available at: https://www.kingsfund.org.uk/projects/nhs-in-crisis [accessed June 2018]
2. Hojat et al.(2009) The devil is in the third year: a longitudinal study of erosion of empathy in medical school. Academic Medicine 84:1182–1191.
3. Monrouxe et al (2014) How prepared are UK medical graduates for practice? A rapid review of the literature 2009 –2014. BMJ Open 2017;7:e013656.
4. Iling et al (2008) How Prepared are Medical Graduates to Begin Practice? A Comparison of Three Diverse UK Medical Schools: Final Summary and Conclusions for the GMC Education Committee. London: General Medical Council
5. Walters et al (2012). Outcomes of longitudinal integrated clinical placements for students, clinicians and society. Medical Education 46: 1028–1041
6. Mezirow, J. (2009). Transformative learning theory. In J. Mezirow, and E. W. Taylor (Eds), Transformative Learning in Practise: Insights from Community.
7. Lave J & Wenger E (1991) Situated Learning: Legitimate Peripheral Participation. Cambridge Uni Press
8. Kernis M and Goldman B, (2006)A Multicomponent Conceptualization of Authenticity: Theory and Research, Advances in Experimental Social Psychology, Academic Press,Volume 38, 2006, Pages 283-357,