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# A SYNTHESIS OF EDUCATION RESEARCH GRANT PROJECT ACTIVITY, OUTPUTS, FINDINGS AND IMPACTS 2015-2022, AND IMPLICATIONS FOR DELIVERING A SUCCESSFUL PROGRAM OF EDUCATION RESEARCH IN PROFESSION-LED GENERAL PRACTICE TRAINING

A/Prof. Nancy Sturman<sup>1,2</sup>

Dr. Sophie Vasiliadis<sup>1</sup>

Dr Lyndon Walker<sup>1</sup>

<sup>1</sup> Education Research; Royal Australian College of General Practitioners

<sup>2</sup> General Practice Clinical Unit, Faculty of Medicine, University of Queensland

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## BACKGROUND

The Education Research Grant (ERG) is an annual, national competitive program that funds general practice training and education research. Key objectives of the program are to support research capacity, a research community, evidence-based GP training and education, and contribute to academic discourse. It was timely to review the activity, outputs, findings and impacts of education research projects funded by ERGs, as GP training moves from Regional Training Organisations (RTOs) (who have led and managed the projects previously) to Profession-led Training.

## AIM AND OBJECTIVES

**Aim:** To review and synthesise the activities, outputs, impacts and challenges of the Education Research Grant Program.

**Objective:** To describe how the program may be improved and reimaged for future needs and objectives of GP training and education in Australia.

## METHOD

This was a mixed-methods study that comprised a document analysis of ERG applications, reports and dissemination materials, as well as focus groups and interviews held with researchers, RTO Directors of Training, and members of past academic assessment panels who reviewed applications.

Focus group discussions were conducted with 44 registrars, new Fellows, supervisors, practice managers, medical educators, ECT visitors.

Semi-structured, 1-hour focus group discussions were held and recorded on Zoom.

De-identified transcripts of audio recordings and notes taken during discussions were analysed using an iterative, inductive and deductive process of thematic analysis, including coding and recoding by patterns, and latent theme development and mapping.

## RESULTS

Since 2017, when the program started being administered by the RACGP, 31 research projects have been funded, and more than \$4.7 million has been invested.

All RTOs and 11 universities have been involved in at least one project, and 132 individuals have worked in at least one research team. Eleven of the 31 projects involved a collaboration between two or more RTOs, enabling participant recruitment across states and territories. Approximately 40% of participants were recruited from rural areas and two projects recruited from remote regions.

Common topics of investigation were work-based learning (n=7), program development and quality improvement (n=6), and assessment of trainees (n=5). Most studies (80%) used a qualitative or mixed-methods research design, and thematic and descriptive analyses. The most common participants were trainees (n=20 studies) and supervisors (n=17 studies). Other participants included Medical Educators (n=7 studies) and RTO staff (n=4 studies).

Studies produced a range of dissemination and translation outputs, including 28 journal articles, 23 conference presentations, 15 workshops and 12 policy or education materials.

The application, coordination and translation of the projects centred around a team of medical educators, researchers and project managers in RTOs. The ERG program successfully built research capacity and skills in the GP training sector. Skills in research methods and analysis, problem solving, critical thinking, and grant and ethics applications were listed as research skills that had noticeably improved within RTOs. RTOs also benefitted through the development of a research culture that support evidence-based practice and policy, and inter-organisational partnerships. Researchers emphasized that, when they have had the capacity, they have progressively built a community of research knowledge and practice through project collaborations. Capacity was supported through regular funding for projects and staff retention, translation activities, and resources to support researchers of different skill levels.

The basis of several limitations of the program was that only a 12-month timeframe from approval to acquittal was offered. Firstly, it greatly restricted the design scope, complexity and methods available to researchers, which partly explains the similarity of methods and analyses used across studies. Secondly, dissemination and translation were completed after the grant agreement's acquittal, so required significant dedication, and investment of time and funds of researchers and organisations throughout the next 12-24 months. Their progress, effectiveness and success were constrained by other priorities, such as applying for another ERG. Thirdly, delays in ethics approval, participant

recruitment or staff changes would significantly jeopardise the project, forcing an extension and/or re-design of the project. Finally, the uncertainty of funding beyond a 12-month term was a significant challenge to the establishment of dedicated research teams who could develop programmatic research and a collaborative research community that could support GPs and educators of various research interests and experience. The most established research teams were independently supported by their RTOs (in addition to ERG funding), which had dedicated investment and policies in evidence-based education and organisational decision-making. Several organisations struggled to retain research staff beyond the term of the research grant contract, thereby losing capacity and community.

The ERG program's aim of supporting research capacity by providing opportunities for educators and GPs to undertake research does not always align with the aim of contributing to the broader academic discourse on medical education and GP training. The program's design is conducive to relatively small projects of applied research undertaken by individuals without extensive research experience. This has permitted many Medical Educators, GPs and others to gain research experience and expand their professional networks. Given investment by their organisation, their applied research was likely to influence the policy and/or practices of their organisation. However, these projects were less likely to be published in peer-review academic journals, either because they did not apply sufficiently robust methods to be of relevance beyond their organisation, or the skillset/time was not available to draft a successful manuscript. Projects that were led by experienced academic GPs and researchers from related fields were more ambitious and theoretically driven, and more likely to publish in peer-review journals, as well as inform educational policy and practice. These were also most limited by the program's design, notably, its requirement of acquittal in 12 months.

## DISCUSSION

The ERG program has been effective in developing research capacity, culture and community across the GP education sector nationally. The findings have contributed to academic discourse and influenced GP education and training. Participants celebrated the community of research practice that had grown around the ERG program, as it provided creative and intellectual stimulation and support for novice and more experienced researchers.

Considerable dedication and investment by RTOs into their research projects has demonstrated a strong interest in evidence-based training and education and continuous improvement in the sector. However, lesser resourced RTOs struggled to retain staff and establish a program of research and knowledge translation. As noted by participants, opportunities for grant agreements with longer timeframes and integrated translation activities will support a wider range of projects that can more adequately meet the range of objectives that underpin the ERG program.

The document analysis was limited by gaps and inconsistencies in information about the projects reported to the administering bodies. The project's methods and findings were sometimes not reported with adequate detail to critically examine the studies, and the analysis has likely underestimated the outputs and impacts of the studies.

## IMPLICATIONS

The ERG program has made substantial contributions toward increasing research capacity and culture among GP educators and their organisations, fostering a national research community, and contributing to international academic literature on GP education and training. After a decade of operation, education research has matured to a more diverse and complex community that requires a grants program that recognises and supports this. ERGs can better serve their research community with options for longer projects, and translation activities that are supported under the agreement. A recommendation that operates beyond the strict parameters of the ERG program is the establishment of an ongoing supportive infrastructure in the form of a network of engaged senior individuals in medical education, supervision and assessment who can support research design, implementation and translation. This infrastructure can support the sustainability of research through a self-supporting feedback loop between educators, researchers, policy makers and administrators.

## FUTURE RESEARCH

The research team is currently undertaking a social network analysis of ERG researchers to illustrate the structure of the community of education research practice that has formed. A follow-up review in several years may illustrate how the community may have continued to mature, and describe the effects of any structural changes to the ERG Program on activities, outputs, relationships and impacts.