

## Expanding and strengthening capacity within general practice

**Submitted by:**

**Bayside Medicare Local**

**In partnership with key stakeholders:**

**Selected general practices in the Bayside Medicare Local catchment**

**Inner East Melbourne Medicare Local**

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## Table of contents

Table of contents .....	2
Executive summary .....	3
Background and context .....	5
Project objectives and expected impacts .....	7
Project activities and methodology .....	8
Project outcomes and discussion .....	11
Sustainability.....	19
Limitations and solutions .....	20
Evaluation .....	20
Sustainability.....	21
Future directions .....	21
Learnings .....	22
Conclusion .....	23

## Executive summary

As the number of medical training places increases to meet the needs of a growing and ageing population, the demand for clinical placements is growing faster than placement capacity. In addition, medical graduates are currently less likely to pursue a career in general practice at a time when a much greater proportion of prevention and care is delivered by the primary care sector. Together, these factors highlight the need for more placement opportunities in expanded settings and the importance of high-quality, professionally rewarding learning experiences that will prepare graduates for interdisciplinary models of care to prevent and manage complex and chronic illness.

The Project has supported ongoing improvement in general practices' preparedness for undergraduate medical student placements and increased understanding of the barriers to further expansion of placement opportunities in primary healthcare settings across the state. This report outlines BML's approach to the Project, including the development of new information resources for general practices. The challenges for general practices hosting students and potential strategies to overcome these are also discussed.

The Project's primary aim was to develop the organisational capacity of GP clinics to deliver clinical placements to students by supporting the development of organisational systems and professional networks. The objectives were to quantify current and potential capacity, better understand the barriers to expanding clinical placements in general practice setting, to increase the number of undergraduate medical student placement opportunities (capacity) and to maintain or enhance the quality of the learning experience of students placed in general practices.

While the Project has delivered a much deeper understanding of the issues for general practices offering undergraduate medical placements, BML acknowledges that the reduced timeframe and transitional nature limited the immediate impact of the Project.

The Project methodology and activities reflected a multifaceted strategy to understand the issues and facilitate change within general practices. The activities undertaken can be grouped into five domains:

- Communication and stakeholder engagement
- Data gathering and analysis
- Practice support
- Resource development
- Professional development
- Key findings.

Forty-one percent (70 of 169) of the general practices located in the BML catchment area provided 473 undergraduate medical placements in 2013, an average of 6.7 students per participating practice. The majority of placements are provided to students in their first and fourth-year of undergraduate training.

Generally, the practices surveyed as part of the Project consider the contribution made by general practice to clinical education to be undervalued and under-recognised, with almost half reporting a strong unwillingness to offer placements. Those practices that provide clinical supervision generally do so due to a fundamental belief in the value of education,

The support currently provided by universities is perceived as highly variable and, in some cases inadequate. This has the potential to limit the expansion of capacity and delay the introduction of innovative models predicated on interprofessional learning. There is also concern that the current incentive payments do not sufficiently compensate practices for the time invested by practitioners.

While evidence supports participation in interdisciplinary, integrated clinical learning experiences during the formative stages of medical training, the opportunity to expand the capacity of the primary care sector to offer high-quality experiences is currently limited by the educational and financial support available to participating practices. Considerable investment in collaborative approaches is needed to address these issues and to ensure the sustainability and quality of clinical education in the primary care sector.

## **The challenge ahead**

While many Bayside healthcare providers are actively involved in undergraduate clinical placements, it is clear that there is a risk of widespread disengagement at a time when mounting placement demand risks overtaxing existing capacity. It is important that we act to preserve present capacity, while also using innovation to expand placement depth and meet demand growth associated with increased university intakes. While these pressures are observable in the BML catchment they are likely to be heightened in those regions experiencing greater increases in medical student intakes in their local universities.

Strategies to mitigate key barriers to clinical placements and strengthen the foundational requirements are needed before practices can be expected to take on innovative clinical placement models. The resources developed as a component of this project have been designed to support sustainability and have been tailored to allow for, and support, interdisciplinary placement models.

Piloting of the resources developed in the Project showed that access to practical and relevant training resources, along with clear supporting mechanisms, are likely successful interventions to effect change and enhance capacity for medical student placements at a general practice level.

## **Background and context**

### **Learning in clinical settings**

Clinical learning opportunities are an integral component of health education for medical students and all undergraduate medical students require clinical placement in general practice.

As the number of medical training places increases to meet the needs of a growing and ageing population, the demand for clinical placements is growing faster than placement capacity. In addition, medical graduates are currently less likely to pursue a career in general practice at a time when a much greater proportion of prevention and care is delivered by the primary care sector. Together, these factors highlight the need for more placement opportunities and the importance of high-quality, professionally rewarding learning experiences that will prepare graduates for interdisciplinary models of care to prevent and manage complex and chronic illness.

In 2008, Burgell Consulting (2) calculated that in order to accommodate the increasing number of medical students, a 125% increase in undergraduate placements would be required by 2012 (compared to the 2007 baseline) and a 165% increase by 2017. These estimates refer only to undergraduate placements and do not include the additional capacity required to offer teaching to prevocational doctors, registrars, International Medical Graduates (IMGs), nurses and allied health students (2, 3). The Australian Medical Association (AMA) highlighted a similar growth in demand for internship positions with graduating student numbers increasing annually by 3% (4).

This increasing demand for clinical placements highlights the need to evaluate current clinical placement models. The majority of patient contacts with the health system take place in the primary care sector yet the bulk of clinical placements occur in the hospital setting. The current hospital focused clinical placement experience limits opportunities for students to be exposed to a broad range of educational clinical environments and the increased focus on the management of chronic disease in the primary care setting.

There have been a number of initiatives and activities targeted at addressing this issue (1), yet further collaborative action is required to ensure that there is effective placement coordination and an ongoing commitment to capacity building and quality improvement. With a broader role in the primary care setting, Medicare Locals are well placed to work with a wide range of providers to develop, trial and evaluate innovative and sustainable clinical placement models in a primary care setting, such as expanded (general practice) clinical placement settings and interdisciplinary placement models. This offers an opportunity to develop clinical placement models that assist in meeting the increasing demand for clinical placements.

### **Clinical placements in Victoria and the southern metropolitan area**

Due to the importance that clinical placements play in preparing professional-entry healthcare students for their future role in the health workforce, the Victorian Department of Health (DH), with the support of Health Workforce Australia (HWA), developed a clinical placement strategy 'Well placed. Well prepared. Clinical placements in Victoria' and established structures for the clinical governance of student placements across the state.

The Victorian Clinical Placements Council (VCPC) gives statewide leadership and advice on clinical placement issues. Regional Clinical Placement Networks (CPNs) act as the mechanism for partnership building, local coordination, research and innovation, and locally driven stakeholder-led clinical placement initiatives for enhancing clinical placement capacity and quality. CPN membership includes a broad membership to ensure collaborative, cross sectoral engagement and advice:

- Higher education and VET providers
- Public and private health services
- Aged care providers
- Mental health services (including community-managed mental health services)
- Community health services
- General practice
- Private providers

- Medicare Locals
- Representatives from other clinical placement settings.

The Southern Metropolitan Clinical Placement Network (SMCPN), accounts for over 21% of Victoria's clinical placement days in 2011. Monash University has the largest medical student population requiring placements within the SMCPN, closely followed by the University of Melbourne. In 2010, 98% of placements within the SMCPN were made by these two universities. Following consultation with community health services and general practices, the SMCPN Executive Committee endorsed a recommendation to establish a coordination role to specifically support undergraduate medical student placements.

The SMCPN strategic plan aims to identify and expand clinical placements for undergraduate students for all health professions within community and other settings. Over time, the SMCPN will provide a comprehensive view of non-acute placement capacity across the southern metropolitan region.

## **Expanding and strengthening capacity within expanded settings**

BML supports the 'Well placed. Well prepared. Clinical placements in Victoria' strategy and remained committed to the Expanding and strengthening capacity within expanded settings project despite the challenges and constraints outlined below.

The Project was informed by the work of the Inner East Melbourne Medicare Local (IEMML) expanded settings clinical placement project, SMCPN and VCPC statewide projects and was designed to complement rather than duplicate their work. A significant number of clinical placements occur in the southern metropolitan region, so the Project centred on the BML catchment area and the specific discipline of medicine. It set out to better understand the barriers to expansion of clinical placement of undergraduate medical students in the general practice setting and to increase the organisational capacity of practices in the catchment area to deliver undergraduate clinical placements.

The Project was underpinned by two important principles: sustainability and general application. The activities designed to develop organisation capacity are equally applicable to other CPN's and professional disciplines.

## **Constraints**

The Monash Division of General Practice (the Division) initiated the Project in 2012 with funding provided through the Expanded Settings Program. The Project was planned with a two-year timeline and based on previous relationships and collaborations between the Division, the SMCPN and the universities.

Implementation was delayed and complicated by the transition from Divisions of General Practice to Medicare Locals. Revisions to the Project scope were agreed late in 2012 and funding instalments provided until the agreement was novated from the Division to BML.

BML assumed full contractual responsibility for the delivery of the Project in June 2013, with changes to the scope agreed by the Department and BML. BML acknowledges that the reduced timeframe, the loss of corporate knowledge and relationships and shortcomings in its management of factors both in and outside its control, limited the immediate impact of the Project. Despite these issues, significant project outcomes have been achieved.

## **References**

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## Project objectives and expected impacts

This project aims to produce a sustainable increase in clinical placement capacity for undergraduate medical students by introducing innovative, high-quality primary health placement models, and by piloting and evaluating the position of a Placement Manager for Medical Clinical Placements (PMMCP) located within the SMCPN.

The Project objectives were:

- Map current clinical placements and potential clinical placement capacity
- Increase overall placement capacity by 20%
- Maintain and enhance the quality of clinical placements
- Represent practices in all relevant negotiations related to student placements
- Ensure 100% of practices have relevant details listed on the viCPlace system
- Support practices to successfully use and contribute to the viCPlace system<sup>1</sup>
- Facilitate stronger partnerships with education providers to assist them in maximising placement opportunities
- Facilitate supervisory skills training at a local level
- Encourage consideration of innovative clinical placement strategies and interprofessional learning opportunities
- Develop reproducible resources that support sustainable student clinical placements
- Provide an evaluation of ongoing options for the PMMCP.

The expected impact of the Project was:

- Clear map of current and potential placement capacity across SMCPN
- Sustainable increase in placement capacity while maintaining and enhancing the quality of clinical placements
- Enhanced experience for students on placement
- Increased utilisation of the statewide information management system (viCPlace) by general practice placement providers
- Demonstrated effectiveness of the Clinical Placement Coordinator role
- Practices and clinical supervisors are supported in preparation for and during student placements
- Improved relationship between general practice supervisors and education providers
- Education providers benefit from comprehensive data across SMCPN enabling them to increase general practice placements
- Encourage the consideration and implementation of innovative placement models; interprofessional learning opportunities, alternative setting models
- Project trialled across a range of practice settings.

The focus for this project is on medical students but these practices may be hosting students from other health professions.

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<sup>1</sup> Note that during the course of the Project it was decided that medical student placements would not be included in viCPlace at this time.

## **Project activities and methodology**

The Project methodology and activities reflected a multifaceted strategy to understand the issues and facilitate change within general practices. The activities aimed to develop the capacity of general practices to deliver quality clinical placements, support the development of organisational systems and professional networks, and introduce innovative, high-quality primary health placement models. As outlined previously, the activities were designed to complement the work undertaken by other organisations.

The activities undertaken can be grouped into five domains:

- Communication and stakeholder engagement
- Data gathering and analysis
- Practice support
- Resource development
- Professional development.

### **Communication and stakeholder engagement**

The Project undertook iterative cycles of consultation with key stakeholders involved in the clinical placement process through meetings and interviews. This consultation guided the activities and approach taken to the Project.

Data collection, trialling of the resources and participation in the evaluation relied on BML's partnership with general practices and other key stakeholders across the CPN. Collaboration was essential to the development of resources and aimed to also positively influence the willingness of practices to offer placements and enhance capacity.

Both formal and informal consultation processes were undertaken to assess stakeholder-identified barriers and challenges. All general practices in the BML catchment were contacted by phone, surveyed and were invited to contribute to the Project. The BML Bulletin (eNewsletter) was also used as a mechanism to distribute information to stakeholders and interested parties catchment-wide.

### **Data gathering and analysis**

Mapping capacity within general practice is often difficult as general practice is characterised by a large number of small private organisations, part-time staff and systems that are not designed for data capture or reporting. BML was able to draw on its strong relationships with general practices to maximise participation and assist with data collection.

BML Program staff, with the support of an independent researcher from AHWI undertook quantitative and qualitative data collection.

A survey was developed, tested and distributed to general practices in the catchment area to measure current and potential capacity for undergraduate medical student placements, and to understand perceptions of the value and impact on workloads. The placement data was mapped to provide a geographic view of current placement capacity. Additional opportunities for student placements in non-traditional settings were identified.

Qualitative data was collected through focus groups and semi-structured interviews, supported by an independent researcher from The Australian Health Workforce Institute (AHWI), School of Population and Global Health, at the University of Melbourne. The qualitative research focused on the barriers to offering clinical placements and strategies to overcome them. A checklist and scripts were developed to ensure that the focus group and semi-structured interviews were conducted in a consistent, high-quality manner and the data could be collated, synthesised and interpreted.



Using the stages of behaviour change theory, a continuum methodological approach was developed to categorise general practices into four groups:

- Champion: practices that were strong advocates, highly committed to supervising undergraduate medical students;
- Committed: practices with GPs who were committed to and were supervising undergraduate medical students;
- Pre-contemplators: practices that had GPs who were undecided about whether to supervise undergraduate medical students; and
- Resisters: practices that had GPs who were resistant to unwilling to supervise undergraduate medical students.

This methodology was specifically designed to ensure practices of all attitudes were engaged in the Project.

## **Practice support**

Efforts to improve the quality of clinical placements must address the needs of host practices and clinical supervisors, and build support in the primary care sector for a greater role in student education.

While the uptake of information systems and communications technology by general practice has been a focus for some time, many practices still lack the skills and resources needed to use systems efficiently and effectively.

ViCPlace is a secure, web-based information system that helps Victorian clinical placement providers plan and administer clinical placements with partnered education providers. At the outset of this project, it was identified that practices would require support to input data to viCPlace. BML supported practices to use the system and so ensure the SMCPN had accurate data. Medicare Locals were considered well placed to provide the required assistance for practices to begin utilising the viCPlace system. The use of viCPlace for medical student placement was suspended during 2013 by the Victorian Government DH and thus project activity relating to supporting the use of this tool was suspended also. Future implementation of the viCPlace system will require training and support for general practice in order to ensure successful utilisation. All practice details have been entered into the viCPlace system in anticipation of the use of this tool for undergraduate medical clinical placements in 2014.

## **Resource development**

The Project developed two key resources to encourage and assist general practices to offer undergraduate medical placements:

- Online training with six modules; see <http://gpstudentplacements.com.au/>
- Practice Orientation and Resource Guide (PDF document).

The resources were developed through consultation with general practice and were specifically designed to meet the needs of host settings, including the clinical supervisors, practice staff and other health professionals.

The resources were made available online and in hardcopy, and were thoroughly tested and evaluated by staff from general practices in the catchment via online surveys. The resources are discussed in detail below.

## **Professional development**

The Project established and hosted an online networking forum and face-to-face discussion groups. These activities provided opportunities to promote the SMCPN training modules for clinical supervisors and for feedback on the resources developed for general practices.

The Project explored other opportunities for interprofessional learning in its research and incorporated these into the resources developed.

**Table 1: Summary of activities and deliverables**

Project activities	Project deliverables
Recruit Project Manager	Project manager employed
Develop Project Manager work plan	Work plan developed
Engagement of an external evaluation consultant	Consultant engaged and evaluation plan developed
Survey general practices in the BML and SEMML catchment; willingness to take clinical placements	Identified general practices surveyed. Responses collated into meaningful data.
Ensure 100% of practices have relevant details listed on the viCPlace system	General practices details entered into viCPlace
Extended survey of relevant general practices in the BML and SEMML catchment; placement capacity and barriers to placement	Identified general practices surveyed. Barriers to clinical placement recorded. Responses collated into meaningful data.
Map clinical placement capacity	Placement current and latent capacity mapped
Development of a general practice Orientation Kit template	Practice Orientation Kit template developed and trialed
Practice visits commence to follow-up on practice capacity survey replies and encourage engagement in clinical placements	Practice visits completed
Promote access to SMCPN training modules	Training module dates sent to general practices
Development of GP Supervisor Network	Networking opportunities identified and scheduled
Hold clinical placement stakeholder network meetings	Key stakeholders identified and meetings held
Education providers receive updated listing of practices to follow up on capacity	Data sent to education providers as practices willing to take placements are identified
Training of practices to input data into viCPlace	Practices utilising viCPlace
Collaborate with key stakeholders to assist knowledge sharing in: <ul style="list-style-type: none"> <li>• the development of sustainable, innovative and extended placement models</li> <li>• consideration of mechanisms to overcome placement barriers</li> <li>• quality considerations</li> <li>• maximisation of placement opportunities</li> </ul>	Meetings held in which clinical placement strategies are considered.
Report on recommendations for sustainable clinical placement	Report includes: <ul style="list-style-type: none"> <li>• research into innovative, reproducible expanded settings models for clinical placement</li> <li>• identifies opportunities for interprofessional learning</li> <li>• feedback on barriers to clinical placements and recommendations to resolve these</li> <li>• ongoing role of PMMCP</li> </ul>
Project evaluation; includes an analysis for ongoing options for funding the PMMCP role	External evaluation conducted and delivered

## Staffing and project management

The Project was delivered by a Project Officer, overseen by a Project Manager. The Project Officer also acted in the role of the Clinical Placement Coordinator with support from the BML Practice Support Liaison Officer. An independent researcher from AHWI was contracted to support the data collection and to facilitate the delivery of focus groups to ensure that this process was conducted in a consistent high-quality manner and generated data that was able to be collated, synthesised and interpreted. The same external consultant was contracted through General Practice Victoria (Networking Health Victoria) to provide the external evaluation of the Project.

## Governance and advisory functions

The Project Manager overseeing the Project reported to BML Director of Service Integration and the Chief Executive Officer (CEO). The Project was overseen by BML executives, CEO and Board. In addition BML provided support via:

- A BML staff member
- BML Practice Support Officer whose role is to maintain a strong working relationship with practices in the BML catchment
- A consultant to assist with monitoring, evaluation and implementation of the Project.

The SMCPM provided an advisory support to the management of the program through the BML representative on the SMCPN.

## Budget and timelines

The 'Expanded Settings for Clinical Placement' budget was controlled by the Bayside Medicare Local Finance Department, overseen by the Chief Financial Officer/ Director of Corporate Services with regular reports to the Project Manager. The timelines of the Project were highly restricted due to delays in the transition of the Project from the original project holder (the Monash Division of General Practice) to the Bayside Medicare Local. Project timelines were overseen by the Project Manager.

## Project outcomes and discussion

Overall, BML considers the Project to have been highly successful in developing the organisational capacity of GP clinics to deliver clinical placements. Over time this will achieve the Project aim of a sustainable increase in clinical placement capacity for undergraduate medical students, and will support the introduction of innovative, high-quality primary health placement models.

Project objectives	Status
Map current clinical placements and potential clinical placement capacity	Achieved
Increase overall placement capacity by 20%	Cannot be assessed as BML does not hold baseline data.
Maintain and enhance the quality of clinical placements	Achieved
Represent practices in all relevant negotiations related to student placements	Achieved
Ensure 100% of practices have relevant details listed on the viCPlace system	Achieved
Support practices to successfully use and contribute to the viCPlace system	Achieved
Facilitate stronger education provider partnerships to maximise placement opportunities	Achieved
Facilitate supervisory skills training at a local level	Achieved
Encourage consideration of innovative clinical placement strategies and interprofessional learning opportunities	Achieved
Develop reproducible resources that support sustainable student clinical placements	Achieved
Provide an evaluation of ongoing options for the PMMCP	Achieved



## Increasing placement capacity

Currently the Project has been successful in securing an additional nine student places, with an additional fifteen practices identified as 'Contemplators' and therefore possible opportunities for additional placement capacity.

Following involvement in the piloting of resources, seven new practices indicated they were willing to host clinical placements in 2014. Six of the nine places were secured through consultation, discussion and support provided directly to local GP clinics and three through the completion of the online training modules.

Further growth in clinical placement capacity is expected once the resources are rolled out to more practices across the catchment.

Significant work was undertaken towards increasing clinical capacity in a sustainable manner, this began with building an understanding of the attitudes and barriers to expansion of student placement in general practices.

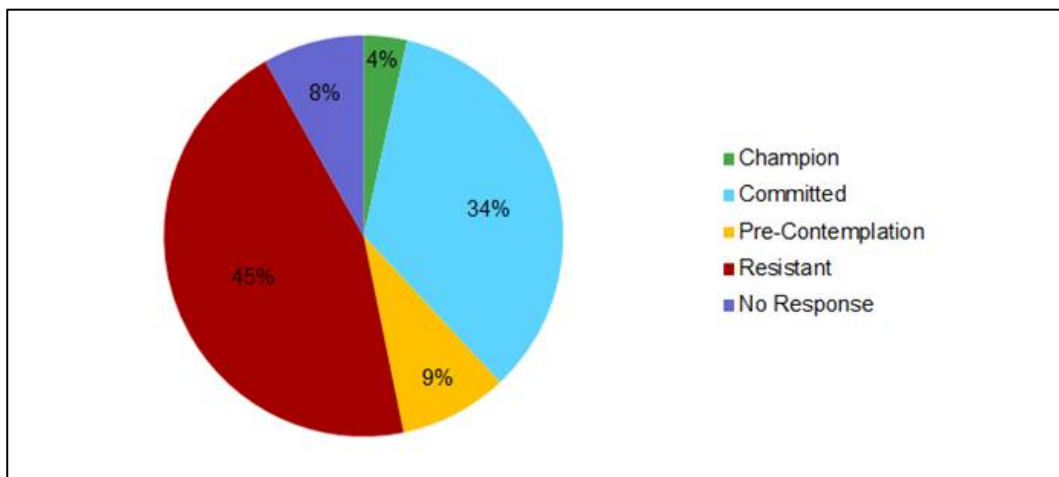
### Understanding attitudes and barriers to expansion of student placement in general practices

General practices were classified into four groups according to their perceived attitude towards the hosting of professional-entry undergraduate medical clinical placements as shown in Figure 2 below. A small number of practices were classified as 'no response' where a classification could not be made.

Understanding the full range of attitudes towards offering undergraduate placements was a valuable step in working with practices that do not currently host students, as it could be taken into account when discussing potential capacity. Previously only 'Champion' or 'Committed' practices were engaged in consultation.

Overwhelmingly, general practices were seen to be resistant to hosting undergraduate medical students, with 45% practices classified as 'Resistant'. The second largest classification group were the 'Committed' practices at 34%, while only 4% of practices were classified as 'Champions'. The Committed practices (34%) and the Champion practices (4%) made up the total number of practices hosting undergraduate medical clinical placements in the 2013 academic year. Around 9% of practices were 'Contemplators' and were therefore seen as an opportunity for growth in placement capacity.

**Figure 2: Perceived attitudes of general practices towards hosting undergraduate medical students**



Practices from each classification (Champion, Committed, Pre-Contemplator and Resistant) were engaged through focus groups and/or individual semi-structured interviews in order to identify classification-specific strategies to improve placement capacity, placement quality and placement sustainability and to develop general practice organisational capacity and organisational systems support. The focus groups and individual semi-structured interviews generated a rich list of barriers to clinical placement and priorities for action, the most frequently identified barriers were:

- Lack of GP time
- Lack of information and support for the GP's and the practice
- Loss of income, due to decreased throughput when supervising students
- Practice incentive payment (PIP) was not adequate to compensate for loss of income
- Patient preferences
- Lack of space and infrastructure
- Lack of coordination and planning (timetabling and rostering) between universities and between undergraduate and GP registrar placements
- Differing levels of support for GP registrars versus undergraduate medical students
- Lack of GP supervisor training.

One of the most significant barriers frequently identified was the lack of support for practices when hosting students, and the varying levels of support from the different education providers. Many of the GPs participating in the Project stated that while loss of income and decreased throughput was of concern, some supervisors could accept or compensate for these if adequate placement support was provided. GPs identified the Victorian Metropolitan Alliance (VMA) GP registrar training program<sup>2</sup> as being exemplary in terms of the level of placement coordination and the support provided to practices. While the VMA program is focused on post-graduate training, stakeholders believe many of the approaches and principles could be successfully applied to undergraduate medical student placement in primary care settings.

### **Maintain and enhance the quality of clinical placements**

Three main activities were undertaken in order to achieve this objective:

- Understanding attitudes and barriers to expansion of student placement in general practices
- Establishing priorities in addressing the need to increase capacity and further improve quality
- Resource development: 'Preparing your clinic for medical student placements'

Overall, the Project activities and resources provide ongoing opportunities for local providers to reflect on current practices around supervision and organisation of medical student placements at their clinics.

*"[The online module] reinforced the fact that we were approaching students in a similar way that is best practice." – Practice Manager*

### **Priorities in addressing the need to increase capacity and further improve quality**

The Project identified four priorities for future efforts to increase placement capacity and improve the quality of undergraduate medical student placements:

- Recognition – development of promotional strategies to formally value, recognise GP supervisors and whole-of-clinic; exploring how current general practice accreditation process could recognise the value of GP supervisors in addition to the financial recognition provided through the PIP program.
- Information – collation and dissemination of information directly to GP supervisors about clinical placement rotations, student learning expectations, and training opportunities.
- Engagement – providing feedback to universities to explore how to optimise coordination of clinical placements.

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<sup>2</sup> Victorian Metropolitan Alliance (VMA) GP Registrar Regional Training Provider

- Business case – quantifying the opportunity cost of placements and developing a business case for higher incentive payments to GP clinics and GP supervisors, advocating on behalf of the sector for increases in the payments.

## **Resource development**

The focus groups and individual semi-structured interviews conducted in the Project highlighted the need for increased organisational capability (particularly confidence and knowledge) through structured support and readily accessible training tools. This led to the development of resources under the theme of 'Preparing your clinic for medical student placements – A practical guide for the practice team' to assist general practice with the hosting of professional-entry undergraduate medical students. These resources included the development of an Online Training Tool and a Practice Orientation and Resources Guide.

These resources are available to general practices on an ongoing basis and allow staff to revisit the resources as required. Electronic versions of the forms and templates are available and able to be customised and populated by each practice according to their individual needs and have been identified as highly useful by local providers. The Practice Orientation and Resources Guide includes additional templates, resources, university contact details for additional information and a list of sample student activities with prompts and tips on optimal provision of student feedback.

The resources were specifically designed to address barriers to clinical placements identified through the Project and to build placement capacity, maintain and enhance placement quality and provide placement support. The content for both the online training modules and the supporting Practice Orientation and Resources Guide was developed in consultation with local GPs and practice staff and was organised around six areas:

- Prepare key areas of your clinic – preparing the clinic and staff for the presence of a medical student.
- Student activities – planning activities the student can undertake while on placement.
- Patient consent – guidelines for obtaining informed patient consent.
- Forms and templates – readily available forms and templates to assist with organising the placement experience.
- Insurance – insurance implications for the clinic, providers, patient and the student.
- PIP funding – funding mechanisms available to support the practice and counteract any deficits in the business or functional capacity of the clinic as a consequence of having a student to supervise.

The resources include an overview of how students benefit from interacting and learning from the entire practice team of GPs, receptionists, allied health providers, nurses and even external services, as long as the student is adequately supervised. Templates and forms have been developed to support, suggest and prompt student activities with administrative staff, practice nurses or allied health professionals.

Insurance implications were also covered as this was identified as an area of possible ambiguity and concern for GP clinics.

### **Online Training Tool**

An Online Training Tool was developed to assist general practice with 'Preparing your clinic for medical student placements' on the six key areas identified to ensure a successful medical student placement experience. The training tool includes six training video modules which include interviews and insights from general practice staff (general practitioners, practice nurses, and practice and practice managers) as well as practical resources, forms and templates which are freely accessible and available for use by any general practice or other healthcare organisation as support tools when preparing for medical student placements.

The online training module can be accessed at <http://gpstudentplacements.com.au/>

## Practice Orientation and Resources Guide

A 'Preparing your clinic for medical student placements – A practical guide for the practice team' Practice Guide was developed alongside the six online training modules. The Practice Guide is available in both electronic and paper-based forms and serves as both an Orientation Guide and a Resources Kit to address the six key areas. Practice-specific forms and templates which practices are able to populate have been included to support placement hosting and enable students to familiarise with the specific characteristics of each practice.

### Feedback

The online training modules and the Practice Orientation and Resources Guide were trialled with general practices across the BML catchment as a mechanism of providing sustainable placement support.

The Online Training Tool was piloted with forty participants from practices across the classification spectrum (Champion, Committed, Pre-Contemplator and Resistant) and included GPs, practice managers, practice nurses and administrative support staff. The participants completed all six training modules, then provided feedback through an online survey. The modules were evaluated for accessibility, usability, accuracy and appropriateness of the content, and the relevance of the sample activities.

Feedback on the Online Training Tool was overwhelmingly positive with all participants ranking each of the evaluation domains highly. The following quotations were taken from the online survey.

*"The module provided me with a systematic approach to trainee doctor placement in General Practice. Knowing that templates for use in the practice are created and ready for use."* – Practice Manager

*"The detailed content of each module was excellent. It practically covered every aspect of student placement. The audio was very clear and precise and very informative."* – Practice Manager

*"More things pitched in this way are great time savers and deliver key messages succinctly!"* – Practice Manager

The Practice Orientation and Resources Guide was piloted with forty participants. These staff held varied positions in general practice (GPs, practice managers, practice nurses and administrative support staff) and the practices were from across the classification spectrum (Champion, Committed, Pre-Contemplator, and Resistant). Thirty-seven of these participants had also completed the online training modules. The participants were provided a copy of the Practice Guide and were asked to formally review the format and content via an online survey in the evaluation domains of accessibility, usability, accuracy and appropriateness of the content, and the relevancy of the sample activities to general practice.

Participants rated the Practice Guide highly in each of the evaluation domains and provided positive feedback on the accessibility, usability, accuracy and appropriateness of the content, and the relevancy of the Practice Guide. Overall, participants reported that they felt comfortable, well-resourced, supported and motivated to host medical student placements at their clinic following completion of both the online training modules and the Practice Orientation and Resources Guide.

The following quotations are taken from the online survey:

*"The kit was simple, readable, and provides all the resources to implement a robust process for medical students (trainee doctors). I particularly like the idea of provisioning for exposure to nursing and admin staff. I will certainly be adopting this for our next round of students."* – Practice Manager

*"The set out of the manual was very user friendly and easy to follow. The sample activities are a great addition, and I believe it would really help general practices who have never taken on medical students before."* – Practice Manager

*"Good suggestions for a few things I had overlooked. The guide will be most useful for reception staff as well."* – Practice Manager

*"Clear and efficient."* – General Practitioner

*"The modules cover a wide range of issues relevant to all areas of the clinic and in doing so engenders an understanding and appreciation for the work carried out in each department."* – Administrative Support



*“The kit was easy to read and the insights from the Doctor, practice manager and nurse offered good examples and suggestions.” – Practice Manager*

*“The set up was clear and concise. Really approved of the timetable concept so students can get a fully rounded experience at the practice. Doing this in advance would be essential so all Allied Health staff are involved in the placements.” – Practice Nurse*

### **Represent practices in all relevant negotiations**

BML represented the interest of general practices, as the clinical supervisor hosts, in all relevant discussions and negotiations.

### **ViCPlace**

The details of all relevant practices have been listed on the viCPlace system and BML worked to support practices in using the viCPlace system. Advice from the VCPC that medicine would not be included in the viCPlace planning process in 2013 and education providers choice not to use viCPlace for medical clinical placements, made it difficult for the BML to progress the use of this system with general practice. This was compounded by general practice finding the use of the viCPlace challenging, mostly due to a lack of time and/or capacity to deliver this work. Despite this BML endeavoured to continue to support practices to successfully use and contribute to the viCPlace system and achieve the Project objectives and the SMCPN Information Support Officer was accessed when required. Future implementation of the viCPlace system for medicine placement planning will require additional training and support for general practice in order to ensure successful utilisation. Ideally the use of viCPlace for placements in expanded settings could be achieved by a centralised administrator dedicated to this role. All practice details have been entered into the viCPlace system in anticipation of the use of this tool for undergraduate medical clinical placements in 2014.

### **Facilitate stronger partnerships with education providers**

BML staff made contact with education providers throughout the delivery of this project. The University of Melbourne is situated in the catchment of the IEMML. These partners have a strong working relationship and as such the University of Melbourne maintains its regular partnership activities with IEMML. Monash University is situated near the catchment of BML; BML staff met with Monash staff to facilitate stronger partnerships. BML now regularly acts as an information conduit from Monash University to general practice. Data obtained throughout this project will be made available to the universities to assist with increasing general practice placements. All additional identified placement opportunities will also be communicated to education providers. Further work is required to ensure partnerships are maintained and are able to function in a manner that supports quality and sustainability, in particular improved alignment of education provider needs with general practice (Medicare Local) needs would generate a more robust relationship between partners.

The BML focused on developing and maintaining strong relationships with general practice as these key stakeholders were considered vital to the successful delivery of the Project and this enabled the BML to accurately represent practices in all relevant negotiations.

### **Facilitate supervisory skills training at a local level and building supervisory capacity**

Supervisory capacity was built through the development and piloting of appropriate resources, the hosting of online and face-to-face networking opportunities and through the promotion of the SMCPN training modules for clinical supervisors. In addition to the online training module and the Practice Guide, the Project also developed a GP Supervisor Network Forum, which enables an online networking, support and discussion regarding supervision of medical students. Clinical supervisors can also ask questions and participate in discussions around placement logistics, challenges and benefits of supervising medical students. The forum can be accessed at: <http://gpstudentplacements.com.au/forums/>

Feedback from forum participants to date has been highly positive, with participants stating that the forum provides the opportunity to learn and gain insights directly from peers.

*“It was very helpful to get a GP, Practice Manger and Practice Nurse to share their tips as there are so many different ways to attack setting up your surgery and letting everyone know that there is a student at the surgery and how everyone can participate to make their time at the surgery go smoothly.” – Practice Manager*

*“The downloads that were made available are very useful and I would highly recommend that practices take the time to download and read over them before accepting a student. You can change the template to suit your practice but it's always great to have a template to work off.” – Practice Manager*

### **Encourage consideration of innovative clinical placement strategies and for interprofessional learning opportunities**

Opportunities for increased interprofessional learning were explored in the Project and were presented to expanded settings hosts. However participants from general practices advised that greater foundational support is needed before interprofessional learning and innovative placement models can be supported. As mentioned above (understanding attitudes and barriers to expansion of student placement in general practices) a frequently identified barrier to the current placement model was the lack of support for practices when hosting students, and the varying levels of support from the different education providers. If these issues are not addressed it is unlikely that new and innovative placement models will be able to be supported. While the resources developed by the BML during this project go some way towards addressing these barriers, it is also important that education providers consider how they can work to ensure general practice is appropriately supported.

The Project identified the following opportunities for student placement in non-traditional settings; after-hours services (including home visits), specialised general practices, community health centres and primary health orientation sessions within the Medicare Local. Opportunities for integration of medical student interactions with practice nurses and other health care professionals and other interprofessional learning environments were also identified. There is also an ongoing opportunity for GP supervisor orientation sessions and interprofessional learning models to be incorporated into the university curriculum. BML and other Medicare Locals provide continuing professional development for GPs, nurses and allied health professionals. The inclusion of medical students on placement in these training sessions would provide a valuable interprofessional learning opportunity.

The concepts of interprofessional learning and non-traditional placement settings have been incorporated into both the online training module and the Practice Guide to ensure sustainability of these resources and to encourage practices to move to interprofessional learning models.

While the concept of interprofessional learning opportunities was not disregarded by practices, supporting the needs of the clinical supervisors and the host organisation will be a key factor in whether innovative clinical placement strategies and for interprofessional learning opportunities can be successfully implemented.

### **Develop reproducible resources that support sustainable student clinical placements**

Please see the section ‘Maintain and enhance the quality of clinical placements’ for further details on the development of reproducible resources (the online training modules and the Practice Guide) around the theme of ‘Preparing your clinic for medical student placements – A practical guide for the practice team’.

### **Provide an evaluation of ongoing options for the PMMCP / Clinical Placement Coordinator**

The Project Officer acted in the role of the Clinical Placement Coordinator with support from the BML Practice Support Liaison Officer. The Project Officer was the clinical placements contact at the BML for both general practice staff and education providers and, in conjunction with the BML Practice Support Liaison Officer and the Project Manager, delivered the activities relating to this project. This role did not directly place undergraduate students into clinical placements as it was found that this activity is undertaken by the education providers. After much discussion, in particular with the DH, it was also found that no ongoing funding arrangements currently exist for this PMMCP role.

Therefore, after evaluation, the BML has come to the conclusion that the best option for an ongoing manager/coordinator is to provide value add through activities that build sustainable support mechanisms and build capacity, such as those conducted in this project as well as strengthening networks between education

providers to allow for improved placement coordination. The BML does not recommend that this role undertake direct student placement activities, unless this was conducted from a central statewide organisation, such as the VMA or the DH. It is important to note that BML has experience in directly placing students into general practice placements through the Student Nurse Placement Program, and this experience was considered when evaluating ongoing options.

## Sustainability

Sustainability of the statewide Expanded Settings for Clinical Placement Program will require general practice to engage with, and utilise, the tools and resources being developed. It will also require an ongoing commitment to the development of relationships, resources and strategies that support the delivery of placements in expanded settings and aim to overcome barriers to clinical placement. Consequently general practice was consulted throughout the delivery of this project to

- Establish the barriers to expansion of student placement in general practices,
- Develop resources which directly addresses identified barriers to placement,
- Develop resources with which general practice would actively engage.

The resources developed as a component of this project will remain as a readily and freely available resource beyond the Project period for providers across Australia as a mechanism of sustainably enhancing and strengthening clinical placement capacity. These resources will be made available through the BML website [www.bml.org.au](http://www.bml.org.au) or can be accessed directly at <http://gpstudentplacements.com.au/>. The resources do not require any additional or ongoing funding or maintenance to ensure continuing access and have had the concepts of interprofessional learning and non-traditional placement settings incorporated in the content to ensure wide applicability and sustainability.

Resources and recommendations developed within the Project will be made available for use by other Medicare Locals, providing a blueprint for other Medicare Locals working with their individual educational institutions and CPNs to examine mechanisms to enhance clinical placements for their catchment area. The developed online training modules and the Practice Guide, will address identified barriers to clinical placements, and is expected to result in a higher ongoing participation rate for student placement and continue to enhance both the quality and sustainability of clinical placements. The mapping capacity provides a snapshot of clinical placement activity and cannot be considered to reflect placement activity beyond the completion of the Project.

The sustainability of a placement manager/coordinator role is less certain. Ongoing maintenance of strong relationships will be central to the success of any future expanded settings activity and there is certainly a need for role/s which focuses on capacity building strategies, enhancing the clinical placement experience, and supports the introduction of innovative placement models. However the funding for such a role and where this role would be domiciled remain unclear. What is clear is that these activities, as delivered through this project, are welcomed by general practice with staff reporting to feel comfortable, well-resourced, supported and motivated to host medical student placements at their clinic following the delivery of the Project.

The BML is of the opinion that building relationships, increasing confidence for clinical placement supervisors through networking forums and training, as well as the provision of providing comprehensive support for general practice staff (general practitioners, practice managers and practice nurses) will be central to the success of any further expanded settings activity. ViCPlace is also a sustainable way forward for clinical placement planning as this will provide more comprehensive clinical placement data to both education providers and general practices, with expected enhanced placement coordination and capacity. Further relationship development is required, over a longer period of time than allowed for by this project, before a robust well-evaluated model for Medicare Local and education provider collaboration will provide a blueprint for other Medicare Locals Australia-wide, can be developed. Greater alignment of needs between education providers and clinical hosts will be required to increase expanded settings capacity to host placements and to ensure the sustainability and quality of clinical education in the primary care sector.

## Limitations and solutions

This project was originally intended to be delivered over a two-year period by a Division of General Practice. However as Divisions of General Practice ceased and Medicare Locals came into operation this project transitioned to the BML for delivery. Delays in this transition, as well as delays in finalising contractual and budget arrangements, and in staffing and governance arrangements, resulted in a greatly decreased timeframe available for project delivery. Thus the history of the Project was a limiting factor in terms of successful delivery. However, significant project outcomes have been secured.

Stakeholder interviews conducted by the independent evaluator highlighted the importance of recognising that the original project proposal was not developed by the BML, that the Project was based upon previous relationships and collaborations with the SMCPN and the universities and that there was limited handover between the original program developer, Monash Division of General Practice, to the eventual program implementer (BML), with subsequent loss of corporate knowledge surrounding the initial intent of the Project.

Some of these limitations were resolved as the Project progressed while others were overcome through meetings with the funder and with key stakeholders as they became known to the eventual program implementers (Bayside Medicare Local). Had the full two-year project timeframe been available further exploration of innovative and sustainable clinical placement models would have been undertaken.

## Evaluation

An independent researcher from The HWA Institute, The School of Population and Global Health, The University of Melbourne (AHWI) and from General Practice Victoria (Networking Health Victoria) was contracted to provide the external evaluation of the Project.

Building capacity for medical clinical placements is seen as a 'wicked problem' by both BML and by AHWI requiring multiple strategies across the academic-practice interface focused at the micro (individual), meso (organisational) and macro (system) levels. Due to this complexity, regular meetings were held between BML Program and AHWI staff to develop shared knowledge and understanding about the Project aims, objectives, activities and appropriate evaluation questions, foci and approaches.

A program logic model was used to clarify and develop the Project focus. For the evaluation, a program logic model was developed early in the program implementation phase to make explicit the assumptions upon which the Project was based, and the linkages between the outcomes, outputs, activities, inputs and context.

Reflecting upon the focus group/interview study data and the key stakeholder interview findings, the original logic model content was perceived as ill-informed or based upon inappropriate assumptions. A revised logic model was developed to reflect the rich evidence generated by the Project. Given that the Project was intended to be dynamic and responsive to both the needs of students, GPs and the service system contexts, a process / implementation evaluation approach was used to inform decision-making throughout the delivery of the Project.

## Summary of the AHWI key evaluation findings

To evaluate the Expanded Settings Project, a total of five individual semi-structured interviews were conducted with key stakeholders (secured by BML). Key stakeholders included, representatives from DH, the SMCPN and the BML.

Overall, interviewees commented that the BML has demonstrated a commitment, leadership and investment in a complex, contested, dynamic and political environment. The Project has generated and developed a living database comprising of rich local practice-based evidence about the current clinical placement activity, latent clinical placement capacity, and key barriers and priorities for action that has resulted in the development and piloting of resources (e.g. printed Orientation Kit and six online training modules) to support clinical undergraduate student placements within general practices within the BML catchment area. This finding is particularly important given the issues and limitations of the Project due to project history and transitional nature.

## **Project implementation**

Stakeholder interviews revealed that the historical, contextual and resource issues, such as the transitional nature of the Project and the reduced delivery timeframes as outlined in the limitations and solutions section had an impact on project implementation. Noting that in any transition involving individuals and organisations, the continuation of existing prior relationships and organisational knowledge cannot be assumed, thus there is the need to re-activate or redevelop relationships as well as re-establish and build a new knowledge base.

## **Sustainability**

The Project was designed to produce a sustainable increase in clinical placement capacity for undergraduate medical students. Interviewees commented that any sustainability of the Expanded Settings project outputs to date would depend upon an increased engagement with, and by, the universities. It is also envisaged that if the foundational needs of the clinical supervisors and the clinical hosts are more effectively met then this will reduce the likelihood of clinical supervisors withdrawing from supervisory roles and will have the intended effect of supporting 'Pre-contemplators' to take on a clinical supervisory role, thus activating existing latent placement capacity.

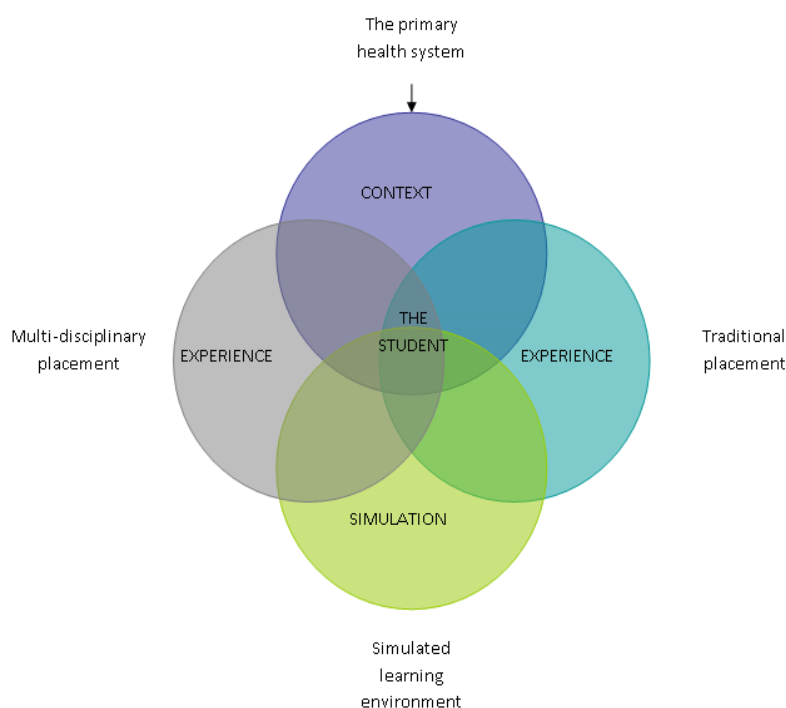
## **Future directions**

We need to better prepare the coming generation of health care professionals to embrace the interdisciplinary, integrative practice consistent with the needs of an ageing Australian population living longer under the burden of complex chronic illnesses. During the formative stages of a healthcare practitioner's development, we need to engender skills, attitudes and values that avert 'siloing' and promote the collegiality that will underpin naturally integrated patient-centred care and shared clinical decision-making.

Clinical placement models can be designed with the future health needs of Australians in mind, and facilitate the transition from current placement models (including expanded settings) to multidisciplinary, interprofessional placement models which encourage students to demonstrate interdisciplinary clinical practice upon graduation. New placement models need to be developed collaboratively and iteratively with key stakeholders. Such models could incorporate the following elements:

- Element 1: Foundational overview of the Australian health care system (with a focus on primary health)
- Element 2: An experiential component in an existing traditional setting (possibly abridged compared with the current)
- Element 3: An experiential multidisciplinary, interprofessional component in a non-traditional setting(s)
- Element 4: Scheduled sessions in a simulated learning environment as part of a small group

**Figure 3: Diagrammatic representation of BMLs proposed model for innovative delivery of multidisciplinary placements in non-traditional settings incorporating simulated learning experiences**



## Learnings

While many Bayside healthcare providers are actively involved in undergraduate clinical placements, it is clear that there is a risk of widespread disengagement at a time when mounting placement demand risks overtaxing existing capacity. It is important that we act to preserve present capacity, while also using innovation to expand placement depth, to meet demand growth associated with increased university intakes. While these pressures are observable in the BML catchment they are likely to be heightened in those regions experiencing greater increases in medical student intakes in their local universities.

Strategies to mitigate key barriers to clinical placements and strengthen the foundational requirements are needed before practices can be expected to take on innovative clinical placement models. The resources developed as a component of this project have been designed to support sustainability and have been tailored to allow for, and support, interdisciplinary placement models.

Universities, other education providers and other organisations involved in clinical placements and clinical placement planning need to be supported to develop mechanisms to overcome the barriers and to implement models which build placement capacity for undergraduate medical student placements. These organisations also need to consider the support required by general practice when hosting clinical placements, acknowledging that these are small private businesses.

Underpinning clinical placements with careful planning and coordination will require a collaborative effort between education providers, the VMA and other clinical placement planners, as well as ongoing support, tools and resources for clinical supervisors, practice staff, patients and students.

It is important to note that in any collaboration involving individuals and organisations, the existence of relationships and organisational knowledge cannot be assumed. Supporting primary care organisations, such as general practices, to host clinical placements may require clinical placement planners to work together across educational boundaries in order to meet the growing demand.

Important insights from the Project are that:

- The Bayside general practice community feels that its contribution to clinical teaching is under-valued and under-recognised. Concerted efforts are needed to affirm the role of clinical teachers.
- Almost half of all Bayside GP practices surveyed reported a strong unwillingness to host students.
- Any actions to expand clinical capacity should proceed with equal concern to preserve existing capacity.
- GP practices report that existing placements need better support before they will feel able to engage in innovative models predicated on interprofessional learning.
- Practices currently experience highly variable levels of support from different universities. There is significant opportunity for improvement in this regard. Mechanisms should be enhanced for host practices to provide feedback to the university with the expectation that this will help improve future experiences for both the student and the practice. Some universities are consistently preferred over others and this reflects in the level of willingness of some practices to host certain students.
- The VMA GP registrar training program is viewed by the GP community as an exemplar for the provision of support for clinical teachers. Universities are exhorted to review their placement arrangements with reference to the VMA approach.
- There is confirmation that general practices feel the need to be better compensated for hosting students. Involvement in clinical teaching carries a significant financial impost which is not covered through existing incentive payments. The 'business case' is considered deficient.
- Expansion of placement capacity, particularly into non-traditional settings needs to be actively auspiced and requires strong collaboration between universities and service providers.
- Regional variation exists as to the extent of the growth in demand for clinical placements. Demand growth in Bayside appears relatively modest and this is likely to be at variance with those regions where there has been a rapid and significant increase in medical student intakes (e.g. those with new medical schools).
- The regional appetite for the expansion of placements into non-traditional settings is unclear and requires further exploration.

## Conclusion

In summary, this project set out to expand and strengthen capacity in an expanded settings (general practice) context for professional-entry undergraduate medical students. This was achieved through addressing identified barriers to placement and in particular by providing greater foundation support. The mapping of clinical placement capacity, the evaluation of major barriers to enhancing placement capacity allowed for the development of sustainable resources designed to address identified barriers and promote quality medical clinical placements in the general practice community.

Piloting of the resources developed in the Project showed that access to practical and relevant training resources, along with clear supporting mechanisms, are likely successful interventions to effect change and enhance capacity for medical student placements at a general practice level.,

It is the intention of the DH and BML that the resources developed as a component of this project (the online training modules, the Practice Orientation and Resources Guide and the GP Supervisor Network Forum) will remain as a readily and freely available resource for providers across Australia as a mechanism of sustainably enhancing and strengthening clinical placement capacity. These resources, along with the local success story outlined in the case study, will continue to be promoted across the Medicare Local catchment.