

## [Letter] Student self-arranged placements: a solution for expanding and enhancing undergraduate experience in general practice?

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## **Student Self-arranged Placements: a solution for expanding and enhancing undergraduate experience in GP?**

Recruiting and retaining GP placements is a challenge for UK undergraduate medical schools. Barriers to GP surgeries receiving students include workload, lack of clinical space, concern over remuneration and indifference from colleagues [1]. In 2020 the government mandated that 50% of medical students should eventually train in general practice. However, a survey of UK medical schools found that GP practice-based teaching content accounted on average for only 7.0% of undergraduate curricula [2]. These discrepancies are problematic, especially considering the persuasive impact on students of GP role models and positive placement experience. Wider challenges include expansion of medical schools, student numbers and training allied health professions. At Brighton and Sussex Medical School “independent” (student self-arranged) placements are the only GP placement model currently increasing in number. We have been pleasantly surprised how favourably surgeries – even those far from Brighton - receive placement requests from students. Indeed, these four week placements in Year 5 are undertaken by over a half of all students - even throughout the Covid-19 pandemic. Independent placements are a formal part of the curriculum (not an elective or student selected component). Only surgeries within the United Kingdom, Isle of Man and Channel Islands are eligible.

Student feedback is very positive and shows they value being near their family home, experiencing urban/rural/island practice or the opportunity to visit a new region with a view to future employment. Some students already have a personal relationship with the practice. These broadly align with reasons for GP engagement: already knowing the student, a desire to attract future GPs for employment and appreciating a written personal approach. Risks include practices where students are registered or have family members as patients or staff. These dilemmas can also arise on local placements and may offer a learning opportunity for students to navigate professionalism challenges under guidance. A pre-placement information sheet, introductory online (Zoom) meetings with GP supervisors and in-surgery student induction are key to preparation. Undertaking an independent placement, which may be far from the parent medical school, could disadvantage students with local employment, care or financial commitments etc. However, for students in their fifth year of study, accommodation and travel costs are normally covered by NHS bursaries [3]. Costs may be further mitigated by groups of students travelling together and sharing private accommodation.

Independent placements are highly evaluated and significantly expand placement numbers. For students in their fifth year, they are normally cost neutral to medical schools. Despite possible risks, no professionalism issues have emerged since their introduction at BSMS nearly ten years ago in response to placement shortage. This model offers senior medical students more ownership for their learning and builds positive relationships with GP practices far and wide. We believe it also supports other medical schools because students reach out to and frequently engage many of

the 60% of surgeries currently not active in undergraduate teaching [4]. Independent placements require planning, flexibility, support for students/GPs and – increasingly - cooperation between medical schools to ensure a level playfield that promotes general practice nationwide.

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