



# PRIMARY CARE PLACEMENT INNOVATION PILOTS 2024

## INFORMATION SHEET

## PRIMARY CARE PLACEMENT INNOVATION PILOTS 2024

### *Funding £25k for 12-month educational development projects*

#### SUMMARY

The Academic Unit of Primary Care (AUPC) is looking to support dynamic and forward-thinking educators, practices and Primary Care organisations who are interested in developing innovative community-based medical education placements.

GP practices and Primary Care organisations are invited to submit a plan outlining how they would develop and deliver their proposed placement project over the next 12 months. The programmes should be **based in primary care** but may interface with secondary care and other providers to develop novel ways of delivering high quality education for students.

We would anticipate that potential bidders for funding are likely to include (but are not limited to) established GP training/teaching practices and primary care organisations such as PCNs.

Within each project, the AUPC will provide **support and funding of £25k** for a lead GP and their practice to work with us over the next 12 months. Funding can be used to cover back-fill or additional sessions for GPs, development of educational roles in the practice, and/or support administration and project activity. The projects will explore and develop different ways of delivering clinical placements, providing education in the community, engaging with external organisations and/or providing placements in less-well represented areas of Primary Care. We expect to support between four and six pilot projects this year, depending on the applications received.

Please contact the AUPC team to discuss any ideas and expectations. We have provided several suggested placement project ideas, but would be interested in your ideas, connections, resources and expertise.

#### BACKGROUND

The recent publication of the NHS England workforce plan sets an ambitious target to increase the number of medical students over the next decade. To meet this challenge, a collaborative approach will be needed to ensure that the educational experience for medical students on placements meets the high standards required. Alongside this increase in training, we recognise the huge shift in delivery of patient care to Primary Care and the community. With more patient services in the community, we want to ensure students have access to the learning opportunities this provides, as well as build understanding of how patients are cared for in the NHS today.

By commissioning innovative, grassroots-led projects – we will facilitate the development of sustainable and scalable models of delivering education in the community which can be deployed in a stepwise manner as demands increase.

We are fortunate to have an enthusiastic and committed cohort of GP tutors and trainers across our region, and we are aiming to draw on the skills and knowledge from this community and beyond to drive towards innovative solutions.

These projects would play an important role in highlighting the multi-faceted nature of general practice as a vocation and enable students to explore learning opportunities that traditional models do not currently capture in undergraduate placements.

In line with the NHS workforce plan aspirations, novel ways of providing placement-based education could also facilitate broader exposure to patient populations that are currently under-represented in medical school teaching (such as substance users, homeless and refugee populations).

Similarly, pilot projects may also be well placed to explore better learning opportunities within the multidisciplinary team and third sector organisations, and the role they play in promoting health.

### ***CURRENT PRIMARY CARE PLACEMENT STRUCTURE***

**Year 1:** 8 half days in a GP practice. Introduction to the clinical environment and basic clinical skills.

**Year 2:** 10 days in a GP practice, plus 4 days consolidation placement in the summer. Starting to develop consultation and examination skills.

**Year 3:** 5-week placement in a GP practice. Further work on consultation skills, accompanied by campus-based teaching from the Primary Care education team.

**Year 4:** Continuing Care and Cancer – 3-week placement focusing on chronic disease.

**Year 4:** Paediatrics – 1-day placement in community paediatrics

**ESREP:** Research, audit or quality improvement projects.

**Year 5:** 4-week Primary Care placement. Consolidation of skills and preparation for graduation as a junior doctor.

For more information about existing placements and the Placements Team, please see our website [here](#).

Along with the aim of increasing placement opportunities and experiences for students, these pilots would also be an investment in our teaching community, and enable colleagues to engage in educational development by leading a project within their practice, health system or wider community.

### **PROJECT EXAMPLES**

We are looking to support scalable, sustainable projects which could increase undergraduate placement activity in your local practice, PCN or the ICB, and which could be developed into new types of learning opportunities.

This could be incorporating other Primary Care activity into a placement, such as extended roles in dermatology, cardiology, or women's health, for example – or through liaising with local secondary care services, such as out-patient clinics, outreach teams, and other community-based providers. It may be that your practice already has expertise in managing

frailty and dementia and students could spend placement time at a local care home. Or be attached to a PCN who has a GP lead, and which provides opportunities for urgent care team (UCT) shadowing for example. Similarly, you may be able to make use of local networks to facilitate a collegiate approach with secondary care providers i.e. working collaboratively with CMHT to provide community psychiatry exposure and experience.

The project categories and some suggested ideas are listed in the appendix.

## **PROJECT REQUIREMENTS**

Funding is aimed at providing a competitive rate of clinical backfill for one lead GP session per week for 12 months, plus any practice / administrative support as needed. The funding is commensurate with the current market costs of GP clinical time, and the associated support staff time that will be required for the project.

Depending on the specifics of each project, and in agreement with the commissioners, stakeholders will develop a range of measurable outputs which may include:

- Setting up new, sustainable placements for undergraduate students in an innovative area of general practice which can be replicated in different settings/areas
- Liaison with other stakeholders (e.g. PCN, ICB, secondary care, community and third sector) to develop scalable models which can be deployed in the near future
- Research into national and international Primary Care placement innovations and opportunities, implementing these where applicable
- Developing materials to facilitate implementation of new placements that can be shared in other practices / clinical areas / geographical locations
- Engagement in quality assurance, governance and regular review
- Collection of data where relevant, and the dissemination of results within the University and to external partners

The GP lead should be a practicing clinician (GMC GP register, on the NHS performers list, minimum 2 clinical sessions per week)

The GP lead for each project would be able to apply for a visiting title from the University of Leeds (Visiting Senior Lecturer) and would be supported throughout the project by the GP education team from the AUPC.

The base practice or organisation would become (if not already) a designated University-affiliated teaching practice and will need to be engaged with current placement governance processes. Any undergraduate placements undertaken as part of the MBChB programme would attract tariff funding in addition to the pilot project funding.

## **Project Selection**

Submitted proposals will be assessed by the project team. We will aim to select at least one project from each category, but this will be dependent on submissions. We will look at how each project integrates with existing Primary Care undergraduate teaching and how the

project increases engagement with the community / other organisations. Please consider how your project can be scalable, sustainable and increase teaching capacity.

***ENQUIRIES WELCOME***

**POTENTIAL APPLICANTS ARE ENCOURAGED TO DISCUSS IDEAS  
INFORMALLY BEFORE APPLICATION**

**[AUPCproject@leeds.ac.uk](mailto:AUPCproject@leeds.ac.uk)**

**APPLICATION DEADLINE TUESDAY 26<sup>th</sup> MARCH 2024 5pm**

#### **TIMELINE**

February 2024 – Advertisement of placements

Tuesday 26<sup>th</sup> March 2024 – Closing date and screening, interviewing / meeting teams

April / May 2024 – Start of development work

September / October 2024 onwards – Placement piloting

January 2025 – Evaluation period / development of placement materials

March / April 2025 – Finish / wider implementation

#### **PROJECT TEAM**

Dr Paul Lord

Dr David O'Brien

Dr Carol Reid

Dr Dariush Saeedi

Project and placement oversight – Dr Jane Kirby and Dr Louise Gazeley

#### **CONTACT**

**[AUPCproject@leeds.ac.uk](mailto:AUPCproject@leeds.ac.uk)**

## APPENDIX

### POTENTIAL PROJECTS: EXAMPLES

#### 1. Primary Care and the Community

This topic would allow a GP educator to develop undergraduate placements which take advantage of the additional roles and responsibilities which we hold in Primary Care. You would be encouraged to explore the benefits and barriers to hosting placements, engage with additional stakeholders and create a package of materials which would allow other practices to start similar placements in the future.

This could include:

##### *Urgent Care Response Team*

Do you have a home visiting team, or work with a multidisciplinary team to manage acute and urgent care in the community?

##### *Public Health, Primary Care, and the Healthcare Economy*

Are you involved in delivery of Primary Care at a local or regional level? Are you actively involved in management and governance of health systems, such as the LMC or ICB?

##### *Research in Primary Care*

Are you a research-active GP, or work in a Primary Care research network? Could you support a student to design and implement a quality improvement activity or participate in ongoing research projects? Could you develop a range of ESREP research themes or quality improvement projects to conduct in Primary Care.

##### *Community Engagement*

Do you have community outreach connections, through social prescribers or other third-sector organisations? Could the student actively participate in or observe the functions of these organisations?

#### 2. Extended roles / Primary-Secondary Care interface

Increasingly, clinical areas of medicine which were hospital-based are moving to the community. You would be able to explore how to ensure students meet their learning outcomes of a general practice placement, while incorporating specialist clinical areas managed in the community. This is a great way to showcase the broad range of clinical opportunities within general practice as a career.

This could include:

##### *Extended Clinical Roles*

Could you develop a model to incorporate an undergraduate placement with time spent in GPwER clinics, e.g. Gynaecology, obstetrics, and sexual health, Paediatrics, ENT, dermatology, cardiology, neurology (epilepsy / headache etc), diabetes?

### ***Mental health / substance abuse***

Do you provide additional services prescribing for patients with drug or alcohol addiction, or community mental health services? Does your practice have relationships with external organisations providing this care where you could arrange placement time for students?

### ***Cancer / Palliative / End-of-life care***

What is the role of the GP in delivering end-of-life care? Which organisations are involved and how can students benefit from working in this important area of clinical practice?

### ***Care homes / Frailty***

Do you have a dedicated team conducting ward rounds for nursing homes? Do you specialise in frailty, dementia, or work as part of an MDT managing multimorbidity and polypharmacy? This would be an opportunity to develop a placement model which allows students to see the role of GPs in managing complex co-morbidity and frailty.

### ***Secure Units***

Do you look after patients in secure units and have opportunities for students to experience the healthcare issues related to being in prison?

## **3. Inclusion Health**

Does your practice service a patient population including deprivation, homelessness, migrant communities, refugee and asylum-seekers? Medical and supportive services are structured differently to accommodate the specific needs of these groups, which provides great learning opportunities for students, but may create barriers to developing undergraduate placements. This project would support you to explore these issues, develop specific learning outcomes and set up continuing educational opportunities.

## **4. Rural and Remote Primary Care**

Rural general practice comes with its own rewards and challenges, not often experienced by undergraduate students. Our Medical School, like most in the UK, is situated in a large urban area, and the restrictions of travel, accommodation and cost-of-living for students often precludes undergraduate placements in rural and remote settings. Lack of exposure to rural general practice may be a barrier to recruitment of experienced GPs to the workforce. Would you like the opportunity to explore the benefits and barriers to setting up undergraduate Primary Care placements in your area? We would like to explore the challenges around accommodation, travel and supporting students in this setting. You would develop a package of materials which would allow other practices to start similar placements in the future.

## **5. Apprentice style primary care placement**

Longitudinal placements offer the potential to better prepare students for the challenges of working within modern day health care. Following patients over a longer period allows students to see how illness develops and impacts on a person's life, showing how continuity of care can positively affect outcomes and helping students to develop a patient centred approach, particularly in managing patients with long term conditions. Becoming integrated

within a team and maintaining continuity of teachers, students can build trust allowing them to take on increasingly complex tasks and gain confidence as adult learners.

Could you develop and trial an immersive 8-12 week medical student placement focussing on student led surgeries, follow up of patients with long term conditions and potentially involvement in a practice or community based project?