

CASE STUDY 3

Out of London placements

Dr Judith Ibison, St George's University of London

At St George's, senior primary care attachments move away from London to practices in market town, rural or coastal communities. The students are placed in small groups within a geographical locality; each group is seen by a hub tutor with whom they have weekly tutorials. Each student has personal surgeries supervised by their GP tutor, and can explore local services according to their career interests.

However, placing students far away from the university can incur additional transport and accommodation costs; displease students with busy lifestyles or responsibilities; with some choosing to commute long distances rather than stay in local accommodation, which impairs learning and experience: *'A 4 hour round commute, an 8-5 GP list and the expectation to study for exams is thought to be acceptable. From a mental health perspective I can confirm it is not.'*

Encouraging students to actively choose distant placements, through advertising the excellent student feedback, minimises these issues, as does a process for ensuring that students with caring responsibilities can stay closer to home.

Once there, the students are converted: distant practices achieve unequivocally excellent student feedback. Students enjoy the enthusiastic teaching from diverse role models; and witness medical lifestyles very different from London. Teaching quality and liaison is achieved through academic visits, active outreach from administrative staff, and university tutor days.

'Amazing time spent at the Border Practice. Was initially put-off by the location but the whole team made it worth every journey.'

'Weekly teaching with Dr Payne was amazing. I think she is a fantastic teacher. She made the sessions extremely interactive and was inspiring to say the least'

Witnessing diversity in primary care provision, to novel populations (for example: soldier and Gurkha families in Aldershot; or poverty in a coastal environment), broadens the contextualisation of service for students. Their shared immersion in novel environments, also enhances horizontal peer support - useful preparation in itself, for Foundation Practice.



For further information, or to download this leaflet, please visit the *London Medicine* website www.londonmedicine.ac.uk

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London Higher, Tavistock House, Tavistock Square, London WC1H 9JJ
E: info@londonmedicine.ac.uk

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Clinical Placements in Undergraduate Medicine: Case Studies on the London System

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Produced on behalf of *London Medicine*, this case study series outlines examples of some of the different types of clinical placements on offer by London medical schools. They highlight benefits, good practice, solutions, and scenarios, ultimately showcasing the breadth of opportunities on offer whilst studying at medical school in London.

This leaflet forms part of a series of work within the *Vital Signs* programme. *Vital Signs* addresses a range of challenges pertaining to both higher education and health policy which are likely to impact the provision of health education and training over the next five years. *Theme 1: Clinical Placements in Undergraduate Medicine* aims to maximize the potential of clinical placements in London whilst gaining a better understanding of students' perspectives of their clinical placement.

London Medicine is the group bringing together the five schools of medicine, three schools of dentistry and schools of clinical academic disciplines in London. *London Medicine* is a division of London Higher, the body representing nearly 50 universities and higher education colleges in London, aiming to identify the opportunities and address the challenges of working in London.

CASE STUDY 1

Funding placements: allocating monies to clinical service lines

At the Royal Free London NHS Foundation Trust **Paul Dilworth, UCL Medical School Sub Dean**, has helped set up and implement a new process of tracking monies in clinical departments, devolving to service lines. The process began in 2015 and has been fully implemented from 01 April 2016.

Historically undergraduate teaching through clinical placements has been conducted by goodwill. Increased clinical and academic pressures are making this goodwill less tenable and transparency of funding for teaching is very persuasive. Enhancing transparency has been a key part of this new process. It will also aim to facilitate job planning, recognise service line contribution to undergraduate teaching and incentivise quality of teaching.

The process of mapping the money differs between departments, modules, service lines and teaching plans and can vary from a straightforward simple process to one which is more complex.

The processes do require ongoing staff time but these will reduce once the initial setting-up has taken place. Currently the allocation to service lines has been calculated by:

80% of the income allocation for each service line

based on student numbers

20% on the delivery of educational targets

10% consultant job planning; 10% student feedback

The key objective for an outcome from student feedback will be in the form of a traffic light system (green, amber or red rating) in the overall rating question on the end of module feedback form. Two red ratings out of three in the previous academic year will result in income not being allocated.

This new system is building in a new way of working, moving away from the threat of moving students away from placements, and ultimately improving the placements themselves. It allows the university to have more control.

CASE STUDY 2

General Practice Placements Dr Sian Powell, Imperial College London

At Imperial College London, Year 6 medical students are placed with GP practices located all over the UK for their General Practice Apprenticeship: a three-week placement where students are immersed in General Practice, seeing patients alongside their GP supervisor. Students can either choose their GP Surgery from a pool of existing placements, or they can approach a new GP surgery; students often make use of this option so that they can stay in their hometowns and benefit from home cooking and laundry! Otherwise, GP surgeries accommodate the students either with the GP or a member of the practice team and this provides another dimension to the overall experience.

Despite initial resistance from students to leaving London, the placements consistently receive amongst the highest feedback from students amongst all Faculty of Medicine courses. Students value the one-to-one supervision and close relationship that develops with their GP Supervisor; students often stay in touch with their GP for years following their placement; and they enjoy seeing patients in different, often rural settings where access to resources is much more limited than they've experienced in London General Practice settings. They therefore develop skills in dealing with uncertainty, in prioritisation and in first response emergency medicine as well as bread and butter General Practice.

Cost of travel can be high for some students, especially if they choose to return to London each weekend, but the cost of daily commuting to and from practices within London can also add up quickly.

Quality assurance of practices is more challenging, as there are no resources to visit practices that are very far, but we have a robust protocol in place for practice selection and approval and therefore problems with teaching quality are fortunately few and far between, and, when identified, can be managed with telephone support and review.