

# **Academic General Practice in Scotland: An Update to ‘Securing the Future’**

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## SUMMARY

The Royal College of General Practitioners' (Scotland) Scottish Academic Forum published its report "*Academic General Practice in Scotland: Securing the Future*" in June 2009. The report made three high level recommendations:

- The establishment of a new and enhanced academic general practitioner career pathway
- Close collaboration of University and Postgraduate Departments of General Practice in a 'joint future'.
- A strategic review of primary care R+D priorities

In the period since publication of this report, there has been a worrying decline in the number of academic GPs in Scotland. This should be seen against a background of a decline in overall numbers of GPs, a drive by the Scottish Government for Medical Schools to provide more teaching in general practice, and a clear need for increasing research capacity to evaluate new models of primary care.

This follow-up report addresses progress since *Securing the Future* was published. It is clear that much has been achieved but there is still much to do. A major success has been the **introduction and uptake of SCREDS lecturer posts** in general practice across Scotland, and the ongoing **NES academic fellowships**. This has resulted in a cadre of junior academic GPs currently undertaking, or hoping to undertake, higher research degrees. However the planned progressive increase in SCREDS posts has not occurred and a major concern is that two clear 'bottle-necks' in the career pathway of junior academic GPs have been identified:

- The first follows completion of SCREDS Clinical Lecturer posts and/or NES academic fellowships. We have had considerable success in ensuring these early career researchers obtain external PhD fellowships (over half succeed), but opportunities are increasingly restricted, with CSO now only funding two clinical PhD fellowships per year.
- The second occurs after completion of a PhD or MD, where there is a lack of post-doctoral clinical fellowships since the CSO senior primary care research fellowships were withdrawn several years ago.

These problems in the career pathway of academic GPs must be solved urgently, in order to encourage GPs in training into academia, and to retain and develop the current cohort of juniors in academia in future academic leaders. This is essential to maintain and build capacity, given the imminent retirement of many senior GP academics. A strong academic GP community in Scotland is important, not just for leadership of primary care research but to also contribute to undergraduate teaching developments in general practice and to provide visible role models for medical students considering a career in general practice.

We recommend that there is:

1. An increase in the number of SCREDS lecturer posts in general practice (to ten i.e. five per year).
2. An increase in the number of CSO doctoral fellowships (to four per year) for which GPs would apply in open competition with all other specialties.
3. Provision of two year 50% post-doctoral fellowships for GPs to match the 50% post-doctoral SCREDS fellowships available to specialists (e.g. four per year).

The Scottish School of Primary Care (SSPC) has played a key role in academic leadership in Scotland for almost 20 years.

**Despite its success, SSPC remains vulnerable due to the short-term nature of funding which does not help build academic capacity. We would welcome the opportunity to discuss the options for investment in a sustainable organisation.**

## INTRODUCTION

The Royal College of General Practitioners (Scotland) Scottish Academic Forum published its report “*Academic General Practice in Scotland: Securing the Future*” in June 2009.

The aims of the original report were to:

- Describe and quantify the valuable contributions of Scottish academic general practice and primary care in research, education, patient care, policy development and leadership roles.
- Develop a new sustainable and flexible general practitioner academic career pathway which will build up a cohort of internationally competitive senior clinical academic researchers.
- Equip and empower a new generation of general practitioners who will lead the development, redesign and implementation of patient services that are fit for the future
- Promote a strategic programme of primary care research leading to increasingly evidence-based, safe and effective patient care for the people of Scotland
- Secure the support of the Scottish Government for implementation of the recommendations made.

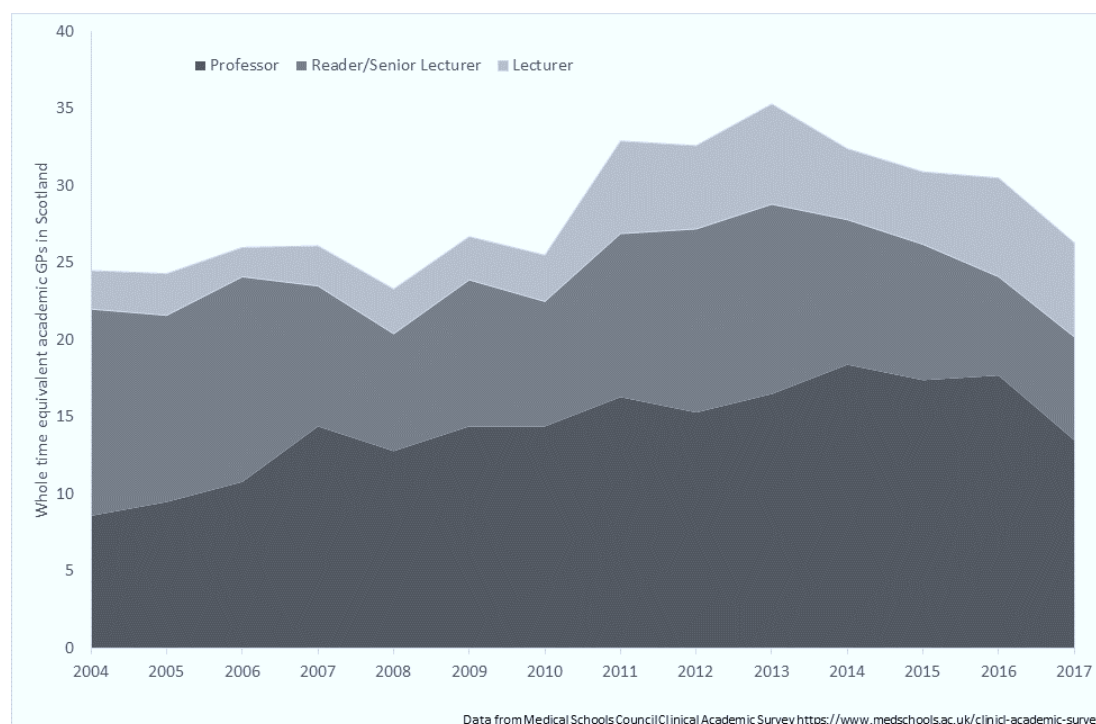
The report made three high level recommendations:

- The establishment of a new and enhanced academic general practitioner career pathway
- Close collaboration of University and Postgraduate Departments of General Practice in a ‘joint future’.
- A strategic review of primary care R&D priorities

The report was reviewed by the then Deputy First Minister and Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon, who replied on behalf of the Scottish Government in January 2009. She stated that the Scottish Government was very supportive of the development of academic general practice and welcomed the direction of travel in *Securing the Future*. She stated that the Scottish Government was broadly in agreement with the three high level recommendations.

## REVIEW OF PROGRESS

In the nine years since *Securing the Future* was published, there have been some welcome developments in relation to early career research opportunities but there is still much to do. The most worrying recent development is a net reduction in the GP Academic workforce in Scotland from **35 fte in 2013 to 26 fte in 2017** (see figure below). This is a 25% reduction at a time when there is an increasing requirement to deliver more undergraduate teaching in general practice and to provide the necessary research to evaluate new models of care.



Of note, there has not been a single senior academic GP with a research focus recruited from outside Scotland since 2003, reflecting the much greater opportunities for senior academics in England because of access to funding via the NIHR English School of Primary Care and NIHR programme and fellowship programmes, not available to Scottish researchers. Scotland therefore currently relies on a ‘grow-your-own’ strategy in primary care research. There has been a further professorial retiral in 2018, and over two thirds of senior academic GPs (professors) are aged over 55 and potentially within five years of retirement.

With this worrying background, it is appropriate to review progress against the three major recommendations.

**Progress in Recommendation 1:** The establishment of a new and enhanced academic general practitioner career pathway

A new and sustainable academic general practitioner pathway was recommended to replenish and enhance retiring senior academic capacity. Careful planning and phasing of sufficient new NHS Education (NES) SCREDS Clinical Lecturer posts and Doctoral posts was highlighted.

*“The proposed new academic GP pathway is designed to equip and empower a new generation of general practitioners and multi-professional team members working in primary care, not just aspiring University or Postgraduate clinical academics. The pathway contains sufficient flexibility to provide expertise and additional leadership skills as essential outcomes of the training process and will also be potentially relevant for other clinical disciplines. This will be delivered by increased academic exposure within general practice specialty training, the NES SCREDS Clinical Lecturer scheme, by MSc programmes and In-practice Fellowships. NHS Boards will be important stakeholders to realise these opportunities for the forward development of primary care, workforce and infrastructure strategies”.*

**Progress since 2009:** A major success has been the introduction and uptake of SCREDS lecturer posts in general practice across Scotland, and the ongoing NES funding for post-CCT academic fellowships. This is reflected in the increase in lecturer posts from 2010 (see figure above) although the majority of these are pre-doctoral SCREDS posts. This has resulted in a cadre of junior academic GPs currently undertaking, or planning to obtain external funding to undertake, higher research degrees. Unfortunately, there has been no progressive increase in the number of SCREDS lecturer posts which have remained at four across Scotland since they were introduced. As each post normally lasts for two to three years, this means that, on average, only one or two SCREDS lecturers will be appointed in general practice each year.

**We recommend that consideration should be given to substantially increasing the number of SCREDS lecturer posts in general practice (in 2018 the University of Glasgow shortlisted eight GPs in training for its single SCREDS post in general practice which will not become available again until 2020). St Andrews would now eligible to host SCREDS lecturers if additional posts were made available.**

A further major concern is that two clear ‘bottle-necks’ in the career pathway of junior academic GPs have been identified:

- The first follows completion of SCREDS Clinical Lecturer posts and/or NES Academic Fellowships (as funding opportunities for clinical PhD studentships are limited in Scotland compared to England)
- The second occurs after completion of a PhD or MD, where there is a lack of clinical fellowships across the UK. The problem has been exacerbated for GPs in Scotland since the CSO senior primary care research fellowships were withdrawn.

These problems in the career pathway of academic GPs must be urgently solved, in order to retain this cadre of junior colleagues in academia (and in Scotland) in order to replenish and enhance retiring senior academic capacity.

**We recommend, therefore: an increase in the number of CSO doctoral fellowships (to five per year) and provision of two year 50% post doctoral fellowships for GPs to match the 50% post-doctoral SCREDS fellowships available to specialists (e.g. four per year).**

**Progress in Recommendation 2:** Close collaboration of University and Postgraduate Departments of General Practice in a ‘joint future’.

*“Intimate and continued collaboration by University and Postgraduate GP Departments is fundamental for progressing this. A number of other joint issues are recommended to be pursued, including the development of a new combined General Practice and Primary Care Academic Unit in Inverness.”*

**Progress since 2009:** University and postgraduate GP departments continue to collaborate but closer integration has not yet occurred. The academic fellowships which attract recently qualified GPs are part of a range of fellowships offered by NES which also include rural and deprivation fellows.

The University of Aberdeen established the Centre for Rural Health, located in Inverness, as part of the Institute of Applied Health Sciences. Professor Phil Wilson, an academic GP, leads the centre.

**Progress in Recommendation 3:** A strategic review of primary care R&D priorities  
*“A major strategic review of primary care R&D priorities by the Scottish School of Primary Care (SSPC) is recommended. It should focus on building up the evidence base for safer and more effective patient care, for shifting the balance of care, supporting self-care and for promoting international excellence. The forward research agenda must be cross-cutting, multi-professional and focus on the patient and the journey of care. The potential for translational medicine is huge, as are imperatives for the evaluation of new technologies and models of care. Maximising health improvement and minimising health inequalities will also figure prominently, as will educational research. This will further harness the strong record of collaborative primary care research across Scotland and the role of SSPC”.*

**Progress since 2009:** The strategic review made seven recommendations:

1. The panel unanimously agreed that SSPC should continue, and should be funded to continue.
2. The SSPC funding proposals for 2012-17 were felt to be reasonable and balanced. It should be clarified whether the proposed number of PhD studentships takes into account expectations of achieving PhDs through other funding sources. The Visiting Professor scheme was commended as offering an excellent return on investment.
3. If the only investment in SSPC is to be related to SPCRN, then this should be fully costed to account for academic and clinical input into SPCRN strategic development and delivery.
4. The proposals include funding for a pilot research site initiative. Evidence presented suggests that this would considerably expand the scope of primary care research in Scotland, as it has in other parts of the UK
5. The proposed focus on Mental Health as a future priority was felt to be appropriate. Some thought could be given to also considering research issues for remote and rural populations which comprise respectively 8% and 22% of Scotland’s population.

6. In terms of context, primary care research should be based on the denominator of general practice, which provides a defined population and the potential of access to GP data. Primary care is provided by all of the health care professionals involved with care for the patients registered with practices. Therefore research in primary care has to be broader than the practices themselves.

7. As well as being closely related to the context of SGHD policy, SSPC should look carefully at developing research that reflects the patient journey between primary and secondary care and between health and social care. There is strong evidence that these are critical areas for improving quality, particularly patient safety.

Ongoing funding for SSPC was withdrawn by CSO in 2012 and activities thus reduced. The Director of SSPC, Professor Frank Sullivan was subsequently appointed to the post of network Director in the University of Toronto for three years. Professor Stewart Mercer took over as Director in late 2014. In mid-2015, funding of £1.25 million was announced by the Primary Care Division at the Scottish Government for the SSPC to assist in the evaluation of **new models of primary care**. Resources were allocated from the Primary Care Transformation Fund. Activity began in January 2016 and has included a high-level workshop in March 2016 on ‘**Quality after QOF**’ to help inform the new Scottish GP contract, and widespread dissemination of research informed briefings to inform GP Cluster implementation, which were warmly received. However, the money awarded by the Scottish Government, which spans a 30 month period only, is specifically for the evaluation of the new models of care, and is not capacity building money in terms of academic primary care, nor does it provide ongoing core funding for the SSPC. The national evaluation by SSPC is due to be submitted to the Scottish Government at the end of November 2018, and the Scottish Government has pledged £50,000 in core funding to the SSPC team until March 2019. After this, SSPC has no sustainable source of income to ensure its survival.

In the same period, CSO invested funding in four Applied Research Programme Grants (~£4M over five years). Three of these were awarded in open competition to consortiums led by GPs who had had mid-career support from CSO post-doctoral fellowships. All three GP ARPGs were highly successful in delivering both excellent research outputs (>80 papers including high-impact publications in NEJM, The Lancet, and the BMJ) and influencing NHS Scotland policy and practice in multimorbidity, prescribing safety, polypharmacy and telehealth.

**The SSPC remains vulnerable due to short-term evaluation funding which does not help build academic capacity. We would welcome the opportunity to discuss the options for investment in a sustainable organisation that will have the required infra-structure to coordinate and deliver the evidence base required for an integrated primary care system in Scotland and to support the development of primary care at all levels of training.**

In conclusion, there is currently a pressing need in Scotland to deliver more undergraduate teaching in general practice and to provide the necessary research to underpin improved clinical care including the evaluation of new models of care: but academic general practice is in decline. The above recommendations and suggestions will go some way towards helping to reverse this decline.