trainees exposes us to different consultation styles and allows us to recognise and make comparisons with techniques used by senior GPs. Furthermore, trainees often have more time allocated for each appointment, enabling them to explore a patient's history, concerns, and beliefs in greater depth. Observing these detailed consultations can be valuable for our learning.

We would like to suggest the following changes. First, the medical schools could ask GP tutors in advance to specifically schedule teaching sessions and shadowing opportunities with trainees. This may eliminate factors such as having little prior notice or time to prepare, which are essential in providing high-quality teaching.³ Second, at the beginning of our placements the supervising GP could introduce us to the trainees as we find this encourages us to be more proactive in organising teaching. Third, to ensure there is sufficient time for the sessions, consultation slots in the GP trainees' schedule could be blocked to create a protected time to provide teaching. Making changes to support learning opportunities will be in keeping with the RCGPs' recommendation of providing students with general practice teaching by a range of GPs.⁴

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The GP Academy

We read with interest the article on near peer teaching in general practice.¹ The University of Nottingham, like many other universities following the Wass report,² has used GP trainees in the teaching of our medical students. We have had excellent feedback from our students and will continue to do this. What we didn't expect is the positive impact on the GP registrars themselves. We have all concentrated on the effects of near peer teaching on the undergraduate medical students, but at a time when there is a workforce crisis in primary care, we know that GP trainees and early-career GPs are leaving regions and the profession in general, and that we are struggling to meet the government targets for 5000 new GPs promised, these findings are of paramount importance.

Our early findings show, among other things, increased resilience, increased understanding of their own training, learning styles, and educational needs, increased desire to work as a GP, increased interest in medical education as part of their portfolio career, increased interest in supervising medical students in practice once qualified, and an increased desire to stay locally in the region because of the positive career links and longitudinal support the trainees have identified.

Because of our findings, we have now launched 'The GP Academy' at the University of Nottingham, using medical education to train and retain GPs in the region. Having made close links with Health Education England who have supported the study leave, local GP training programmes who have hosted us, the LMC and workforce teams who have supported the project financially, and now NHS England, who from April 2019 have agreed to support The GP Academy with significant central NHS funding to roll it out across the region.

Our hope is that once the success is proven here, we will then be able to lead The GP Academy roll-out nationally, for the benefit of our GP trainees, early-career GPs, and the overall primary care workforce.

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In celebration of GP education

I would like to join in the celebrations of Ahluwalia, Hughes, and Ashworth in support of GP education!¹

I would expand on the benefits for my peers. Being involved not only in teaching but also in the associated peer group support and learning activities are essential for the maintenance of intrinsic motivation,² and a lack of involvement a potential red flag for low motivation of colleagues.

But more importantly I would argue it is a key component of the reflection, renewal, and reaffirmation of professionalism and professional values that protects us from burnout.³

Long may GP education be at the forefront of medical education.

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