



# Scholarship evaluation report

2018 - 2024

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## Acronyms and abbreviations

AH	Allied Health
ANZBA	Australian & New Zealand Burn Association
ANZBA ASM	Australian & New Zealand Burn Association Annual Scientific Meeting
ASPS	Australian Society of Plastic Surgeons
DME	Design, Monitoring and Evaluation
KEQ	Key Evaluation Questions
MDT	Multidisciplinary teams
MEL	Monitoring, Evaluation and Learning
OT	Occupational Therapist
PNG	Papua New Guinea
PRS	Plastic and Reconstructive Surgery
RACS	Royal Australasian College of Surgeons
RACS ASC	Royal Australasian College of Surgeons Annual Scientific Congress

# 1. Introduction

## 1.1 Background

Interplast has been supporting various scholarships for the last 40 years. In that time, the scholarships have varied, with the longer-term impacts often only known anecdotally, and not formally captured.

The Interplast Board have requested a formal evaluation of the scholarship program, so that the organisation has a better understanding of the value of these scholarships, which will contribute to decisions on where best to direct future funding.

Given current budget constraints, this evaluation has been done internally by Interplast's Monitoring, Evaluation and Learning (MEL) Coordinator. The MEL Coordinator has most recently worked for almost 4 years as an external evaluator and utilised this experience to ensure that biases and limitations are mitigated.

## 1.2 Objectives and scope

- Determine effectiveness of scholarship program in its current state and changes that need to be made.
- Document the scholarship program and aims for future – we would like to take stock of where we think we're at, where we're actually at and where we're going.

Based on the objectives and scope of the evaluation, a series of Key Evaluation Questions (KEQs) were drafted. These are listed below ([Table 1](#)), as well as the sub-sections of the report where they are reported on.

**Table 1. Key Evaluation Questions**

Domain	KEQ	Sub-KEQ	Report sub-section
<b>Appropriateness</b>	How appropriate is the scholarship program for Interplast?	To what extent does the scholarship program address an identified need? How well does the scholarship program align with Interplast priorities?	<a href="#">Appropriateness</a>
<b>Effectiveness</b>	How effective is the scholarship program?	To what extent is the scholarship program achieving the intended outcomes, in the short, medium and long term? What are the unexpected outcomes (either positive or negative)? What were the particular features of the program that made a difference?	<a href="#">Effectiveness</a>

		<p>What else is helping or hindering the scholarship program to achieve the objectives? What explains why some of the scholarships are more effective than others?</p> <p>Does the interaction between the scholarship program and other Interplast programs contribute to achieving better outcomes?</p>	
<b>Efficiency</b>	To what extent was the program an efficient use of resources?	<p>To what extent does the scholarship program represent value for money?</p> <p>Were the expected outcomes achieved in a timely manner?</p>	Efficiency
<b>Lessons learned</b>	What are the key lessons for future scholarship programs?	<p>What changes would need to be made to ensure the scholarship program is appropriate, effective and efficient?</p> <p>How can the scholarship program be improved?</p>	Lessons learned

### 1.3 Structure of the report

In this final report we:

- Outline the approach for the evaluation (Section 1.4)
- Summarise the key findings and recommendations (Section 2)
- Present the results in detail in relation to:
  - The effectiveness and efficiency of the different components of the scholarship program ([Effectiveness](#) and [Efficiency](#))
  - The appropriateness of the program ([Appropriateness](#))
  - Lessons learned for future scholarships ([Lessons learned](#)).

### 1.4 Evaluation approach

#### Background scoping

We collected background information from the board/CEO as to the scope of the evaluation and specific needs.

### Document review

We conducted a document review identifying all scholarship opportunities since 2018, including all participants and their contact details.

### Program logic workshop

We held a program logic workshop with the International Programs team members to document expected outcomes (to then be able to measure whether they have been achieved via data collection with stakeholders).

### Data collection (surveys and interviews)

A survey was sent to all scholarship recipients since 2018.

A total of 26 people completed the survey, 13 men and 13 women (out of 52 people contacted). The survey respondents came from eleven countries (see below).

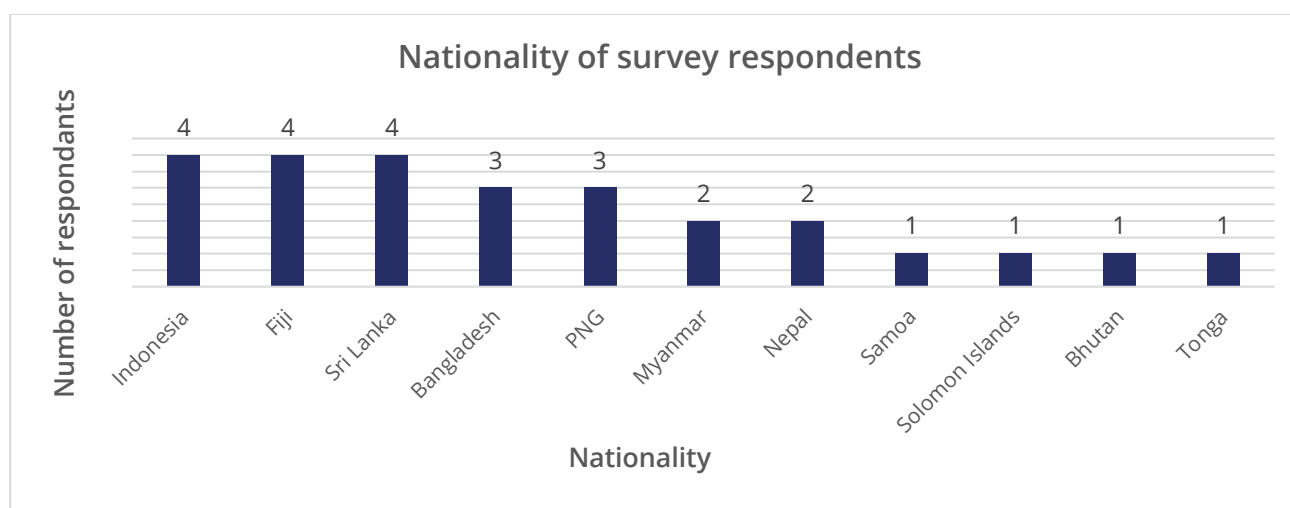


Figure 1. Graph showing nationality of survey respondents.

The survey respondents have had various engagement with Interplast.

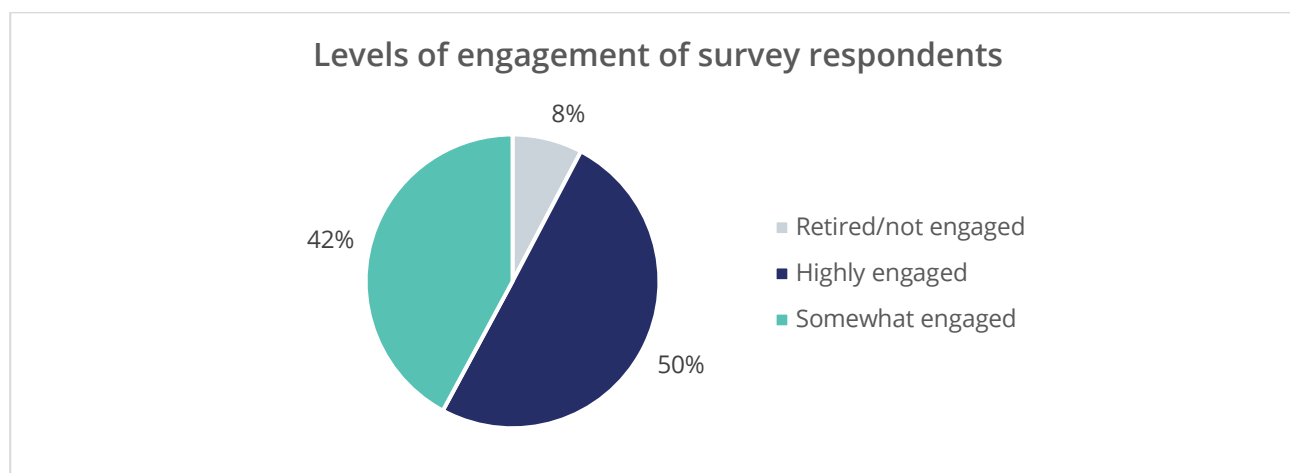


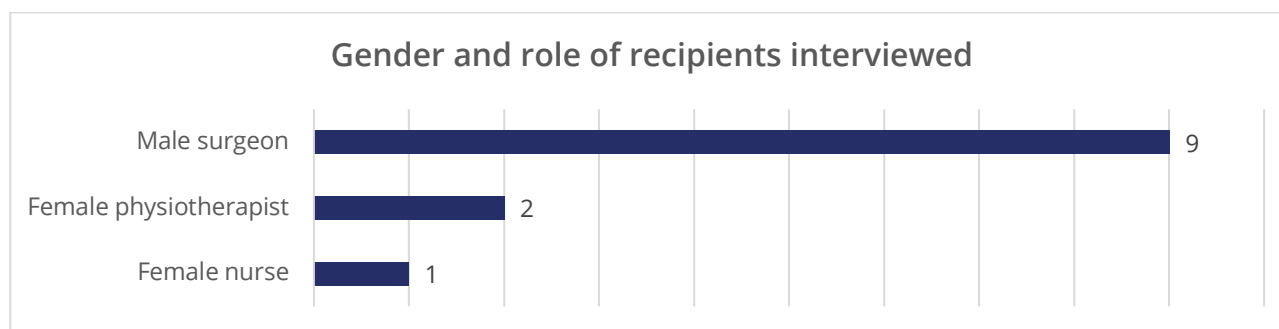
Figure 2. Graph showing what levels of previous engagement with Interplast respondents had.

Interviews were held with recipients and volunteers who have closely interacted with recipients.

A total of 12 scholarship recipients were interviewed. Whilst 27 people were emailed for an interview, only 15 replied to emails and follow up emails, with 12 interviews taking place.

The remaining three who were initially interested were called, and did not answer the phone at agreed times, or had signal challenges which prevented a proper discussion.

Of the 12 people interviewed, three were women and nine men. The nine men were surgeons/plastic surgeons, and the women were physiotherapists and a nurse.



**Figure 3: Graph showing gender and role of the 12 scholarship recipients interviewed.**

In addition to the 12 scholarship recipients interviewed, three volunteers were interviewed who have worked closely with six scholarship recipients.

Interviews were held over the phone, to make the interviews accessible for those without strong internet signal.

Interviewees represented a range of countries, including Fiji, Papua New Guinea, Bhutan, Sri Lanka, Solomon Islands, Bangladesh and Nepal.

The interviewees attended a range of scholarship opportunities, but most attended conferences, with several having observational attachments alongside their conference attendance. One scholarship recipient interviewed has received six different Interplast scholarships and was able to reflect on the differences and benefits of each of these.

In addition to these interviews, we included the interview transcript from the two Surabayan anaesthetist scholarship recipients who were interviewed by the MEL Coordinator in person in July 2024.

The scholarship opportunities of the people interviewed included:

- Australian and New Zealand Burns Association (ANZBA) Conference
- Royal Australasian College of Surgeons (RACS) Conference
- Regional plastics workshop
- Samoa Flaps Workshop
- Australian Hand Surgery Society Conference
- Australian Society of Plastic Surgeons (ASPS) Conference
- Fellowships

- Micro-mentoring workshop in Nepal
- Ballarat-Surabaya Anaesthetic Scholarship.

## Data analysis

Quantitative survey data was analysed in Excel.

Qualitative survey data was extracted and analysed alongside interview transcripts. Qualitative data was coded thematically against the KEQs in Excel, in a coding framework.

Major themes and results were drawn out through this process.

## Report writing

Results were reported against the KEQs.

## Results sharing

Results were shared with the board and the Design, Monitoring and Evaluation (DME) Committee.

## 1.5 Limitations

Despite best efforts to mitigate challenges throughout this evaluation, there were several limitations that were encountered.

Survey respondents are likely to reflect positively on their scholarship experiences. Adding qualitative questions gives the opportunity for explanation, but surveys mean that we cannot prompt when responses are short or vague. We mitigated this limitation with the addition of interviews. Whilst scholarship recipients overall are likely to reflect positively on their experiences (due to wanting to maintain a positive relationship with Interplast), during interviews were able to probe and prompt for more depth to answers. It is recognised that there is some limitation on findings related to gender considerations of scholarships – while there was a good spread of responses to the survey, more males participated in interviews, and all surgeons interviewed were male.

We experienced the limitation of who agreed to be interviewed, with several people agreeing but then ultimately being unavailable or not answering their phone during agreed times. However, ultimately, we did get a broad range of professions, countries, scholarship opportunities represented in the people that we interviewed.

## 2. Key findings and recommendations

### 2.1 Key findings

It is very evident that scholarships have a lot of value for Interplast. However, some have had greater impact than others. It is not one specific *type* of scholarship that has significantly better outcomes than others, it is more about the *person* who receives the scholarship.



In terms of appropriateness, it is clear that the scholarship program addresses national priorities, as there are usually insufficient plastic surgeons and allied health/nursing staff who specialise in Plastic and Reconstructive Surgery (PRS) and burns care. The scholarship recipients explained that with limited plastic surgeons and trained allied health staff to support them, the need for scholarships to improve the skills of the limited staff available is important to develop the national skill set.

The scholarship program seeks to achieve five long-term outcomes. These are:

- Improved skills of broader clinical team
- Strengthened hospital processes and systems
- Improved MDT (multidisciplinary teams) teamwork
- Ongoing sharing and support to network
- Increase in the number of leaders and the quality of leadership.

Based on interviews and the survey to scholarship recipients, the outcomes with the strongest evidence of impact are 'improved skills of broader clinical team' and 'ongoing sharing and support to network'. The outcomes with the least evidence of impact are 'strengthened hospital processes and systems' and 'improved MDT teamwork'.

In regard to 'improved skills of broader clinical team', there was strong evidence that knowledge gained through scholarships is shared to colleagues, through CMEs, presentations and training. There was some evidence of this translating to application of knowledge and use of new skills. However, this did not always translate to changes in hospital processes and clinical changes due to challenges with hospital processes and systems, and the limited influence of the scholarship recipient on these. For example, some scholarship recipients felt lack of buy in from hospital administration, prohibiting scholarship recipients from having the authority to make changes. This means that some scholarship lessons get 'stuck', and recipients are unable to action them.

In regard to 'improved multidisciplinary teamwork', there were some key barriers explored by scholarship recipients as to why this is hard to achieve. Firstly, challenges were noted with the lack of specialist/support staff, such as physiotherapists and other allied health professionals. Similarly, there are major challenges workforce structures and an adequate number of staff. Secondly, some recipients noted that whilst there are some specialist staff and the existence of other teams, currently the various departments and teams are working in silo, and the scholarship recipients face challenges in bringing them together to work as a team.

'Ongoing sharing, mentoring and support from a broader network' was the outcome with very strong evidence, with many noting this to be the most valuable outcome they gained from the scholarship program. For most interviewees, the benefits of networking went far beyond the conference or workshop and have become ongoing connections and mentors. Some interviewees spoke about the benefits from meeting their mentors and Interplast volunteers in their home countries, seeing them in a different setting. Others spoke about meeting likeminded individuals from other countries and becoming friends. There are also clinical and case management benefits too, with scholarship recipients able to brainstorm and discuss cases with their new networks.



There were a number of key reasons identified in this evaluation as to why some scholarship opportunities are more effective than others. The addition of practical workshops and hospital placements during scholarships (particularly as additions to conferences), help to give participants a different perspective on health systems, and gives scholarship recipients the opportunity to see how health systems function and are managed. Conferences sometimes have less overall benefit than other scholarship opportunities (attachments, overseas workshops, niche conferences) because the conference topics often include innovative techniques/technology that are not available/appropriate in partner countries' settings.

When scholarships are timed at the 'right' point of a scholarship recipient's career, there is a greater chance of outcomes being embedded in their work. For some, this means having the opportunity to attend conferences after their fellowships/placements, so they have a higher skill level and are more likely to find ways to embed learnings into their work.

Some scholarship recipients attended the scholarship opportunity as a team, and with improved MDT teamwork a key objective and outcome for scholarships, this is one way to help bring teams together. The opportunity to come as a team gives the group of attendees a chance to reflect and grow as a unit.

A number of key lessons, beyond those listed above, were also identified in this evaluation as important for future scholarship programs. Firstly, the challenge and importance of selecting the most appropriate person to attend the scholarship. By having an appropriate scholarship recipient, the scholarship can encourage retention in a role. Whilst not the case for all recipients, in general, conferences are more appropriate for senior staff, and workshops/other networking opportunities for junior staff.

When participants attend general conferences (such as the RACS ASC) early in their career, the benefits seem less as they are less able/confident to embed change in their hospitals. Existing leaders have greater ability to create change and more use for networks (for example, utilising new networks to create fellowship opportunities for fellow colleagues).

Another lesson found in this evaluation is the importance of supporting scholarship recipients throughout their scholarship journey. Whilst this is something Interplast already prioritises, it is evident that some scholarship recipients have limited travel experience and need more support to navigate being away from their homes.

## 2.2 Recommendations

Based on the results and key findings, the following recommendations are made to improve the scholarship program moving forward.

1. That Interplast-supported scholarships will not be given as a stand-alone activity, but rather, must form part of a broader suite of inputs planned to achieve program or country strategies – for example, supporting key clinicians from a particular country to undertake professional development and training through a scholarship, which also complements in-country training being delivered, and is a part of a longer-term workforce development approach.

2. Where possible, send multiple team members (from different roles/ professions/ specialities) to attend scholarship opportunities together, to support the strengthening of MDT (multidisciplinary teams) teamwork.
3. Where possible, include observational attachments for conferences attendees. Whilst often not possible (due to the expensive and onerous requirements to obtain AHPRA registration relative to a short-term attachment), this should have clinical permissions when available.
4. If less conference scholarships are available, these should be targeted to more senior clinicians who have the opportunity to leverage networks and embed change in hospitals.
5. More junior clinicians benefit from practical workshops, ideally regional in focus, with opportunities to network.

If funding constraints are a concern, Interplast should consider building on existing initiatives to connect clinicians and health workers across the regions through other Interplast opportunities (for example, supporting individuals to travel to join in with other Interplast activities in their country or region, or through remote mentoring).

### 3. Results in detail

#### 3.1 Appropriateness

This KEQ explores how appropriate the scholarship program is for Interplast and the scholarship recipients.

Firstly, to what extent the scholarship program addresses an identified need. This review explored whether the scholarship program addresses national priorities, as well as hospital priorities.

Most scholarship recipients felt that the scholarship program addresses national priorities, as there are usually insufficient plastic surgeons and allied health/nursing staff who specialise in Plastic and Reconstructive Surgery (PRS) and burns care. The scholarship recipients explained that with limited plastic surgeons and trained allied health staff to support them, the need for scholarships to improve the skills of the limited staff available is important to develop the national skill set.

One scholarship recipient explained the need for quality plastic surgeons and incentives to keep plastic surgeons in their roles.

*"In the recent past, we have noticed that we cannot accommodate all the patients that come for plastic surgery. We have long waitlists, and we have a lot of trauma when it comes to plastic surgery. So, we need more plastic surgeons, some people are migrating which isn't helping."* – Senior Registrar Plastic Surgery, Sri Lanka (2024 RACS)

Several scholarship recipients felt like the country has other priorities, with non-communicable diseases burdening their health system and less need for specialised PRS care.

*"It's a bit low on the priority, the one that I see would be the diabetic, for sepsis and the NCDs. like for the surgery. We have 49 beds. 75% of that 49 bed is occupied by diabetic foot sepsis. Wow. it's a lot and uncontrolled."* – General Surgeon, Solomon Islands (RACS two times attendee, Samoa flaps workshop)

“As far as the government is concerned, we are still having struggle to convince the health system and government at large about the importance of prs and burns. Largely because they don’t understand the difference between plastic surgery and cosmetic surgery which I find very challenging.” – General Surgeon, Bhutan (2023 RACS scholarship, 2023 Fellowship (India and Adelaide), 2020 Placement India, 2018 RACS, 2018 Bhutan to Nepal micro-mentoring workshop, & 2018 Regional Plastics workshop)

Several conference attendees did note that conferences are not always the most appropriate way for them to meet the needs of their national priorities, as the focus of the conference is generally on Australia and New Zealand. This highlights that whilst scholarships are overall in alignment with national priorities, there remain concerns that conferences are not the most appropriate method to meet the PRS needs of Interplast’s partner countries. This is explored in more detail in Section Efficiency.

“But most of the things they were talking about were resources available in developed countries, so a lot of the lessons did not align with how we work in our hospital. But it was great to learn about how other countries work.” – Nursing Supervisor, Nepal (2024 ANZBA)

This was reiterated by one scholarship recipient who has attended six different scholarship opportunities. He reflected that the scholarships that were requested by the hospital and involved hands on experience for the PRS unit were more in line with the needs of the hospital.

“I have been in a lot of scholarships; it would not be fair to say all of them are in line with the unit or the hospital. But the recent ones, having the team exposed to Nepal and having myself trained in India and Adelaide, and having the hand workshop in Sydney – those were in line with the hospital needs. Those were partially self-requested and discussed before the scholarship was given to me, so those recent ones were very in line with the need of the unit here.” – General Surgeon, Bhutan (2023 RACS scholarship, 2023 Fellowship (India and Adelaide), 2020 Placement India, 2018 RACS, 2018 Bhutan to Nepal micro-mentoring workshop, & 2018 Regional Plastics workshop)

Secondly, this KEQ explores how well the scholarship program aligns with Interplast priorities. Interplast has four main pillars of work. These are:

- Patient care
- Workforce development
- Hospital improvement
- Health system strengthening.

The scholarship program is directly aligned with workforce development (Pillar 2), the pillar where Interplast spends most of its resources. Indirectly, by improving workforce capacity, scholarships can improve patient care (Pillar 1). An objective of the scholarship program is to strengthen hospitals and multidisciplinary teamwork, which are directly aligned to Pillar 3. The extent to which the scholarship is able to achieve these hospital improvement outcomes is explored in detail below (Section Effectiveness). The scholarship program does not directly contribute to the improvement of health system strengthening (Pillar 4).

### 3.2 Effectiveness

This KEQ explores the effectiveness of the scholarship program, including the achievement of the expected outcomes and any other outcomes that have occurred. Also explored in this KEQ are the features of the scholarship program that makes a greater impact, explaining why some scholarships are more effective than others. Finally, this KEQ also looks at the interaction between the scholarship program and other Interplast programs.

The Interplast program team developed a program logic, to document the expected outcomes of the scholarship program. This program logic is documented in [Appendix 1: Program logic](#).

The five long-term outcomes expected of the scholarship program are:

- Improved skills of broader clinical team
- Strengthened hospital processes and systems
- Improved MDT (multidisciplinary teams) teamwork
- Ongoing sharing and support to network
- Increase in the number of leaders and the quality of leadership.

Based on interviews and the survey to scholarship recipients, the outcomes with the strongest evidence of impact are 'improved skills of broader clinical team' and 'ongoing sharing and support to network'.

The outcomes with the least evidence of impact are 'strengthened hospital processes and systems' and 'improved MDT teamwork'.

Each of the five expected long-term outcomes and their evidence are detailed below.

#### Improved skills of broader clinical team

The first outcome is 'improved skills of the broader clinical team'. Of the survey respondents, 80% said that as a result of scholarships "a lot" of their broader team got broader awareness of clinical skills, which in turn improved their skills. A further 20% said this was somewhat the case.

However, survey respondents are more likely to give positive answers, and upon interviewing people, this was explored in greater depth. Through interviews, it became clear that there is strong evidence of knowledge sharing (sharing information to colleagues, post scholarship opportunity), and there is some evidence of knowledge transfer (colleagues making changes because of the knowledge sharing).

Firstly, there was strong evidence from scholarship recipients that knowledge was shared to colleagues, through various methods – this includes CMEs, presentations to hospital administration, training to team members. However, scholarship recipients were not always able to then provide examples of how this sharing has led to change, highlighting that sharing lessons is only the first step to making changes to broader clinical team's skills.

*"So, what I do is every time I've gone to other hospitals and do a surgery and at the end of the week for example, I do a small bit of presentations to the hospital and clinicians so they know the need for plastic surgery so then they can help increase the budget." – Head of Plastic Surgery, PNG (2024 RACS)*

Secondly, whilst less evident than sharing knowledge, there is some evidence of knowledge and skills being transferred to colleagues. Some scholarship recipients were able to articulate changes they have

seen within their broader teams as a result of their mentoring/sharing skills. These include nurses supporting physiotherapists, and new techniques being used by surgeons.

“I’ve had a few CME sessions with nurses about what I do in the burns unit. When I come into burns, they say “I’ve started the exercises” or “I’ve started play therapy”. They are showing me what I have taught them. They are proving very helpful. We help each other. It’s a mutual relationship.” – Physiotherapist, Fiji (2024 ANZBA)

Beyond the evidence of knowledge sharing and application of some knowledge, there was evidence that some recipients gained some initial exposure to new skills, which further motivated them to pursue and develop these skills further. One surgeon spoke of their willingness to learn about laparoscopic surgery after seeing it presented at a conference, even doing their own research and learning on various skills. Another participant spoke about the benefit of learning about BTM (Biodegradable Temporising Matrix) at a conference, ahead of using it in her setting.

“Like laparoscopy surgery. I think they were presenting with some techniques that they do, but I don’t really do much laparoscopic surgery, but I was able to see what they are doing and supplement it by looking at over here. Internet is not doing good, but I’m able to access the YouTube able to do appendectomies and those small intermediate cases.” – General Surgeon, Solomon Islands (RACS two times attendee, Samoa flaps workshop)

“They were talking about BTM last year when I came to Australia, I had not used it before. But now we use it a little bit, so it was good to be exposed to it, now that we are using it.” Nursing Supervisor, Nepal (2024 ANZBA)

Interestingly, the Ballarat-Surabaya scholarship recipients reflected that they felt their own skills were in some ways more superior to the Australian anaesthetists, because they work much longer hours and have a lot more cases to practice on. This is an interesting reflection that challenges the view that scholarship recipients need to come to Australia to learn skills, where in some settings this is not the case.

“We have a lot of differences in availability of drugs, the concept is the same. When talking to registrars, we have better skills at doing procedures because of the number of cases, when talking about theory, the Aussies had better as more time to study.” – Anaesthetist, Indonesia (2024 Ballarat-Surabaya scholarship)

## **Strengthened hospital processes and systems**

The second outcome is ‘strengthened hospital processes and systems’. Compared to outcome one “improved skills of broader clinical team”, this outcome had less respondents feeling they were able to adapt lessons from their scholarships to their own contexts, with 40% only ‘somewhat’ able to adapt lessons.

Interviewees identified several barriers to strengthening hospital processes and systems after returning from scholarships.

### **Key barriers and challenges**

A felt lack of buy in from hospital administration, prohibiting scholarship recipients from having the authority to make changes. This means that scholarship lessons get 'stuck', and recipients are unable to action them.

"You build ideas and ways to change the way you practice but the thing is when you come back to the hospital, it is just the support from the hospital to my department, that's one of the things that's been lacking. It's simple things like providing authorisation and space where you can practice what you learned from the conferences." – Head of Plastic Surgery, PNG (2024 RACS)

Furthermore, scholarship recipients noted that the lack of supplies and consumables in their countries mean that their hospitals are often running in 'emergency mode', and making improvements and changes is very challenging. Similarly, conferences in particular often share information about the newest technologies and resources, which recipients are then unable to implement in practice.

"The conference covered a wide variety of advances in the surgical world, not only in Plastics but other departments as well. however, these new technologies are not available in Fiji, I do attain knowledge of the advancement, but we lack the resources to practice." – Surgical Registrar, Fiji (2023 RACS & 2022 ANZBA online)

Without the lack of a supportive and capable team back in hospitals supported by adequate systems and processes, scholarship recipients face barriers to make change without a strong team.

"But I think it's also important that they get a sense of team building. And once you have a team, you can easily build on that. So, I think they miss on that" - Volunteer, Australia

"It's not just the manpower or a one man show, it needs infrastructure and equipment and instruments and a system. So, I think the scholarships really help in the unit to develop a team and in training the manpower, but at the same time, I would say it has not addressed other things that take time and need collaboration with the government. That's the part I would say my scholarship did not address." – General Surgeon, Bhutan (2023 RACS scholarship, 2023 Fellowship (India and Adelaide), 2020 Placement India, 2018 RACS, 2018 Bhutan to Nepal micro-mentoring workshop, & 2018 Regional Plastics workshop)

However, whilst there are numerous barriers to strengthening hospitals and processes, there is evidence of some successes. These include trials of database and the ability to implement low-cost changes. When attempting to make simple/low-cost changes, some interviewees had examples of where they've been successful.

"I went to a session, in Australia the age where they do surgery (a particular surgery) is younger than we do here. I found that this is a really good thing, because the outcomes seem to be much better. I learned this at the conference. It helped because I was in the national hospital, but then I shifted to the children's hospital, and they didn't have awareness. We are in the process of implementing it." - Senior Registrar Plastic Surgery, Sri Lanka (2024 RACS)

### Case study: Interviewee who advocated for change

One interviewee, who is now a leader in his hospital, shared an example of his ability to advocate for change after seeing facilities and equipment whilst at a conference hospital visit. This success highlights the value in sending leaders, who are in a better position to advocate for change.

The interviewee used the conference as an opportunity to learn from the hospital attachment, seeing the set-up and equipment used, to gain ideas for his hospital.

“When I come out to such a conference, I also look at the facilities and the equipment that the particular, especially going in the hospital, see the set-up, the equipment they use in the facility. So, when I come back, I try to try to improve the ones that we have over here instead of having the very old equipment.”

The interviewee then used these new ideas to advocate to his government for new equipment, that he felt was needed in his hospital.

“Because I could also apply for the government to change into using new equipment and new facilities. So, in the conference also helped me to change the whole facility set up that we have.”

Now, there are new machines that are in use and providing patients with better care, thanks to the new ideas gained through his scholarship opportunity.

I attended the conference, I saw some of the endoscopy set up that they have, which I was able to order through our procurement office. So now we are using some new scopes for the endoscopy.” – General Surgeon, Solomon Islands (RACS two times attendee, Samoa flaps workshop)

### Improved multidisciplinary teamwork

The third outcome is ‘improved MDT teamwork’. Survey respondents were asked to what extent their learnings had translated to improvement MDT teamwork; 15% said ‘not at all’, 20% said ‘somewhat’ and 65% said ‘a lot’. This outcome had the greatest number of survey respondents who felt the scholarship had ‘not at all’ or only ‘somewhat’ translated to action.

During interviews with scholarship recipients, a number of key barriers were identified as to why improving multidisciplinary teamwork was challenging in their settings, after returning from scholarship opportunities.

Firstly, challenges were noted with the lack of specialist/support staff, such as physiotherapists and other allied health professionals. Similarly, there are major challenges workforce structures and an adequate number of staff.

“They also need a good team to work with. They need competent physios. They need more competent physios to work with who can follow through on the kind of more complex cases that they do. Because there's just no future of any outcome. They don't have any speech therapists. There is not one in the whole country.” – Volunteer, Australia



Secondly, some recipients noted that whilst there are some specialist staff and the existence of other teams, currently the various departments and teams are working in silo, and there are challenges in bringing them together to work as a team.

"I'm trying to bring in multidisciplinary help with the way we work but it's going slowly, they are starting to slowly understand, and it takes a while to really educate people to come on board. It's a struggle. For example, it's a lot of scattered all over the place. Like the physiotherapy, they do it their own way, we do it our own way." - Head of Plastic Surgery, PNG (2024 RACS)

Another workforce challenge which is faced in several Interplast partner countries in Asia, is the government hospital structure which moves staff between hospitals after a number of years. In Bangladesh, staff in government hospitals do five-year rotations before moving hospitals. This constant movement makes changes hard to navigate, as scholarship recipients have staff moving around them, and their own move ahead of them.

"Actually, our health service is challenging, but especially in Bangladesh or India, Pakistan, because we all are working under the umbrella of the government at the moment and the public doctors to the department. So, nobody is just in the hospital, hospitals transfer us, so I will work here for five years. After then I will be transferred to work in another hospital." - Plastic Surgeon, Bangladesh (2024 ANZBA & 2018 Regional Plastics workshop)

Finally, challenges were discussed around how difficult it can be for women to earn respect, particularly from their male colleagues and counterparts. For female scholarship recipients, particularly those in more traditionally female dominated roles (e.g., nursing and allied health roles), earning the respect of male doctors and surgeons is not as simple as it is for their male counterparts – therefore with women in these roles finding it harder to make changes. This was also felt by the Surabayan anaesthetic scholarship recipients who noted that males dominate the industry and are more likely to be given opportunities for growth and development.

"Our professor usually sends male registrars for disaster and charity work. Male registrar usually only get sent to these opportunities" – Anaesthetist, Indonesia (2024 Ballarat Surabaya scholarship)

However, whilst there is significant evidence of challenges being faced by scholarship recipients to make changes to their multidisciplinary teams, there is also evidence of several successes and positive outcomes.

Firstly, those who attended scholarships with their team were able to reflect on lessons and benefits that this brought. Attending with team cemented lessons that Interplast tries to impart when in country – that a team approach to cases elicits the best outcomes for patients.

"Well, I think the good thing about when they all came to Melbourne for the Burns conference, they came as the Burns team. So, you had surgeons, nurses and physios. It really cemented that whole idea that they are a team, and they work better as a team, and the way they get the best results is working as a team. And that's the whole thing we've always been trying to model with having programs where you have surgeons and nurses and physios or OTs on them, that it is a team approach to everything. So, I think that's a good idea as well." – Volunteer, Australia

By becoming 'experts' in their fields, some scholarship recipients felt that senior doctors and clinicians have more respect and confidence in their work, and this closes the gap between the surgeon and allied health team.

"After the scholarship, I was considered the "hand therapy girl". I have the drive to carry this program through. We've been doing a lot of work. We have had good feedback from the plastic surgeon." – Physiotherapist, PNG (2019 Hand Surgery Conference)

"So now that the closing of the gap in this relationship between the surgeon and the therapist has empowered her to see that "I am really important, and there's no point in the surgeon doing this job with surgery if there's no therapy after"." – Volunteer, Australia

Another scholarship recipient noted that MDT improvement has happened gradually. The workforce has slowly developed and through this workforce, the team will be in a better place to work together in the future.

"So, in my hospital, when we first began, there was no orthopaedic surgeon or oncologist. Now we have both of those so MDT approach is possible. Previously, if we needed an MDT team, we'd need to call someone from outside the hospital. I think now we can overcome this situation." Assistant Professor of Plastic surgery, Bangladesh (2024 RACS)

"I still feel there's a long way to go to develop the collaboration between the other disciplines and other departments, but definitely the scholarship has opened up that channel and it's increasing." -- General Surgeon, Bhutan (2023 RACS scholarship, 2023 Fellowship (India and Adelaide), 2020 Placement India, 2018 RACS, 2018 Bhutan to Nepal micro-mentoring workshop, & 2018 Regional Plastics workshop)

One scholarship recipient provided an example of action they are taking to improve MDT in their hospital, by planning to develop a set of guidelines to help their department.

"I am trying to make a guideline to help other physios, because currently it's hearsay, what I do, people try to copy. It will be so helpful. One of the components I'd like in the guideline is MDT – what to do as a team to support burns patients." – Physiotherapist, Fiji (2024 ANZBA)

### **Ongoing sharing, mentoring and support from a broader network**

The fourth outcome is 'ongoing sharing, mentoring and support from a broader network'. This outcome also had a high number of respondents (75%) respond that this occurred 'a lot', with the remaining respondents saying 'somewhat'. Interviewees spoke most highly of this outcome, sharing that the broadening of their networks was the most valuable outcome they gained from the scholarship program.

For some, it was merely about meeting specialised physicians and likeminded people who were able to motivate and inspire them.

"Main benefit personally was having the exposure to a specialty area and a specialised group of people, who do specialised jobs, I was inspired to further my career." – Physiotherapist, PNG (2019 Hand Surgery Conference)

However, for most interviewees, the benefits of networking went far beyond the conference or workshop and have become ongoing connections and mentors.

Some interviewees spoke about the benefits from meeting their mentors and Interplast volunteers in their home countries, seeing them in a different setting. Others spoke about meeting likeminded individuals from other countries and becoming friends.



**Figure 4: RACS ASC scholarship recipients from 5 very different countries and contexts, (Mayday Fanueli, Begum Nurunnahar, Jackson Nuli, Ravneil Singh and Dishan Samarathunga), who have formed a strong friendship.**

“Actually, we are more like a family. We stayed in the same hotel and after the conference we are still connected. We have a group in WhatsApp, and we often chat there. We are very good friends; I think we’ll be connected forever.” - Assistant Professor of Plastic Surgery, Bangladesh (2024 RACS)

“The benefit of coming to Adelaide was getting to know the Interplast volunteer team very intimately. After Tim, Mark has been leading the team. He has been mentoring me through Zoom classes fortnightly. We are still continuing that.” -- General Surgeon, Bhutan (2023 RACS scholarship, 2023 Fellowship (India and Adelaide), 2020 Placement India, 2018 RACS, 2018 Bhutan to Nepal micro-mentoring workshop, & 2018 Regional Plastics workshop)

The benefits of connecting to likeminded individuals span far beyond friendships, with clinical and case management benefits too.

“I think the workshops, it really helped me to build up the network. I met specialists, and when I’m finding it difficult in isolated places like the Solomons, for opinion on management of cases. Going to workshops, I meet up, get contacts. I said that example, sending pictures through the WhatsApp and they reply so fast I was able to make surgery plans.” – General Surgeon, Solomon Islands (RACS two times attendee, Samoa flaps workshop)

This is a major benefit for small island nations who have limited specialised staff and support available. Ensuring that any future scholarship opportunities continue to prioritise networking and ongoing relationships will be key to support future leaders in Interplast partner countries.

### **Increased number of leaders and quality of leadership**

The final outcome is 'increased number of leaders and quality of leadership'. When asked 'As a result of scholarships, there is increased confidence and commitment to clinical areas, new leadership skills, which translated to leadership positions. To what extent was this the case?', 70% responded 'a lot', with the remaining 30% feeling this was 'somewhat' the case.

When prompted about an increase in leadership during interviews, interviewees mostly noted that they felt an increase in confidence in their roles. For some, this had translated to leadership roles, for others this had not occurred yet.

Almost all interviewees agreed that confidence and motivation were the first steps for them to becoming leaders in their fields.

"I presented for Interplast's 40-year anniversary about the state of plastic surgery in Sri Lanka. Definitely, I have more confidence. Speaking at the conference gave me a lot of confidence and I feel a sense of leadership. Back home, people really appreciated and acknowledged what I had to say and respected me." – Senior Registrar, Sri Lanka (2023 RACS)



**Figure 5: Dr Tanveer Ahmed, from Bangladesh, presenting at an ANZBA Conference.**

However, several scholarship recipients (notably female) have acknowledged that becoming a leader is a slow change, and attending scholarships gives confidence in skills, but does not necessarily translate to leadership positions.

“Right now, having done all the work and performance and feedback from everyone about the work that I am doing. I was hoping to get a promotion, but it has not eventuated. I don’t know what the reasons are.” – Physiotherapist, PNG (2019 Hand Surgery Conference)

This reiterates the feedback from several volunteers who noted that scholarship recipients are singled out as “tall poppies”, and scholarships have to be delicately balanced to ensure that recipients are still able to grow in their departments.

### **Other unexpected outcomes**

Beyond the outcomes that Interplast hoped would be achieved as set out in the program logic, several other outcomes were identified by the scholarship recipients.

Some scholarship recipients noted that the scholarships provided an incentive for staff to work hard, with something to aim for. This was echoed by others who felt they were a nice gift of appreciation for hard work and dedication, in countries where there are not many specialists to carry the workload.

“Yeah, I mean, unfortunately, they do carry the burden. Because if it weren't for them, there's no way to go ahead. They do understand that. That's why these conferences, if not anything, would be like a little, you know, some kind of appreciation for what they're doing.” – Volunteer, Australia

“Having a scholarship for training in a specialised and up to date hospitals gives the younger plastic surgeons an incentive to try their best in clinical work” – Surgeon, Myanmar (2018 Regional Plastics workshop)

Some recipients felt that scholarships supported the strengthening of their CVs, as well as supporting them to get visas in the future for countries such as Australia and New Zealand. This is a positive outcome felt by recipients but could pose a risk for Interplast and partner hospitals in the future, if they do not remain in their fields/hospital due to the opening of other opportunities.

“I applied for a fellowship in Wellington, so the Interplast team helped me get a visa for NZ for this conference so I think that will help me too, since I've had no problems with visa, and they know I came back after the conference.” – Senior Registrar, Sri Lanka (2024 RACS)

“It also really helped my CV which I think helped with my fellowship, so I am very grateful.” – Senior Registrar, Sri Lanka (2024 RACS)

Several scholarship recipients were very honest about finding their jobs demanding and enjoying a break from work and chance to travel and explore a new country.

“It was good for a break. I've been working 10 hours a day every day.” – Senior Registrar Plastic Surgery, Sri Lanka (2024 RACS)

Several scholarship recipients reflected on the benefits of exposure to a different health system. Some felt that whilst the scholarships may not have improved clinical skills, instead they gained a broad exposure to specialty areas and other health systems. This exposure has inspired people in their careers.

“And from those scholarships in 2018 and in 2014. I worked there in the hospital for six weeks, which changed my total view about the external health system. And that was with my first overseas



experience, to a developed world. And after returning back, actually, that has definitely changed my attitude, my learning and to develop the network with overseas teams and the surgeons. And it actually stimulated me to help others.” – Plastic surgeon, Bangladesh (2024 ANZBA & 2018 Regional Plastics workshop)

One scholarship recipient reflected on how their scholarship has opened up another unexpected opportunity – being offered a chance to lecture to university students.

“I was invited to Divine Word university, where the physio course is in PNG, to teach and share skills and knowledge to the students. That has been ongoing. I’ve been teaching skills on hands and burns to the students. It inspires the students. Mentioning to them that I’ve had scholarships, is inspiring to them.” – Physiotherapist, PNG (2019 Hand Surgery Conference)

Whilst networking is an expected outcome, one recipient highlighted how they were able to network to benefit others. One recipient has been able to leverage networks at conferences to support their colleagues in his hospital to get fellowships through these networks.

“One is networking teams. So, for example, we went to I was at a Christchurch conference this year. And I was able to meet up with Craig McKinnon, who’s a plastic surgeon out of Wellington. Now that we have a couple of boys who are wanting to go for attachment, and so I was able to discuss a placement with him.” – Surgeon, Fiji (2022 ANZBA, 2019 ASPS, & 2018 ANZBA)



Figure 6: Dr Scott Buadromo, from Fiji, presenting at an ANZBA conference.

Whilst most of the unexpected outcomes were positive, there were several noted that are challenges, and Interplast should look to these as areas for improvement in future scholarships.

Several scholarship recipients shared their feeling of being overwhelmed when attending overseas conferences, particularly for those who were going overseas for the first time.

“I came by myself. It was a big trip. The conference was my first, it was so overwhelming in honesty. There were so many things going on.” – Physiotherapist, PNG (2019 Hand Surgery Conference)

Another challenge has been for some recipients when returning home and having people jealous of the opportunities they have been given. This tall poppy syndrome has the potential to have very damaging effects on someone's career. Whilst Interplast works closely with teams to identify these risks before they occur, it is still a challenge worth noting to ensure that people are appropriately supported upon returning home.

"There can sometimes be that tall poppy syndrome thing happening where there's a jealousy that someone's getting a lot of attention. And there have been times when things have been said behind the back or about her, about the fact that we're always there helping her and looking after her and doing funding things for her, but other people in the department don't get any support like that. So that can be really quite difficult to navigate, and we have to be really careful that we don't put them in a situation which is not nice for them." – Volunteer, Australia

### **Why some scholarships are more effective than others?**

This KEQ explores the particular features of the scholarship program that make a difference and explain why some scholarship opportunities are more effective than others.

#### **Key features that make a difference**

The addition of practical workshops and hospital placements during scholarships (particularly as additions to conferences), help to give participants a different perspective on health systems, and gives scholarship recipients the opportunity to see how health systems function and are managed.

"In reality, our health system is not so developed compared to the developed world. So, if, we give ourselves an opportunity for, even for a short-term hospital visit, it not only gives him the opportunity to learn, but to be a very important thing, is they are getting exposure to a better or improvised healthcare system." – Plastic Surgeon, Bangladesh (2024 ANZBA & 2018 Regional Plastics workshop)

When scholarships are timed at the 'right' point of a scholarship recipient's career, there is a greater chance of outcomes being embedded in their work. For some, this means having the opportunity to attend conferences after their fellowships/placements, so they have a higher skill level and are more likely to find ways to embed learnings into their work.

"So definitely after they've done their placement, they can continue their learning and capacity building but also to learn new techniques. Yeah, I think when you go before your placement you might have to go with a group that you're familiar with." – Surgeon, Fiji (2022 ANZBA, 2019 ASPs, & 2018 ANZBA)

Ensuring a person is also motivated and committed to their field, supporting them as they return home to overcome obstacles and embed lessons helps to ensure that Interplast is selecting the "right" scholarship recipient. One recipient reflected that "sharing the scholarships around equally" does not guarantee commitment and ongoing change, but rather sprinkles around bits of knowledge without long-term follow up.

"It's not about long-term plans of the scholarships. It's about "who got it last year?" with the aim of distributing the scholarship around a lot of people equally. To me that doesn't make a lot of sense, it's just one time exposure and getting some knowledge but not getting to apply it. If you could give



successful scholarships to one genuinely interested individual based on his needs in his country.” -- General Surgeon, Bhutan (2023 RACS scholarship, 2023 Fellowship (India and Adelaide), 2020 Placement India, 2018 RACS, 2018 Bhutan to Nepal micro-mentoring workshop, & 2018 Regional Plastics workshop)

Some scholarship recipients attended as a team, and with improved MDT teamwork a key objective and outcome for scholarships, this is one way to help bring teams together. The opportunity to come as a team gives the group of attendees a chance to reflect and grow as a team.

“Maybe having at least two or three people coming from one place. Having a companion means we could each pick up different learning points and we could share the learnings. Coming alone was a bit of a new experience, I don’t mind it, but having a peer would be even better. We could talk about the lessons whilst at the conference, whilst it’s still fresh.” – Surgical Registrar, Fiji (2023 RACS & 2022 ANZBA online)



**Figure 7: Fiji's CWMH Burns unit attending ANZBA ASM together in Melbourne, 2023, along with former Interplast CEO and CEO of Interplast corporate supporter, PolyNovo.**

Another factor as to why some scholarships are more effective, is when networking opportunities bring people from similar settings together, A major success of some scholarships is the opportunity to connect and network with other professionals in similar fields from other settings, so they can learn from each other.

“But we usually do, in the field of the plastic surgeon and we try to showcase our activities, and that was a great opportunity. And as we can learn from each other, especially the countries, the developing countries and actually it gave us a wider picture about the activities across the world.” – Plastic Surgeon, Bangladesh (2024 ANZBA & 2018 Regional Plastics workshop)

Some scholarship recipients noted that a key factor in having successful outcomes was having Interplast volunteers advocate for the recipients to be leaders in their fields and advocating for allied

health to be a priority. This advocating supported the recipients upon their return home to embed their skills in their work.

“Some of the surgeons have more respect for my skills. Not just because of the conference, but because of having the team here too and having the team advocate for change and therapy in general. Having them advocate for us and giving us awareness, it’s built respect for the therapy.” – Physiotherapist, PNG (2019 Hand Surgery Conference)

### **Interaction between other Interplast programs**

This review has also explored whether the interaction between the scholarship program and other Interplast programs contribute to achieving better outcomes overall. Most scholarship recipients felt that the scholarship program offered benefits to the visiting Interplast volunteer teams, mainly because of an increase in confidence they felt when working with visiting teams. Some recipients were able to articulate an increase in confidence they felt after attending scholarships, which they believed would translate to visiting teams.

“I will definitely feel more confident if they come. At the conference, I met Jess and Amanda, now I am more comfortable and more confident.” – Assistant Professor Plastic Surgery, Bangladesh (2024 RACS)

Several scholarship recipients also felt that because of scholarship opportunities, they now offer the visiting teams more learning opportunities, in a give and take relationship.

“Because we’ve attended conferences, we have background knowledge. It’s not only a one-way learning, but we don’t only learn from them. There’s things we do and practice, we try and teach the visiting teams. It’s a give and take. The type of cases that we see are amazing, it’s the exact word we hear from visiting teams that work with us. It’s again, give and take.” – Surgical Registrar, Fiji (2023 RACS & 2022 ANZBA online)

For those that have gone on to become leaders in their fields, the ongoing scholarship opportunities, mentoring and networking with Interplast volunteers and Interplast visits all interact to achieve better outcomes.

“Actually, we worked together for a long time, and I tried to organise the things over there, so definitely helped me to play in the leadership group and that will help me to spread the things among my colleagues and to seek their attention. So, the time the Interplast team used to visit us So that is, no problem with the trainees, number of trainees, or the number of nurses on the camps because they are happy or eager to join the Interplast camps.” – Plastic Surgeon, Bangladesh (2024 ANZBA & 2018 Regional Plastics workshop)

Other interactions between scholarships and other Interplast programs include the ongoing relationships with mentors, having an advocate see recipients in different settings and be able to support advocacy for change, and the visits helping to cement some new techniques that may have been explored in conferences.

### 3.3 Efficiency

This KEQ explores how the program represents value for money and an efficient use of Interplast resources. This section looks into the extent to which the program is an efficient use of resources and represents value for money.

According to recipients, most felt that scholarships were a good use of resources. However, there were examples of scholarship elements that meant outcomes were not achieved as effectively or as timely.

Firstly, the lack of hospital placements or short observational placements, meant that some recipients felt the scholarship did not achieve all that it could have. Hospital placements have been identified as very important to Interplast, however, the significant expense of hosting these and low availability of hospitals willing to host participants means that this is not always possible. This means, that where hospital placements are not possible, the key challenge for Interplast is ensuring that the scholarship opportunity still meets the needs of the recipient.

"I think a conference is important, but if Interplast could provide more than 1- or 2-weeks fellowship program with clinical attachment in hospital, this would be more important. For practical experience, clinical attachment is preferable. But all are good. Interplast team visit, clinical attachment and conference but I think clinical attachment is best." – Assistant Professor Plastic Surgery, Bangladesh (2024 RACS)



**Figure 8: Surabaya scholarship recipients Putri Rizkiya and Berliana Prastiti at the RCH Hospital, where they did part of their clinical attachment.**

Secondly, scholarship recipients noted the lack of resources in countries makes translation of scholarship lessons hard to implement, therefore some scholarships (particularly conferences) offer less value for money.

“But most of the things they were talking about were resources available in developed countries, so a lot of the lessons did not align with how we work in our hospital. But it was great to learn about how other countries work.” – Nursing Supervisor, Nepal (2024 ANZBA)

However, whilst scholarships do not always represent good value for money to achieve all of the intended outcomes, they offer value for money to help Interplast build up leaders. In regard to this outcome, scholarships offer good value for money to build leadership, confidence and networks.

“Interplast team has visited, they teach a large group. Sometimes they need to develop some leaders in the country. So, in that case, we need the scholarships, because scholarships are actually based on the merit.” – Plastic Surgeon, Bangladesh (2024 ANZBA & 2018 Regional Plastics workshop)

“I think it was a good use of money, because it exposed me to that and inspired me. I wanted to do more in hands and practice more. It has given me the confidence and courage to share my skills and knowledge to my colleagues.” – Physiotherapist, PNG (2019 Hand Surgery Conference)

Survey recipients were asked to rank Interplast scholarships/activities in order from most valuable to least valuable. Based on averages, the following rank was felt by survey recipients in order of most valuable to least valuable:

1. Placement at a hospital (clinical attachment, where you could treat patients with supervision)
2. Having an Interplast team visit and provide training
3. Having an Interplast team visit to support delivery of clinical services (for example, a surgical team visit to support cleft cases)
4. Attending a conference (e.g., RACS ASC)
5. Traveling outside your home location to attend a clinical skills workshop
6. Placement at a hospital (observational only)

Survey recipients felt that placement at a hospital with a clinical attachment was the most valuable because skills and knowledge are better gained with hands on experience. Some people also noted that these kinds of opportunities are difficult to attain without support from organisations such as Interplast.

Interestingly, Interplast existing activities (having Interplast teams provide training and support clinical services) both ranked higher on average in terms of value above attending conferences. This means that overall, survey recipients feel that volunteer teams are able to train and support them to meet their needs.

Survey recipients felt that observational attachments provided the least value, noting that they imparted knowledge, but did not support the growth of technical skills. Survey recipients strongly preferred opportunities to grow their technical skills, and this was clearly articulated in the ranking of opportunities.

### 3.4 Lessons learned

This KEQ explores the key lessons learned for future scholarship programs including what changes would need to be made to ensure the scholarship program is appropriate, effective and efficient and how the scholarship program can be improved.

The following key lessons have been identified throughout the review as important to improve future scholarship programs.

#### Key lessons

1. The challenge and importance of selecting the most appropriate person to attend the scholarship.
  - By having an appropriate scholarship recipient, the scholarship can encourage retention in a role.
  - Interplast must consider how staff may move roles in the future and how this will limit the long-term effectiveness of the scholarship.
  - Whilst not the case for all recipients, in general, conferences are more appropriate for senior staff, and workshops/other networking opportunities for junior staff.
  - Interplast volunteers have strong intel as to who is 'right' for scholarships, and motivated to stay in their roles and use the lessons they learn.
2. The importance of supporting scholarship recipients throughout their scholarship journey.
  - This is particularly important for scholarship recipients who have limited travel experience and need more support to navigate being away from their homes.
  - There are also additional challenges and supports needed for some women, which may be more prominent for those who are not surgical (for example, allied health) who are at a higher risk of tall poppy syndrome and facing challenges after their scholarships. Whilst this has not been identified as a challenge for all women, it is a risk that needs to be considered when working with female scholarship recipients.
  - Interplast provides support through various pastoral care pathways, with volunteers based in cities a support/mentor for scholarship recipients who need additional care. Interplast could formalise this process to ensure it meets the needs of all.
  - Another volunteer suggested the possibility of organising cultural exchanges, for example, hosting dinners where scholarship recipients can learn more about the culture they are in.
3. There is still a great need for hands on workshops and the addition of hospital placements during scholarships. The need for practical skills development is particularly evident for younger staff who have fewer upskilling opportunities in their hospitals.
4. A major success of the scholarships is the opportunity to connect and network with other professionals in similar fields from other settings.
  - There is an opportunity to leverage this in other ways – for Interplast to organise regional networking opportunities.

- This may be a more cost-effective way to still gain benefits of networking, rather than bringing participants to conferences that are not always relevant to the home hospital or attendee.
5. Making improved MDT teamwork a key objective and outcome for scholarships is one way to help bring teams together.
- The opportunity to come as a team would give the group a chance to reflect and grow as a team.
  - Whilst it is acknowledged that it is not always possible to bring a team of people away from their hospital setting, where feasible, this should be considered.



## Appendix 1: Program logic

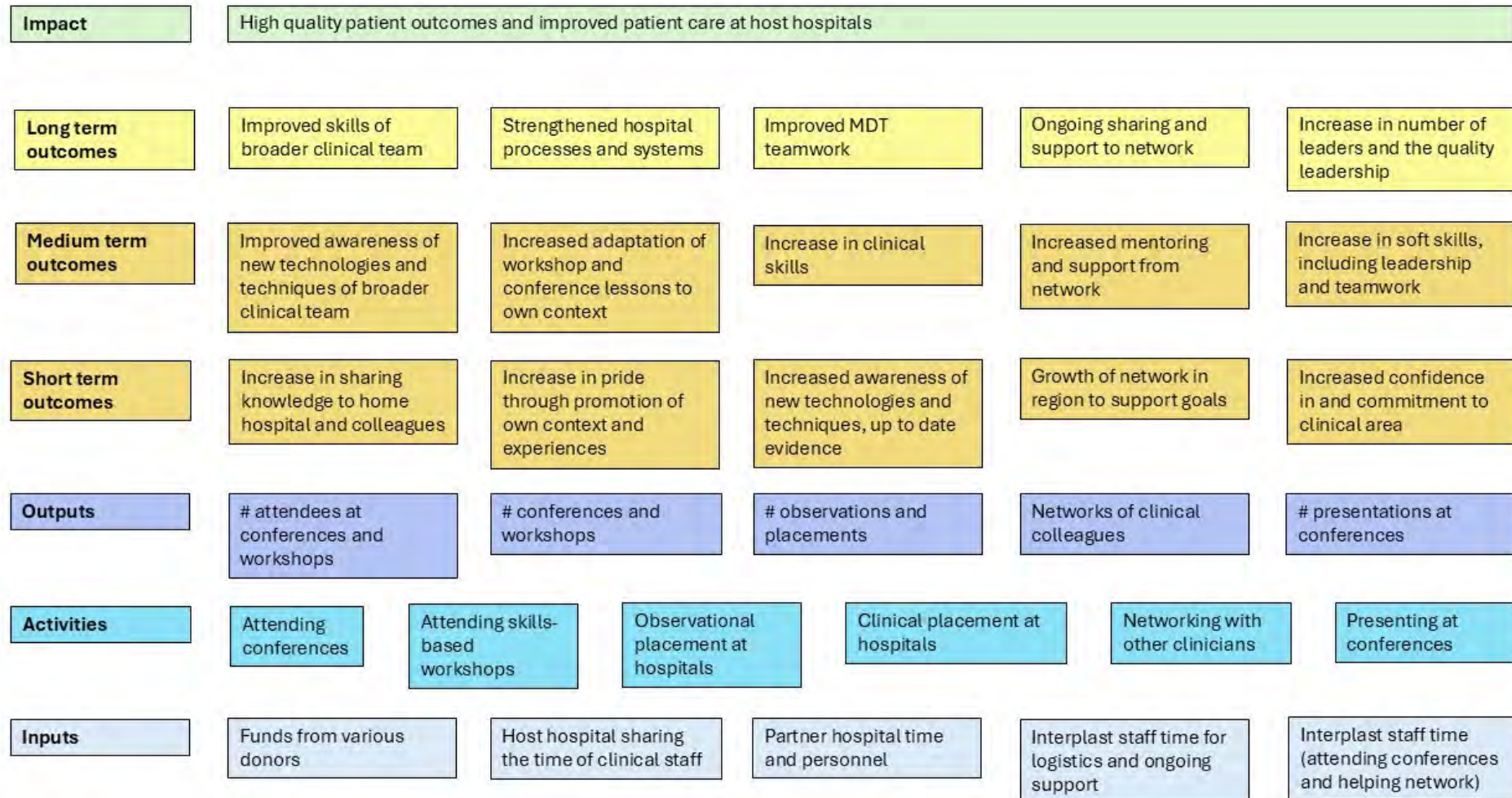


Figure 1: Scholarship program logic.