

## **ESTABLISHING AND PROMOTING AN 'OUT-OF-AREA' PROGRAMME FOR GP PLACEMENTS AS A STRATEGY TO EXPAND UNDERGRADUATE EXPERIENCE IN PRIMARY CARE**

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### **ABSTRACT**

Recruiting placements in undergraduate general practice is increasingly challenging. Here we describe our experience over the past decade of establishing an out-of-area programme for clinical medical students undertaking a four-week placement in general practice. Out-of-area programmes are run by at least five undergraduate medical schools in England and are founded upon two pillars. First, is the large pool of GP practices nationwide not routinely teaching medical students, even for their local school. Through a personal approach (from either the student or via medical school staff contacts) these GPs often prove keen to start teaching, sometimes year on year. Second, is the NHS bursary. This reimburses student expenses (not GP teacher payment) and is eligible to most students in their fifth year of the medical course (or fourth if they have completed an intercalated one-year degree). Running a successful out-of-area programme requires preparation/guidance for students, opportunistic outreach (direct approaches by students and engaging alumni and hospital colleagues' contacts who are GPs), promotion through diverse media (university alumni/staff publications, social media and the school website), offering a range of rotation dates, quality assurance and online meetings/support. Growing the programme requires nurturing of personal relationships with GP teachers and keeping up a database

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of surgeries offering to teach going forward. Positive feedback helps to 'sell' these placements as an exciting 'elective' opportunity to students. We have encountered no objection from other medical schools about our programme. Strong administrative support is critical.

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## INTRODUCTION

Placements in undergraduate general practice (primary care) are increasingly challenging to recruit and it has been estimated that less than 40% of GP (general practitioner, i.e. family doctor) practices in England teach undergraduate medical students (Rees, Gay and McKinley, 2016). One solution is an out-of-area (also termed 'independent' or 'student self-arranged') placement programme (Cooper et al., 2021). In essence, these are placements at practices more than 60 kilometres from the medical school and extends to all four countries of the United Kingdom (i.e. Scotland, Wales, Northern Ireland and other parts of England). At Brighton and Sussex Medical School (BSMS) about 75% of students currently undertake their fourth year, four-week GP placement out-of-area. The remaining 25% of placements are local ones. For both placement types, each week nominally consists of three and a half days of general practice, half a day for personal study and one day for a non-GP research project. The aim of the fourth-year placement is to support students in developing skills in focused history taking and negotiating management plans in a primary care context, in conjunction with a consultation approach founded upon 'strategic principles' (Cooper et al., 2022a, 2022b). These four weeks constitute BSMS students' main experience of clinical general practice. The only other clinical placements in general practice consist of attending as part of a student pair for shorter placements (two half days in year one and three days in year two). GP placements in the early years are all undertaken close to Brighton (i.e. local placements).

Out-of-area programmes are run by at least five undergraduate medical schools in England. Such programmes must identify out-of-area GPs who wish to teach and then nurture these relationships to foster willingness to accept students year on year. These relationships are distinct from those with local teaching practices due to distance and the wider clinical opportunities that may be offered, e.g. rural, military or homeless medicine. At BSMS we have run an out-of-area placements programme for nearly a decade, originally based upon a model from Kings College London. The programme has expanded year on year since. Here, we describe our experience establishing this programme, which recruited 210 placements nationwide in the last academic year.

## **THE NHS BURSARY**

A key pillar of the out-of-area model is the NHS bursary (NHS Business Services Authority, 2021). This is a national non-means tested grant to reimburse student placement expenses in their fifth (i.e. often final) year of the medical degree. It is available to most medical students in year five as well as those in year four who have ‘intercalated’ (i.e. have just completed an additional year-long degree course in a subject closely related to medicine). Students in their fifth year of study only due to repeating an earlier academic year are ineligible. The value of the grant varies with expenses incurred on placement but a typical sum for four weeks on placement would approach £1000 in 2022. The bursary covers student travel and accommodation (except staying at the parental home). Importantly, it does not include GP payment for teaching (a separate cost met by the medical school). The NHS bursary is low maintenance for medical schools to manage (requiring an authorised signature). Most students not ordinarily residents in the United Kingdom are excluded from the NHS bursary; however, some have chosen in the past to undertake out-of-area placements at their own expense.

## **PROMOTING STUDENT ENGAGEMENT**

At its inception, it was necessary to pilot the programme with small numbers (fewer than ten students). This attracted a pioneering group of particularly motivated and organised students. Until June 2021,

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students were prepared for their placement through a longitudinal in-house simulation module in general practice (Cooper et al., 2022a, 2022b). This highlighted the importance of a long preparatory period to promote and plan the placement. Typically, promotion involves 'sowing the seed' to students by outlining the opportunity at least one year ahead of the placement. This affords students time to consider their options and to nurture existing relationships with practices. Some students organise placements where they can travel as a small group. In certain cases, groups have rented whole houses, an arrangement that naturally provides mutual support while away. We always encourage students to ensure bookings include options for late cancellation, e.g. due to exam failure.

Over 80% of our out-of-area placements are recruited directly by students, largely by opportunistic approaches to practices. Students receive our register (in line with data protection laws) of practices seeking to teach again. We also maintain a parallel 'do not approach' list which practices may request to join. When approaching GPs, it is essential that the payment for teaching be highlighted to distinguish the request from unfunded electives. We support students with monthly online 'helpdesks' nine months before the academic year starts in order to facilitate recruitment. Helpdesks are led by members of the administration and GP teaching teams to answer student questions.

Via helpdesks and written guidance (e.g. 'frequently asked questions'), our strategic advice to students has included: ways to identify potential practices online, how to approach GPs with a personalised approach (including handwritten letters), key documents to send that outline placement expectations and the importance of chasing up requests. We note that GPs are often receptive where students express a desire to work in the chosen area after graduation. Helpdesks are key to maintaining motivation: students receive frequent rejections from practices but by perseverance most eventually succeed. Where students have a relative working at the practice the individual must not be the named supervisor. Students are asked not to approach the practice where they are registered as a patient.

One invaluable resource is the previous year's students' experience. We have consistently received excellent feedback from students who undertake their GP placement out-of-area (Cooper et al.,

2021) and this remained true even throughout Covid-19 lockdown. In the 2021–2022 academic year so far, the year four evaluation survey reveals that 90% of student respondents were satisfied with their out-of-area GP placement and 95% would recommend their GP practice to another student. Sharing positive feedback motivates students to view their out-of-area placement as an exciting ‘elective’ opportunity. This message is strengthened by sharing quotations from placement evaluation or, ideally, through student presentations of their experience. Positive perspectives on out-of-area placements must also be interpreted in light of current challenges recruiting local placements: some students tell us that they would prefer to arrange their own placement than risk being given a local one that incurs inconvenient travel. We are aware that students have their own resources for sharing know-how between years and this represents an important resource.

## **PROMOTING ENGAGEMENT WITH STUDENTS FROM DIVERSE BACKGROUNDS**

Certain students may feel disadvantaged with regard to arranging or undertaking their own out-of-area placement (Cooper et al., 2021). We aim to promote equality of opportunity and to support any student who is struggling to arrange their placement. This includes one-to-one meetings and signposting specific GP practices known to be particularly supportive or to have strong links with the medical school. Where necessary, the school has organised out-of-area placements on behalf of students through its own networks. Local placements are, of course, provided where indicated, e.g. for students with local employment or caring responsibilities.

A challenge to financial equity is that reimbursement via the NHS bursary can take a month or longer. Expediting reimbursement was one reason for the creation in September 2021 of a new BSMS bursary for all year four students who are ineligible for the NHS bursary. The other was a new BSMS curriculum that transferred the four-week GP placement from year five to year four. The BSMS bursary mirrors terms of the NHS bursary but ‘levels up’ opportunity by including students not ordinarily resident in the United Kingdom.

## **PREPARATION FOR PLACEMENT**

We consistently remind students that they are 'ambassadors' for BSMS and must, therefore, be punctual and polite in all their dealings with practices. They receive a general induction from BSMS before departure and we ensure that they undergo a local induction at their practice. This, we believe, has been important for preventing professionalism issues. Since September 2021, students have been asked to complete a logbook in line with other speciality rotations. While this is a way of encouraging all students to engage in a standardised set of learning activities, risks include wide diversity of clinical experience and that students may feel they have completed the placement once the logbook has been signed off.

## **ESTABLISHING RELATIONSHIPS AND MAINTAINING A NETWORK OF PRACTICES**

An out-of-area programme requires planning beyond simple guidance for students. A secondary 'front' lies in building and nurturing a nationwide network of practices willing to offer placements. Central to this is politely asking every GP who expresses interest in taking a student: 'could you take more?'. We approach medical school alumni known to be GPs, ideally with a personal request. Involving the alumni office has been fruitful in identifying former students who are GPs. Wider contacts arise from engaging hospital colleagues to recruit placements by reaching out to their own personal networks of friends who are GPs. Here it is important to emphasize that these placements include out-of-area ones (as it will otherwise be assumed only local placements are sought). This approach has proved particularly fruitful in the form of a rallying call: 'can you help our school by recruiting placements in general practice?'. Such appeals have been extended to wider media, e.g. school webpages, social media and alumni/staff publications. We note great value in involving senior medical school figures in such call outs. We have also used videos to reach out to GPs because we suspect that – overburdened with paperwork – they are more likely to engage with videos of a few minutes' length. Likewise, we have used short videos to thank GPs who are currently teaching, largely in the hope that they will stay on board.

Positive experience of supervising students appears to be the dominant motivation for GPs to teach again.

## **PROMOTING AFFINITY WITH THE SCHOOL**

The programme is facilitated by developing ways to cement GPs' and practices' affinity with the medical school. This includes online educational meetings and promoting honorary titles from the school. The latter brings additional recognition and provides online access to services such as academic article databases. These opportunities are highlighted in communications with GPs and on the school website (BSMS, 2022).

## **QUALITY ASSURANCE AND COMMUNICATION**

Where GPs express interest in taking a student we send them an easy-to-read one-page guide (BSMS, 2022) to summarise placement expectations and offer a wide range of possible rotation dates. Practices respond with provisional agreement through a standard form to confirm essential criteria for the placement, agreement with general terms and preferred placement dates. We also record GMC registration and practice CQC result. After these have been reviewed, GPs are offered a range of dates to attend a one-off placement preparation meeting via online video conferencing platforms such as Teams/Zoom. These meetings add value by allowing GP teachers to put faces to the names of the BSMS teaching and administrative teams (and vice versa). This establishes some degree of familiarity for future dialogue in the uncommon event that placement problems should arise.

Students also use Teams/Zoom to discuss placement plans with their GP practice. The recent expansion of online teaching has assisted our programme by making it straightforward for students on out-of-area placements to join hospital-based seminars remotely where teaching overlaps. This is a good example of how online technology has allowed students to remain educationally connected to the medical school despite great distance. On the other hand, being out-of-area brings the educational benefit of meeting students from other medical schools hosted at the same GP practice. This 'learning together' may

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help prepare students for the 'working together' that is necessary post-graduation.

### CONCLUSION

The concept of an out-of-area placement programme is built upon the NHS bursary and the large pool of GPs nationwide with untapped potential capacity to teach. Its development takes time but grows quickly with small successes. We have encountered no objections from other medical schools about our programme. Success lies in preparing students, a long preparatory period, offering a range of potential placement dates, engaging alumni and other networks, reaching out through the school website and diverse media, quality assurance and using online meetings. Honorary titles remain a reward that is attractive to teachers but one that we have struggled to exploit significantly.

Out-of-area programmes require strong administrative support and input from senior leadership. It requires the GP teaching team, administrators and students to be personable, professional and punctual in all communication. The programme appears to succeed by offering students a funded 'elective' opportunity. Out-of-area placements allow students to develop relationships with GPs and practices prior to the placement itself. This creates deeper connections, supports student-focused learning and promotes positive experience. We note that a small number of out-of-area GPs are willing to take multiple students across the academic year. Over the years, we have built up and nurtured a small but significant network of such practices.

Despite sometimes struggling, most students ultimately succeed in identifying a suitable placement. Surprisingly, we have not received any written negative feedback from students about their challenges securing a placement. This may be because feedback is collected after positive experience on their placement. Ultimately, it is important to acknowledge that the out-of-area model remains an opportunistic endeavour, taking placements where available but also recognising that not everything is possible. It should, therefore, be counterbalanced against the need to source local placements. That is in order to ensure a sustainable model which optimises placement experience for students and maintains ongoing relationships with GP teachers near and far.



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