

General Practice Nursing in South London

A guide for developing student nurse placements in primary care



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Introduction

There is currently a strong emphasis being placed on the need to develop the healthcare workforce of the future (Willis, 2015). As part of this, one challenge is to ensure that the development includes experience of high quality educational placements in the workplace. This is especially pressing for community-oriented professional groups such as nursing, pharmacy and social care. Thus, the current and future community educational infrastructure has to cope with rising demand for more placements in primary care based in general practice and beyond.

In the past, General Practice Nurse (GPN) placements have very occasionally been utilised for nursing student placements – though access to these has been challenging, and student nurses have not always benefited from the unique opportunities that can be offered. This, coupled with an incomplete understanding of the full scope of practice nursing, means pre-registration nurses rarely consider it as a viable career pathway.

By developing more placement opportunities in community and primary care we have a chance to inspire our current undergraduate students to consider working in these sectors, therefore contributing to workforce development and recruitment of the future workforce. One new development that emerged in 2009 was a Hub and Spoke model placement. This approach provides students with the opportunity to be allocated to a community placement (Hub) in a traditional way, but also to have the opportunity to work in other settings and with different

clinicians (Spoke), while being formally supported by their mentor. A model such as this promotes inter-professional working and local-flexibility as outlined in the 5 Year Forward View and the New Deal for General Practice.

This document provides useful information in a question and answer format for staff in general practice who might be considering hosting a pre-registration nurse placement in south London.

Why host a student nurse?

Benefits to General Practice

- Raises the profile of the practice as a student nurse training practice
- Enables smaller practices ('spoke' placements) to have a role in workforce development & education
- Opportunity to share students with neighbouring practices if the GPN is part time
- Addition of learners to the practice team brings in diversity and differing skills sets
- Students with primary care experience are more likely to consider a career in primary care nursing and enabling us to develop our own workforce
- Income from the placement tariff payable retrospectively to practice £70 per student per week to cover the mentor's time with the student
- Hosting students has been recognised to impact on the whole team with a perceived increase in critical thinking for all staff.
- Gives senior HCA's the experience to teach student nurses, raising their profile as educators
- Students can act as a resource to support for GPN's undertaking designated tasks i.e. dressings, blood pressures, urinalysis, weights, waist etc.
- Depending on which year the student is (1, 2 or 3), the more skills and competencies they will have. This will enable them to be involved in the daily services the practice provides e.g. NHS health checks, simple wounds, care planning, smoking cessation.

Benefits to Practice Nurses

- Teaching and mentoring experience are a valuable addition to CV and skills set
- Opportunity to avail of a fully funded university course in mentorship, contributing CPD and revalidation requirements
- Qualified mentor status with opportunity to qualify to the next level of sign off mentor and practice teacher
- The chance to teach best practice and share your skill set, ensuring that existing knowledge is imparted to the future generation of community and primary care nurses
- Shared learning opportunities
- Up-skilled workforces and improved patient care and outcomes
- Development of management and leadership skills

Benefits to the student nurse

- Students with primary care experience are more likely to consider a career in primary care and can subsequently gain employment following a final placement
- A chance for the student to grow in understanding the complexities of primary care by experiencing working in a GP practice
- Gives the student an insight to the wide range of services provided to patients within the community setting
- Builds a knowledge base for student nurses to gain a unique awareness to the diverse skill set within primary care for example ANP's, Independent prescribers, health champions, reception sign-posting, nurse telephone triage, minor illness clinics etc.
- Shared learning opportunities for multi-professional learning in the environment for example student physicians associates, HCA's new to practice, medical students
- A chance for the student nurses to gain confidence in 1:1 consultations and telephone interactions with patients (depending on the students' experience)

Student Nurse Placements

The length of pre-registration nursing student placements is likely to vary according to the HEI's placement pattern, but it will normally span a maximum of 12 weeks for a third year student on their final placement. The curriculum for these placements is provided by the university (which is quality assured by the Nursing and Midwifery Council).

General Practice is particularly suited to supporting the development of nursing students due to the wide range of learning opportunities and types of patient contact that take place in this clinical setting. An example of these learning opportunities can be seen in the sample timetable on appendix 1 of this document.

FAQ

How should we structure a student nurse's placement in our practice?

If you are a practice that trains medical students or doctors to become GPs then you will already have developed your own ideas about how to structure a learner's working week. Student nurses also benefit from a similar range of learning opportunities. These include an effective induction, sitting-in with GPs, nurses, HCA's, receptionists and administrators as well as community based visits with health visitors, district nurses and pharmacists. Additionally, learners from different professional backgrounds benefit from interacting with each other especially around patient care.

It is also important that the mentor (or supervisor) has protected time at the end of a clinic to debrief the student nurse and help them reflect on their learning during the course of a session. The NMC recommends that the student nurse should be supervised by the nurse mentor for a minimum of 40% of the working week.

Will my practice have to go through a visit and approval process to be able to take on student nurses?

We recognise that many practices are already approved for training doctors and medical students. The NMC requires that practices involved in training nurses are also approved to their standards.

In London there is one tool recognised by all HEI's which is used for this audit/approval purpose. A member of staff from the university will support the practice in undertaking the audit. The audit is undertaken every two years and takes about 2 hours and may result in actions for both the university and practice nurse to ensure effective preparation of the learning.

Where possible any information already available will be reviewed to avoid duplication. In addition to this we will arrange a one to one meeting with the practice nurse to discuss the potential learning opportunities and the needs of the mentor; the practice will be allocated a link lecturer who will make contact with the practice nurse and will be a source of support for both students and mentors (see below).

What support do you provide for preparing practices to take on undergraduate nurses?

If you agree to hosting nursing students, a member of staff from your local university will work with the lead nurse in your area (CEPN lead/CCG Primary Care Development nurse) to arrange a time to come and meet the GPN and practice staff. They will seek to identify your strengths and areas of potential development, and then work with you to support your relevant educational development needs. This will include provision of relevant training for nurses and other staff.

They will determine whether the GPN's in the practice need specific support with their mentorship qualification, ensure that the practice meets relevant standards of care provision (e.g. Care Quality Commission standards), ensure that good clinical care is role-modeled (e.g. through the use of evidence based guidelines), and work with you to identify the range and breadth of learning opportunities.

What Mentorship training is available for the GPN?

There are many options available to nurses to gain a mentorship qualification. These range from 3 day non-credit bearing courses, recognition of prior learning or 15 degree credits at level 5, 6 or 7. The GPN will be supported by the CEPN/CCG lead nurse in identifying what the best option is. By completing a mentorship course, the nurse can carry out their professional commitment to the future workforce by mentoring and investing in GPN's of the future.

Once the University have allocated nurse students to your practice you will also have access to a Link Lecturer who acts as a resource, support and adviser to the mentor and practice. Your link lecturer will visit your practice to support you, the nurse mentor and the student. The link lecturer will be available before, during and after the student nurse placement.

What are the indemnity arrangements?

See appendix 2 for a letter from HEE South London Head of Primary Care Education and Development and Dean of Healthcare Education and Deputy LETB Director.

Will there be any remuneration?

The good news is that financial remuneration is now available. For those of you who do GP training, it is about the equivalent of half a trainers grant for 12 months of supporting pre-registration nurse education (£3175 for 45 weeks of nurse placement or £70 a week).

What do I do now?

Contact your local CEPN nurse lead or project manager, who can direct you in taking your next steps towards becoming a student nurse training practice. Requirements for hosting students from other health disciplines have minor variations on student nurse placements eg physio, paramedics etc

If you are interested in hosting students from other disciplines, please contact your local CEPN who can direct you the appropriate person.

Appendix 1: Sample Timetable 1st Year Student Nurse

There is a wide range of other opportunities available for student nurses. This timetable is to outline how a student nurse could experience learning opportunities on placement. A third year student could develop throughout the placement to taking responsibility for their own clinics, supported by the mentor. The link lecturer would be able to work with the mentor to develop a timetable which draws out the best experience from your particular GP surgery.

| Week 1 | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--|--|--|--|--|
| AM | <p>9am-9:30</p> <p>Meet mentor, orientation to placement , review of learning needs and discuss personalised placement objectives</p> <p>9:30-12:00</p> <p>Observation of General Practice Nurse Clinic (Mentor)</p> | <p>9am-11am</p> <p>Observation of Advanced Nurse Practitioner Clinic</p> <p>11am-1pm</p> <p>Observe Minor Operations with GP and HCA</p> | <p>All Day Visit</p> <p>Local Sexual Health Clinic</p> | <p>9am-1pm</p> <p>Diabetes Clinic with Practice Nurse and ANP</p> <p>Follow a patient from reception to review with Practice Nurse and then with ANP for Medication Review</p> | <p>9am-11am</p> <p>Anticoagulation Clinic with Practice Nurse (Mentor)</p> <p>11am-1pm</p> <p>Reception: observe and assist with general enquiries</p> |
| PM | <p>1:30-3:30</p> <p>General Practice Nurse Clinic (Mentor)</p> <p>3:30-5pm</p> <p>Travel health Clinic (Mentor)</p> | <p>1:30-5pm</p> <p>General Practice Nurse Clinic (Mentor)</p> | <p>Local Sexual Health Clinic</p> | <p>1:30-4pm</p> <p>Childhood Vaccination Clinic with Practice Nurse</p> <p>4pm-5pm</p> <p>Observe HCA clinic</p> | <p>1:30-2:30</p> <p>Interim review with Mentor</p> <p>2:30-5</p> <p>Visit Local Dispensing Pharmacy</p> |

Development of Placements for Pre-Registration Nursing Students

| Week 2 | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|---|---|--|---|---|
| AM | 9am-9:30 Meet mentor 9:30-13:00 Observation of General Practice Nurse Clinic (Mentor) | Individual project work: getting to know the local population and their needs. | 10.00-13.30 Visit District Nurse | 9am- 13.00 INR Home Visits with lead nurse | 9.00-10.00 Student reflection on learning 11.00-13.00 Coil clinic with GP |
| PM | 1:30-3:30 General Practice Nurse Clinic (Mentor) 3:30-5pm Travel health Clinic (Mentor) | 1:30-2.00 Attend in- house training event 2.00 - 5pm General Practice Nurse Clinic (Mentor) | 14.30 – 16.30 Health visitor clinic 17.00 – 19.30 Women's Health Clinic | 14.00 – 17.00 Diabetes Clinic with Practice Nurse and ANP Follow a patient through a foot check with HCA, a medication review with a GPN | 14.00-17.00 COPD/Asthma clinic Follow a patient for spirometry, medication review with GP and COPD management with practice nurse |

References

Building the Workforce – the New Deal for General Practice, 2015. RCGP, BMA NHS England, HEE

NHS Five Year Forward View, October 2014

Raising the Bar: The Shape of Caring Review (March 2015), Health Education England

Sykes C (2011) Pre-Registration nurse placements in general practice: an evaluation Practice Nursing 2012, Vol 23, No 8

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Appendix 2



16 February 2016

Dear Colleague

We are writing to reassure you about indemnity arrangements for undergraduate student nurses placed in general practice. To clarify the issue we asked a local colleague, Sarah Portway, to write directly to the Medical Defence Union. The response from the MDU was most reassuring. Specifically they state that:

“In the MDU’s experience it is unlikely that a clinical negligence claim would be brought against a nursing student as in most cases we anticipate they would be present as an observer or in a directly-supervised role with the supervising doctor or nurse retaining responsibility for any patient contact. We would not expect students to make independent decisions about the diagnosis or the management of patients or to provide specific clinical advice to patients (unless in the presence of a supervising doctor or nurse who could correct any misinformation provided).

A supervising GP or nurse has a duty of care to his or her patients and that duty of care is not diminished when allowing the involvement of a student, as the doctor or nurse will retain professional responsibility for the consultation. In the event that a patient were to be harmed as a result of a nursing student’s involvement in their care it is most likely that any claim brought would name the supervising GP or nurse rather than the student.

I can confirm that where MDU members (GPs or nurses) were involved in the supervision of a

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nursing student then they could approach us in order to seek assistance in the usual way if a claim subsequently arose out of a patient contact they supervised. MDU members do not need to notify us individually if they have nursing students on placement at the practice or are otherwise involved in their education.”

We hope you will find the advice from the MDU reassuring and will consider providing a placement to student nurses who will benefit immensely from seeing high quality general practice delivered to your local population, and as a result, consider general practice as a proactive career choice.

If you have any further queries or thoughts please do not hesitate to contact us.

Yours sincerely



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