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An Evaluation of Community Placements for GP Registrars in Yorkshire and the Humber: 'a home visit… not to a patient but to the community'

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Abstract

***Background**:* GP registrars are required to demonstrate capabilities in 'community orientation', reflecting skills in developing and working with services that respond to community needs. These skills have sometimes been seen as vague and difficult to obtain. In the Yorkshire and the Humber Deanery of Health Education England we developed a novel programme of community placements to overcome this. Registrars spent two half-days with a community organisation of their choosing, working in their practice area.

***Aim**:* To evaluate if and how community placements enabled registrars to develop capabilities in community orientation.

***Methods**:* All registrars completing placements were invited to participate in the evaluation; 13 (7%) accepted. Semi-structured, face-to-face and telephone interviews explored registrars' perceptions and experiences of the programme. Interviews were audio-recorded, transcribed verbatim and analysed thematically.

***Results**:* The majority of participants reported that placements enabled them to attain a range of capabilities in community orientation. Registrars described an improved understanding of their practice community and the social determinants of health. Placements impacted their clinical practice by stimulating a holistic approach to the assessment and management of health needs. Our analysis described five key mechanisms for this learning: building confidence, building communities and networks

of practice, gaining novel perspectives, generating a hunger for general practice and experiential learning.

Conclusion Community placements enabled GP registrars to attain capabilities in community orientation. Further research is required to determine the transferability of our findings and further evaluate mechanisms of learning through placements outside of training and their role in the development of professional practice.

Word count: 250

Key words; general practice; medical education (graduate); community medicine; social accountability; social determinants of health.

Introduction

During their postgraduate training, GP registrars are required to demonstrate capabilities in 'community orientation', reflecting an understanding of the social determinants of health, skills in building relationships with their practice community and developing and working with services that respond to the needs of the practice population. See supplementary material for the full capability descriptors of 'community orientation' [1]. This capability area is often viewed as challenging by registrars and trainers alike [2,3]. To date, we lack a strong evidence base of how best to support this learning [2], although some empirical research within health professional training programmes from around the world has shown that introducing community placements increase students' knowledge of population health, social accountability and the social determinants of health, and improve communication skills [4-7]. In the Yorkshire and Humber (UK) training programme (a deanery of Health Education England, UK), we drew on these studies to develop, pilot, and evaluate a scheme to support registrars in gaining capabilities in community orientation through a novel community placement. Our aim was to evaluate registrar experience of the placements, their perceptions of learning gained, and the mechanisms of learning.

Our research question was: Do new Yorkshire and the Humber community placements enable GP registrars to develop their capabilities in community orientation and if so, how?

Methods

***Developing the intervention**:* The 'Community Placement' scheme was introduced for registrars in the Yorkshire and the Humber GP training deanery in 2019. Drawing on models identified in the literature [4-6], the scheme required all GP registrars, in the first six months of their training programme, to spend two half days with a community or voluntary organisation working in their practice area. Registrars were responsible for identifying and arranging their placements as well as setting individual learning goals for them. The placement was undertaken during protected educational time and was followed by a feedback and debrief session with registrars and tutors during a weekly teaching session. Examples of placements included luncheon clubs, drug and alcohol services, food banks and bereavement workshops.

***Research design**:* Qualitative evaluation study, with the goal to determine 'merit and worth' [8] with regard to attaining capabilities in community orientation.

***Sample**:* All GP registrars who undertook the placement were eligible to take part and were invited by email, and in person at training days. They were given an information sheet explaining the evaluation, their role in participation, how their data would be anonymised and stored and their right to withdraw their participation at any stage. Registrars who responded were interviewed following completion of their community placement and data was collected regarding their age, gender, training region and the relative deprivation of their practice population (index of multiple deprivation [9]).

***Data collection**:* Face-to-face or telephone semi-structured interview with JL or HG. Interviews were audio-recorded with consent, anonymised and transcribed verbatim by the authors JL and HG.

***Analysis**:* Transcribed interviews were analysed using thematic analysis with a constant comparative approach to describe key themes [10]. Transcripts were initially coded separately by two researchers (JL, HG). Preliminary descriptive coding was revised in the second stage of thematic analysis and was conducted by both researchers together refining themes, allowing for discussion and depth of analysis. In the analysis of the final two interviews no new themes emerged, and data saturation was judged to have been achieved by the authors.

The study was supervised by an experienced researcher JR, facilitating resolution of any coding discrepancies between the two researchers (JL, HG) and to ensure a robust approach to data analysis.

Results

Of the 183 registrars who undertook the placement in the region, 13 (7%) responded to the invitation and were included in the study. Table 1 lists the details of the final participants. 77% of participants were female compared to 63% of GP registrars in the region and 15% were aged 35 and over compared to 23% of registrars in the region.

Table 1 near here

Our analysis focused on two questions: did community placements enable registrars to develop capabilities in community orientation, and if so, how? We present our findings to these two questions.

Development of capabilities

Almost all our participants reported that their community placement enhanced their knowledge and skills in community orientation. However, our data included feedback from a registrar who did not report a benefit. The levels of learning varied between registrars: most described positive learning experiences in the relevant areas of the community orientation capability to the level of 'competent' and a minority demonstrated learning to the level of 'excellent' as defined by the RCGP [1]. Table 2 lists the relevant community orientation community descriptors and quotes demonstrating learning in each area. (There are four additional competency descriptors in 'community orientation' not listed here, these relate to the use of guidelines, use of NHS services and prescribing and therefore were not considered relevant to the community placements initiative).

Table 2 near here

In addition to gaining these competencies, registrars explained that their placement had impacted their clinical practice and stimulated a holistic approach to the assessment of health needs.

> *It's made me more want to ask those questions in my social histories, those uncomfortable questions about people's alcohol intake and such but it's actually really important and actually people can access the service*. (Registrar 2)

> *By knowing a lot of solutions to a lot of problems you start asking more, you start being nosier and asking more about the problems which I think adds to holistic care.* (Registrar 5)

> *I think it's definitely made me more aware and thinking about that when I see my patients and asking them those questions about their home situation and how that's changing their presentation when they come to see me.* (Registrar 10)

Registrars described gaining an enhanced understanding and appreciation of the nature and impact of the social determinants of health: as causes of ill health and opportunities to intervene in managing health. They described direct experiences of the challenges of accessing and navigating wider services, for patients and professionals, and demonstrated an enhanced understanding of the services and resources available in their practice area. Registrars described how their experiences impacted their clinical practice, including their referral practices and by stimulating a holistic approach to the assessment of health needs. The experiences of the registrars demonstrate the relevance of the competencies in community orientation, as outlined by the RCGP, to professional practice.

Mechanisms of learning

We next sought to understand how registrars had learned through their placements. Our analysis identified five themes that underpinned the development of competencies. Each is described below, with illustrative data shown in Table 3.

Theme 1: Building confidence

Analysis revealed that the registrars gained both knowledge and confidence from spending time in the third sector. They experienced new possibilities in managing problems differently, and developed confidence to deal with extended patient problems that they had previously struggled to manage. Registrars described a process of ongoing learning following their placements as they were able to use their new knowledge and reflect upon changes in their attitudes.

Theme 2: Building communities and networks of practice

A number of registrars described how their experience helped them develop their portfolio of professional resources and competencies beyond those of consultation skills. In particular, they described the value of recognising themselves as part of a wider team, working to improve the health of the community. They described the benefits of building connections between community organisations and their surgeries and recognised their role in fostering such relationships and sharing their learning with their colleagues to enhance patient care.

Theme 3: Novel perspectives

Registrars described their community placements as providing new perspectives that they had not encountered thus far in their training. For some, this related to an

opportunity to step outside the clinical setting of general practice. For others, it was that the community placement allowed for the doctor-patient hierarchy to be flattened.

Theme 4: Hunger for general practice

Registrars described an impact on their learning that came from being freshly engaged by a career in general practice. This stemmed from two elements: firstly, from being inspired by enthusiastic people they met during their placements; and secondly from being inspired by the opportunity to be part of a community network that goes beyond a biomedical model, to an extended, holistic model of care.

Theme 5: Experiential learning

The key theme identified through our analysis, that underpins the previous four themes was that of experiential learning. Registrars attributed the depth of knowledge and understanding that they gained through community placements to the opportunity to learn by experience, alongside service users and volunteers, with the opportunity for reflection on their experiences following their placements. The learning described through this mechanism was particularly related to changes in attitudes.

For some, the experiential learning process was enhanced by being in a familiar context, giving them the confidence to engage with service users and organisations on a deeper level. Registrars who had experience of working with third sector organisations previously, or those who had grown up in the area, used their existing knowledge as a foundation to enable a deeper level of engagement and learning.

In contrast, others reflected on the value of learning in a context that was completely new, providing them with a wealth of learning. Several registrars explained that they had completed their medical training outside of the UK and that the placements had

enriched their understanding of the communities they were working in and the support services available, which they had limited knowledge of prior to their placement.

One registrar reflected that their placement had not impacted their competencies in community orientation. They explained that they already had a good knowledge and understanding of the community their practice served and the third sector organisations in the area. As a result, they had opted to spend time with an organisation providing a specialist service outside their practice area. They spent their placement being taught about the organisation, and unlike their peers the placement did not facilitate experiential learning. Given the specialist nature of the organisation and that it was not local, they were unable to implement any of their learning into their clinical practice.

> *I just wanted to kind of throw myself into something a bit different…I guess it's just the choice I made that I was interested in this, and it was helpful but not necessarily to this specific locality or health in this community. (*Registrar 7*)*

Table 3 near here

Discussion

This novel ‘community placements’ programme implemented across the Yorkshire and the Humber GP training schemes was successful in supporting the majority of participants in developing competencies in community orientation (Table 2), and therefore in enhancing professional practice. Registrars described the placements as enhancing their understanding of the social determinants of health and improving their confidence to provide holistic care to patients.

Importantly, our analysis was able to describe the mechanisms of learning, with five themes recognised: building confidence, building communities and networks of practice, novel perspectives, generating a hunger for general practice and a key linking theme of experiential learning.

The mechanisms of learning were common to all registrars regardless of their gender, age, or the deprivation index (IMD) of the practice area in which they were working. Whilst we did not collect data on prior training, it was apparent through the interviews that registrars connected their experiences and the nature of their learning to their previous training. One group that appeared to demonstrate a substantial amount of novel learning were International Medical Graduates who volunteered that their placements bridged a gap in their knowledge of the context specific social determinants of health and the resources and networks available to support their patients. Further understanding of the differential needs of registrars should be explored.

Critical analysis of the one registrar who did not attain new competencies in community orientation further confirmed that for community placements to be beneficial, they

should facilitate experiential learning with an organisation local to the registrar's general practice whose work is relevant to the registrar's everyday practice.

Links to existing literature and implications for further work

Confidence in managing complex whole person problems, especially where the social determinants of health are involved, is recognised as a challenge for registrars and qualified clinicians alike [12,13]. Our findings highlight the value of community placements in helping GP registrars become more confident in providing holistic patient care.

Registrars described their placements as enabling them to establish relationships with individuals and organisations who were working to improve the health of the practice community. All registrars described a development of mutual understanding between themselves and the volunteers and staff working at the organisations and a minority went further to establish more formal links between their practices and the organisations they had spent time with. In recent years there has been an emphasis on the benefits of formally incorporating 'social prescribing' into primary care [14] and there is evidence to show that personal relationships between individuals are a key factor in facilitating collaboration between primary care and the voluntary sector [15]. Community placements may provide an opportunity for registrars to develop their skills in forming such relationships. Our findings highlighted that placements facilitated learning beyond the individual, with registrars taking knowledge back to clinical teams. Future research should examine the experiences and perspectives of the third sector organisations and service users participating in placement programmes.

There is a body of literature about the impact of experiential learning for health professionals, including its impact upon attitudes and values, often described as

transformative learning [16, 17]. In a scoping review of transformative learning for the health professions, Van Schalkwyk et al [16] stated that 'transformative learning is often best facilitated through immersion in a different context, specifically outside the classroom'. Much of the existing literature in this field relates to interventions at an undergraduate level and in the field of social accountability and largely relate to interventions in which learners are exposed to deprived or marginalised communities [7,16]. Our findings resonate with the existing literature as registrars demonstrated a change in attitudes as a result of the experiential nature of their placements. Our findings extend the literature by evaluating an intervention at postgraduate level and demonstrated a shift in attitudes across registrars working in a range of communities ranging from deprivation index (IMD) 1 to 9. One of the critiques of learning in relation to the social determinants of health is that medical education teaches learners about the social determinants of health but that this does not necessarily translate into action to provide holistic care or promote health equity [18]. By embedding an intervention at postgraduate level where learners spend time with organisations who have identified local health priorities and where learners were able to incorporate their learning into their practice, the placements may go some way to fill the 'action gap' critiqued of undergraduate interventions.

The introduction of social prescribers to the primary care team has been conceived as a way to address social needs identified in primary care, providing a bridge between practices and their local community organisations [19]. Three of the participants in this study arranged placements with social prescribers and there would be scope to further develop this link both in setting up placements and in the feedback sessions.

Registrars reported that their community placements provided them with novel perspectives and experiences they had not previously encountered in their medical

training. This suggested that traditional training rotations are not supporting all registrars to gain such experiences. Over recent years, GP training has become more defined and regulated, with learning closely tied to attainment of specific competencies [20]. Competency-based training has been critiqued as encouraging the attainment of specific skills as opposed to encouraging the development of professional identity and life-long, self-regulated learning skills [20, 21]. Whilst our evaluation of this programme of community placements assessed the attainment of specific competencies in community orientation, the design of the placements was considerably broader. In organising their placements, registrars were encouraged to consider the needs of their practice community and gaps in their skills in providing holistic care, they were encouraged to follow their interests and no two community placements were the same. Much of the learning registrars reported as 'unexpected' came from the experiential nature of the placements. The opportunity to flatten the doctor-patient hierarchy was described by a few registrars as another mechanism facilitating learning. This may suggest a need to widen again from the focus on individual competencies to the broader development of professional practice.

Low morale and burnout are recognised barriers to retention general practice [22]. For the registrars who took part in the evaluation, the community placements appeared to reignite a passion for a career in general practice. Further work to understand how and why such placements were able to facilitate this may be able to contribute to the wider discourse about GP recruitment and retention.

Strengths and limitations

Our evaluation examined a programme of community placements in one region. Further work is needed to determine the transferability of our findings. We included a diverse sample of registrars and used robust methods of data collection and analysis,

with three researchers involved. However, only a small sample (7%) of registrars completing placements were interviewed and it is unclear how typical their experiences were compared to the wider cohort. Future studies may wish to use a wider range of methods to capture a greater range of experience. Our study considered learning through self-evaluation. Future studies may help to further establish the value of the placements through triangulation of such data from registrar supervisors, and the members and users of the community organisations. Whilst this initial pilot study suggests that the placements were beneficial in enabling registrars to attain competencies in community orientation, further research is required to establish this.

Implications

For teaching: To consider the value of outside of placement training and further educational development. Box 1 describes the key points for educators.

For research: Emphasises the need for embedded evaluation of new models to better understand the mechanisms of learning in the field of community orientation through use of realist evaluation approaches.

Box 1 near here

Conclusion

Our findings show that community placements delivered competencies in community orientation in a subset of registrars. Our analysis identified mechanisms of action for learning through placements outside of training and highlights important potential wider impacts of community placements on professional practice. This is an area worthy of further study.

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Disclosure statement

No potential conflict of interest was reported by the authors.

Ethical statement

Ethical approval was sought and obtained from the Hull and York Medical School Research Ethics Committee (Approval number: 19 41).

References

1) Royal College of General Practitioners. London: The RCGP Curriculum, 2019. [cited 2022 Jan 2]. Available from: https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/WPBA-capabilities-with-IPUs-detailed-descriptors.ashx?la=en
2) Gillam S. What do we mean by community orientation – and how do we teach it? Educ Prim Care. 2010;21:68-71.
3) Rughani A. Community Orientation. InnovAiT. 2010;3(4):250-252.
4) Essa-Hadad J, Murdoch-Eaton D, and Rudolf MCJ. What impact does community service learning have on medical students' appreciation of population health? Public Health. 2015;129(11):1444-51.
5) Meili R, Fuller D, Lydiate J. Teaching social accountability by making the links: Qualitative evaluation of student experiences in a service-learning project. Med Teach 2011;33: 659–666.
6) Cooper HC, Gibbs TJ, Brown, L. Community-orientated medical education: extending the boundaries. Med Teach. 2001;3(3):295–9.
7) Reeve C, Woolley T, Ross SJ, et al. The impact of socially-accountable health professional education: a systematic review of the literature. Med Teach. 2017;39(1):67–73
8) Stufflebeam DL. Evaluation models. New Dir Eval. 2001;89:7–98.
9) Ministry of housing, communities and local government, 2019. The English Indices of Deprivation 2019. [cited 2022 Jan 2]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853811/IoD2019_FAQ_v4.pdf

10) Braun V, Clarke, V. Using thematic analysis in psychology. Qual Res Psychol 2006;3:77-101.

11) The Social Prescribing Network. What is social prescribing? 2018. [cited 2022 Jan 2]. Available from: https://www.socialprescribingnetwork.com/

12) National Voices. 'Person-centred care in 2017. Evidence from service users'. 2017. [cited 2022 Jan 2]. Available from: https://www.nationalvoices.org.uk/publications/our-publications/person-centred-care-2017

13) Reeve J. Primary care redesign for person-centred care: delivering an international generalist revolution. Aust J Prim Health. 2018;24(4):330-336

14) Husk K, Elston J, Gradinger F, et al. Social prescribing: where is the evidence? Br J Gen Pract. 2019;69(678):6-7.

15) Baird B, Reeve H, Ross S, et al. Innovative models of general practice. London, UK: King's Fund. 2018. [cited 2022 Jan 2] Available from: https://www.kingsfund.org.uk/publications/innovative-models-general-practice

16) Van Schalkwyk S, Hafler J, Brewer T, et al. Transformative learning as pedagogy for the health professions: a scoping review. Med Educ. 2019;53(6):547–558.

17) Neve H, Hanks S, Heath M, et al. 'Today's shook me up a lot inside…it's definitely changed me': emotional responses and transformative learning through working with disadvantaged communities. Educ Prim Care. 2020;31(6):358-364.

18) Sharma M, Pinto AD, Kumagai AK. Teaching the social determinants of health: a path to equity or a road to nowhere? Acad Med. 2018;93(1):25–30.

19) Drinkwater C, Wildman J, & Moffatt S. Social Prescribing. Br Med J. 2019; 364: 540-542.

20) Brightwell A, Grant J. Competency-based training: who benefits? Postgrad Med J. 2013;89:107-110.

21) Cleland J, Reeve J, Rosenthal J et al Resisting the tick box culture: refocusing medical education and training. Br J Gen Pract. 2014 Aug;64(625):422-3.

22) Owen K, Hopkins T, Shortland T et al. GP retention in the UK: a worsening crisis. Findings from a cross-sectional survey. BMJ Open. 2019;9:e026048.

Tables

Table 1: Characteristics of study participants and placements

Registrar	Gender	Age	Practice deprivation index [1]	Training Region[2]	Community placement	Reported attainment
1	F	<35	IMD 1	SY	Social café and social prescriber[3]	Excellent
2	F	<35	IMD 2	WY	Mental health charity and drugs and alcohol charity	Competent
3	F	<35	IMD 3	WY	Mental health charity and sleep workshop	Competent
4	M	35+	IMD 2	WY	Mental health charity and grief workshop	Competent

5	F	<35	IMD 3	SY	Community forum	Excellent
6	M	35+	IMD 5	SY	Social prescribing organisation	Competent
7	F	<35	IMD 4	WY	Child bereavement charity	Needs further development
8	F	<35	IMD 7	NEY	Social prescribing organisation	Competent
9	F	<35	IMD 9	SY	Luncheon club for elderly	Competent
10	F	<35	IMD 6	NEY	Wellbeing café	Competent
11	M	<35	IMD 3	NEY	Community hub	Competent
12	F	<35	IMD 9	NEY	Walking group and social prescriber	Competent
13	F	<35	IMD 8	WY	Drugs and alcohol charity and	Competent

					carers support	

1) Index of Multiple Deprivation (IMD) is a measure of relative deprivation for neighbourhoods in England. It combines multiple sets of data; including income, employment, and education to produce an overall relative measure of deprivation. Neighbourhoods are ranked from IMD 1 (10% most deprived) to IMD 10 (10% least deprived). [9]

2) The Yorkshire and the Humber deanery is divided into three training regions: North and East Yorkshire (NEY), West Yorkshire (WY) and South Yorkshire (SY)

3) Social prescribers, also known as link workers, support people with social, emotional or practical needs. Their role is to empower people to access solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. [11]

Table 2. Registrar quotes demonstrating attainment of competencies in community ortientation	
Community orientation competency	Quote demonstrating attainment
Demonstrates understanding of important characteristics of the local population, e.g. patient demography, ethnic minorities, socio-economic differences and disease prevalence, etc.	‘I would never have guessed it was a deprived community, maybe because I'm not UK born and trained, but it looked very much middle class to me, so I think it's contributed immensely to my understanding of the community’ (Registrar 11) ‘it certainly has widened my eyes to the levels of vulnerability within the population; the levels of unemployment, substance misuse, mental health issues’ (Registrar 5)
Demonstrates understanding of the range of available services in their particular locality.	‘I didn't realise quite how much the third sector could do, particularly the quality of support around education, employment, suicide prevention workshops, it was just phenomenal and yeah, it's really changed my mindset of how I deal with patients.’ (Registrar 5)
Takes steps to understand local resources in the community, e.g. school nurses, pharmacists, funeral	‘it was useful because I looked into support services for domestic violence and the elderly population and general wellbeing and fitness side

directors, district nurses, local hospices, care homes, social services including child protection, patient participation groups, etc.	of things. It was useful looking on the websites for a lot of them, actually, and trying to get through to them.' (Registrar 3) 'It kind of gives a face to some of the referrals that are made in primary care and you know, expose you to what they do there, and also their services available that you may not necessarily be aware of unless you go to those places to find out' (Registrar 13)
Demonstrates understanding of how the characteristics of the local population shapes the provision of care in the setting in which the doctor is working	'I spoke to one of the health trainers about how she is adapting what they do in their health training for the communities this practice serves' (Registrar 1) 'You understand your population better, you can do better consultations because you're aware of the needs of the community and how to achieve those needs' (Registrar 5)
Shows how this understanding has informed referral practices they have utilised for their patients. This could include formal referral to a service or	'It has enhanced my understanding and now I feel more confident in referring patients to these services.' (Registrar 6)

directing patients to other local resources.	'I've been able to explain to them [patients] what they [the organisation] do, the referral process, the options available to them, what workshops are available and how to navigate their way around the website, to show what's available really.' (Registrar 3)
Demonstrates how local resources have been used to enhance patient care.	'the social prescriber referred them to social groups, and gave them schedules for the activities around them that can fit for them and they can attend, so this also can help to engage them in the community, rather than just sitting. About the pain, she connected them to one of these physiotherapy sessions, not with a physiotherapist but a group physiotherapy, to socialise and at the same time they can build up their muscle core and reserves.' (Registrar 6)
Takes an active part in helping to develop services in their workplace or locality that are relevant to the local population.	'…we realised that there was really a disconnect between a lot of the GP services in the area and X [the organisation], even though the services they provide are excellent …so we worked together to create a booklet to circulate' (Registrar 5)

Develops and improves local services including collaborating with private and voluntary sectors, e.g. taking part in patient participation groups, improving the communication between practices and care homes, etc.	‘once management were involved a lot of things happened such as at our last flu clinic there we invited them [the organisation] to come down with winter warmer packs…they identified lots of people that benefitted from different benefits or even just a hot water bottle, winter payment allowance, that kind of thing people didn't know about’ (Registrar 5)

Table 3. Registrar quotes illustrating the five key themes identified in analysis of mechanisms of learning
Theme 1: Building confidence
‘It was eye opening and I was excited about the additional support, that I can make available for patients who need, when they need them, confidently.’ (Registrar 13) ‘I’ve seen a lot of patients with, just life issues that I can’t help with, but when I started I felt quite stressed about that because I didn’t know where they could turn to and now I do know and I can say to them, I’ll send a form, a lady called X will ring you and she’ll go through it with you and you know, they seem really happy with that..’ (Registrar 1) ‘you feel more in control, more able to help and assist patients and I guess it helps to identify barriers and limitations to what you can do as well with all those support networks’ (Registrar 5)
Theme 2: Building communities and networks of practice
‘now we've got this relationship we can actually go to them and say we have this patient, with their permission, these are the issues, can you think of anything locally that we could do and then they're linked up with a load more charities so...it's great.’ (Registrar 5) ‘it felt like I could contribute to the team here and have a bit of a bridge between [the organisation and the practice], I think they were quite happy that I was keen and engaging and wanting to talk more, and about more opportunities.’ (Registrar 1)

‘I think it was nice to think that I actually went out and then was able to bring something back to the practice that could make a positive difference erm...it made it I think for me worthwhile in the wider practice than just for my personal learning, which is nice’ (Registrar 10))
Theme 3: Novel perspectives
‘..it felt very much like a home visit but this time not to a patient but to the community … I would never have known that such a community exists..’ (Registrar 11) ‘it's changed me to now think about them more … outside of the house like what are you like as a person when you're with other people...because I've seen you on your own most of the time so how are you when you interact as friends or family and what do you like to do and can we help you do a bit more of what you like to do… you get a bit more of a feeling of what the person's like… something that GPs don't get to see..’ (Registrar 9) ‘it’s been really productive and useful, I think, personally. Just sort of increasing a bit of understanding about the community of people. It’s weirdly humbling going out and seeing these things happening. We sit here in GP and it’s very professional, but you don’t really see how things are once people have left and they go back out to their normal lives.’ (Registrar 2)
Theme 4: Hunger for general practice
‘think because I was in shock at how much they had to offer and they were just so passionate...there's just...maybe you become accustomed to kind of levels of burn out within the NHS I think clinically, but there's a real passion out there to change and to improve people's lives and yeh, it's addictive isn't it?’ (Registrar 5)

‘that when I was at the GP practice, I did feel like a tools-man who had only one tool, so now I have many more things to hand...it gives me many more options.. and when patients do come to me and I emphasize that, well this is not something that a traditional option, like a referral to physiotherapy or a pill will solve, I’ve got tools in hand that I can give them and when they're leaving, standing up to leave my consultation room, I'm more satisfied that I've actually met, you know, this patient's needs. And that’s really fulfilling for me as a person.’ (Registrar 11)
Theme 5: Experiential learning
‘I found a few of them, reading to each other and knowing, I mean that some of these kids the few minutes, thirty, forty-five minutes of reading time they will get there is probably the only reading time they will get for the day and even though it's thirty minutes, it's forty-five minutes, it goes a long way, you know in improving their literacy skills and I know the link.. to the future and… self-esteem as...so that really, really touched me, I was really...I left the building thinking about that ..I mean as I was driving back home.’ (Registrar 11)
‘I had a chat with them, went to another group, had another conversation with them...before we played the bingo I just wanted to understand what it meant to them, you know, what does coming to this luncheon club mean and the answers were really sort of touching’ (Registrar 9)
‘I think for me, personally, I think just observing how they were in that group that day it just sort of consolidated how difficult it is for them, not just for us as professionals trying to

consult when they present to us or trying to get them to talk about their mental health, but actually just seeing them, even within their own little community how difficult it is for them. It's made me understand it a bit better.' (Registrar 2)

'It's really, really helpful. Especially for me as a doctor coming from outside the UK. So I haven't much training in the undergraduate, or maybe in FY1 or FY2. So I don't have any clear view of what services are available in the primary care.' (Registrar 6)

Box 1: Key points for educators

Features of community placements that supported registrars to gain community orientation competencies:

- Opportunities for experiential learning alongside volunteers, staff and service users.
- Local organisations working with the practice community.
- Organisations supporting communities with issues that were relevant to the registrars' everyday practice.
- Placements that built upon registrars' existing knowledge, allowing this to be used as a foundation to enable a deeper level of engagement and learning.