

General Practice Nurse education in Scotland – now and in the future

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LEADING ARTICLE



General Practice Nurse education in Scotland – now and in the future

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ABSTRACT

General practice is changing in Scotland with a new GP contract transforming how health care will be delivered in the future. These changes and developments are supportive of general practice nurses (GPNs) enabling their transformation into a new role of expert nursing generalists. GPNs are core members of the primary care team and are therefore fundamental to the future of General Practice. With over half of all GPNs in Scotland being over the age of 50 years or over the profession faces challenges to sustain the workforce. In consideration of this, the Scottish Government and NHS Education for Scotland have considered these challenges and are supporting GPNs with significant investment and a clear vision to support recruitment and retention of a highly skilled GPN workforce for the future.

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General practice is changing in Scotland with a new GP contract transforming how health care will be delivered in the future [1]. These changes and developments are supportive of general practice nurses (GPNs) enabling their transformation into a new role of expert nursing generalists. GPNs are an essential component of the primary health-care team, and a strong and well-developed GPN workforce is necessary for the continuing development of general practice.

General practice is fundamentally a team endeavour with GPNs having a core position in every team. GPNs make up 37% of all general practice clinicians with the number of consultations for GPNs relative to GPs increasing from 28% in 2003/04 to 33% in 2013 [2,3]. Although there is acceptance that the general practitioner (GP) is the mainstay of the primary health-care team, the GPN can be the unsung hero, and at times, an invisible member of the team [4].

In the last decade, there has been an increase in the number of GPNs entering the workforce and this has strengthened the general practice team. However, the GPN workforce faces considerable challenges, with over half (55%) of all GPNs being aged 50 years or over [5]. As experienced GPNs retire, they will be replaced by less experienced colleagues and this potentially compromises patient safety and delivers unwarranted variation across practice. As inexperienced nurses enter the workforce, education and learning opportunities must be delivered to support them and enable their development.

NHS Scotland sought to address the issue of initial training of GPNs, when in 2012, NHS Education for

Scotland (NES) introduced a 1-year structured practice-based training programme for nurses new to general practice. The evaluation of this programme was very positive, and the programme has continued successfully. It is now in its eighth year and has between 20 and 30 participants annually [6]. The remit of the programme was not to offer continuing professional development (CPD) nor progress a clear career and educational framework beyond the initial first-year programme. Thus, there is a significant gap in the provision of CPD resources for many GPNs in practice in Scotland and never more so apparent in today's changing general practice landscape.

There is an acknowledgement of the growing complexity of GPN work and roles, and a recent agreement of role definitions and titles for GPNs may help reduce the considerable variation of these in Scotland. Work has been undertaken to achieve a robust career and educational framework within a common pathway for GPNs to adopt and progress [1].

In the ongoing development of the expert nursing generalist, there is a requirement that nurses are critical thinkers and are adaptable with flexible skills. They must also champion and espouse intelligent kindness. This will ensure that GPNs continue to excel and rise to the challenges and rewards by supporting the communities within which they work.

In 2017, a Scottish Government short life working group was brought together under the auspices of the Transforming Roles (TR) programme to refresh the role and educational requirements of GPNs. The group

recognised that GPNs need a substantial breadth of knowledge and to attain this it is essential that GPNs are able to access relevant education and training. The Scottish Government are supporting GPNs with a significant investment in education over a four-year period from 2017 to 2021. This funding provides a valuable resource to help deliver a highly effective profession and acknowledges the importance of the GPN role in the future delivery of primary healthcare. The deliverables required from this short life group are the production of a document setting out the refocused role of the GPN in conjunction with the Chief Nursing Officer Directorate (CNOD) Transforming Roles programme (Box 1). This programme is committed to raising the contribution of the nursing, midwifery and health professions workforce and stretching the traditional boundaries of professional roles.

The TR programme aims to provide strategic oversight, direction and governance to develop and transform roles to meet the current and future needs of Scotland's health and social care system, and to ensure nationally consistent, sustainable and progressive roles [7]. There are careful considerations in undertaking this TR programme, as it not only intends to think differently by identifying new ways of working and delivering services, but it needs to consider new and advanced roles within multidisciplinary, multi-agency integrated teams.

To support meaningful engagement with GPNs throughout Scotland, Scottish Government officials and NHS Education for Scotland (NES) nursing representatives undertook a series of GPN Roadshows, visiting all 14 territorial boards in NHS Scotland to enable discussion of the above document. The aims were to hear first-hand: 'What matters to you' and to discuss the implications for future GPN roles and to promote the innovative educational opportunities available to them. The roadshows, were the first engagement of its kind in Scotland and provided an effective opportunity for interaction with GPNs, and the fostering of a shared realisation of new opportunities. It also allowed the communication of a genuine commitment from the Scottish Government to improving career pathways for GPNs. There was an acknowledgement that the investment in education, and the nationally agreed TR document recognised and added value to the role of GPNs.

NES has developed an education pathway which provides opportunities across the career pathway stages from pre-registration to advanced practice, which is future-focused, flexible and encompasses lifelong learning and development (Box 2).

Anecdotal evidence suggests that there is little promotion of general practice in schools and that there may be a lack of visibility of GPNs as role models for young people. School children have relatively little need to access GPN services compared with the older population. Improving the visibility and raising the profile of general practice nursing as a first career choice and increasing the number of training placements in general practice for pre-registration nursing students represents a fundamental route to encourage nurses to choose general practice as their first career destination after graduation [8].

Many GPs are understandably reluctant to offer educational placements to pre-registration nurses because of the impact on service delivery and reduction in access for patients. At present there is no agreed national funding for pre-registration nurse clinical placements in general practice, so a pilot project was undertaken to address this issue. This project is in a very early stage of development and involves NHS boards, GP practices and Higher Educational Institutions working in collaboration. Early evaluations have been tentatively positive (unpublished at time of writing). There is optimism that further work to embed these placements will be undertaken.

Pre-registration nurse education contains little GPN-specific learning. As a result, nursing graduates are often unaware of the different culture that exists in primary care in comparison to that in hospitals. In the Queen's Nursing Institute survey, nearly 80% of respondents reported that they had not observed a general practice nurse as part of their pre-registration placement. Those that did, tended to have been placed with the community nursing staff, and spent very limited time observing the GPN [9]. Given that 90% of all NHS clinical contacts take place in primary healthcare, this survey outcome adds power to the need for transformation of the way that GPNs are recruited from the newly-registered nurse population. There is a common myth that GPNs should have

Box 1. Key features of the refocused GPN role [7].

- Focusing on public health, including primary and secondary prevention and addressing health inequalities
- Care and support planning, including anticipatory care
- Assessing illness and injury
- Supporting management of long-term conditions
- Supporting people with complex conditions or who are frail as part of integrated community teams
- Promoting mental health and wellbeing
- Providing nursing care across the life cycle

Box 2. NES GPN professional development opportunities across the career pathway.

- Placements for undergraduate nurses
- Development of learning resources
- Training Places for newly qualified nurses
- Clinical career fellowships
- Education and CPD
- Coaching
- Appraisal
- Return to practice

at least two years' post-qualification experience before they consider a general practice nursing career. Even if that view was correct, a nurse with years of experience in another area of nursing, particularly from an acute care setting, may still not be able to assume many of the roles required of GPNs without further training.

Most GPN post advertisements require applicants to have previous relevant general practice experience which is an obstacle to the recruitment of new nurses into general practice. It creates a state where nurses without appropriate experience struggle to find employment in primary care and GPs are unable to fill positions with experienced GPNs.

As part of the NES plan, it was recognised that there was an opportunity to enhance the current GPN workforce by adopting an early and positive recruitment and retention strategy by establishing GPN training places for newly-qualified nurses (NQNs). GP practices from across Scotland applied to NES in a competitive process to provide a training place for an NQN for 20 hours per week, of which 4 hours is protected study time. The placement is for a fixed-term period of two years and on its completion, the NQN may be recruited to a post within the practice or may seek employment elsewhere. Within this initiative, in the first year of practice, the NQN undertakes the NES GPN programme and Flying Start NHS [10], which is the national development programme for all newly qualified nurses, midwives and allied health professionals. The NQNs benefit from being assigned an NES GPN Educational Supervisor (ES) who facilitates monthly learning sessions and provides support and mentorship throughout the duration of the programme. The ES is a highly skilled senior GPN who has been specifically trained and has gained additional qualifications for this role. Educational supervisors have been evaluated as affording tremendous support to GPN trainees throughout the history of the programme and are an essential resource for the GPN trainee [11]. This opportunity has provided a vision for some NHS boards in Scotland to progress an integrated community team development post between GPN and community nursing teams, potentially embedding the new concept of the integrated team.

Most GPs will be aware that without their GPN team they would struggle to cope with the volume of work in today's general practice. Evidence suggests that there is variation in the degree to which GP practices fund training and release nurses for education necessary for such work [9]. A further disincentive to the development of GPNs is the increasing risk that they will be lost to other GP employers. The role of the GPN

continues to evolve, but there is often poor access to standardised and regulated training. Unlike GP specialist training, there is no recognised or sustainable educational infrastructure for GPNs. Without this, it will be extremely difficult to increase the necessary GPN training facilitators, educators and mentors.

CPD is one of the requirements for nurses to demonstrate that their skills are current and that they have the required competencies. This contributes to their submission of evidence for revalidation with the Nursing and Midwifery Council (NMC) on a three-yearly basis. If GPNs are to keep pace with the transformation in primary care, CPD programmes must be fit for purpose and reflect local educational needs. This brings a need to incorporate learning not previously regarded as relevant to the GPN role, and to ensure that the widespread variation in educational provision is tackled to enable access to appropriate CPD for all GPNs [12].

CPD Connect is a national service delivered by NES which aims to support those working in primary healthcare to achieve CPD [13]. It provides an integrated service across Scotland offering a wide range of CPD resources for Scottish primary health-care professionals. It allows access to Practice-Based Small Group Learning (PBSGL), and although this was originally designed for GPs, PBSGL has evolved to include pharmacists and GPNs [14].

In an effort to reduce variation, quality assure and offer a Scotland-wide approach to CPD for GPNs, CPD Connect has recently increased its educational provision significantly for GPNs. The recruitment of a specialist GPN Educator has supported the development of a range of short courses covering topics such as COPD, asthma and cervical cytology. It provides residential courses covering masterclasses in the management of long-term conditions, minor illness and telephone triage. These courses have been well received by the established GPN workforce encouraging the continuation of this model of learning. This provision allows GPNs to network and share experiences with each other, reducing the sense of isolation often felt by a workforce who may be lone practitioners, or who work part-time.

As the general practice landscapes changes, there is a clear vision that a combination of investment and reform is endeavouring to support the recruitment and retention of a highly skilled GPN workforce for the future. This workforce needs to be developed to its full potential. As GPNs deliver increasing amounts of health promotion and are central to the management of long-term conditions it is important to ensure that there is a supported career pathway to lead this profession for the future of primary care.

Disclosure statement

No potential conflict of interest was reported by the author.

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