

Aim and objectives

In Australia, all general practitioners begin their clinical careers in teaching hospitals. However, in recent years, reduced working hours, abbreviated admissions, and widespread moves towards sub-specialisation have limited generalist experience for junior doctors hoping to pursue a career in General Practice. We used a participatory co-design process to identify and implement educational innovations aimed at strengthening hospital-based training for doctors intending to pursue general practice. The project sought to improve the primary care relevance of hospital training, increase the visibility of general practice within hospital education, and create feasible pathways for locally relevant educational innovation.

Methods

A staged, participatory design guided the study. We began with a scoping review informed by a realist lens to examine how training innovations work, for whom, and in what contexts. This was followed by semi-structured interviews with stakeholders involved in GP training, hospital education, and training governance. Findings from the review and interviews informed two deliberative forums that brought together stakeholders from general practice, hospital education, training organisations, universities, and the community. In these forums, participants identified and prioritised feasible innovations. Implementation planning subsequently took place within Eastern Health. In parallel, we undertook an internal evaluation to examine CREATE as a co-creation and collaborative implementation process. This included exploring how stakeholders understood the project, how engagement developed, what supported or constrained collective action, and how the process might inform future scale-up.

Results

Hospital training remains an important component of preparation for future GPs, but it often lacks an explicit connection to general practice. GP participants and junior doctors described limited visibility of general practice within hospital environments, variable exposure to primary care-relevant learning, and a need for more structured support for those considering GP careers. The deliberative forums helped translate evidence and stakeholder experience into practical priorities for action. Three key innovations emerged: GP rotations for prevocational doctors, structured mentorship involving community GPs, and increased visibility of GP perspectives within hospital-based education, including through Grand Rounds and other teaching activities.

Implementation planning advanced in several areas. Through CREATE, the project team supported Eastern Health to plan GP rotations and develop an application through the Australian Primary Care Prevocational Program. The mentorship innovation created collaboration between Eastern Health and the RACGP mentoring program to explore the role of GP mentors for junior doctors. Work also continued to identify realistic opportunities to increase GP visibility within hospital-based education.

The internal evaluation examines the collaborative processes that enabled these outcomes. Early learning suggests that the participatory process was a major strength: CREATE brought hospital, general practice, university, training and community stakeholders together around a shared problem and generated feasible, locally relevant solutions. The evaluation will identify which mechanisms supported co-creation, stakeholder ownership, cross-sector collaboration and early implementation planning.

Discussion and contribution to the body of knowledge

Our results contribute to medical education and general practice training by demonstrating that gaps in hospital-based training for future GPs can be addressed through participatory, context-sensitive approaches. The project adds evidence that educational innovation should not be designed in isolation from the settings where it will be implemented. Understanding local context, stakeholder priorities, institutional constraints and existing relationships is essential before implementation. As well, CREATE illustrates the process of co-design in GP education, showing that a structured participatory process can move stakeholders from recognition of a shared problem to identification of practical innovations. Importantly, it confirms that the innovation design alone is insufficient. Implementation depends on local champions, cross-sector relationships, governance, funding pathways and organisational readiness.

Implications and wider impact for policy and practice

CREATE has practical implications for GP training, hospital education and practice policy. A real-world educational change is more likely to be feasible when it is built with the people and organisations responsible for delivering it. Hence, strengthening GP training requires collaboration between hospitals, general practice, universities, training organisations and communities. This includes understanding hospital education priorities, GP educational needs, trainee perspectives, existing training structures and the practical conditions required for implementation. Future models must have an appropriate contextual adaptation and continued collaborative process; however, scale-up should not be treated as simple replication. Each setting will require local stakeholder engagement, assessment of implementation readiness, identification of champions and agreement on governance, resources and evaluation.

Future research

Future research should evaluate each priority innovation as a distinct implementation stream, including feasibility, acceptability, adoption, implementation processes, sustainability and educational impact. It has the potential to be scaled to other areas of metropolitan Melbourne, including both trainee outcomes and organisational outcomes. As well, new studies could examine how the CREATE process can be adapted across different health services and rural contexts while preserving its core participatory principles. A key future direction is to test whether the process can support locally tailored innovations while still contributing to a broader, scalable model for strengthening general practice training across diverse settings.