

**MIDDLESEX UNIVERSITY
SCHOOL OF HEALTH AND EDUCATION**

Project Report:

A realist evaluation of the development of general practice placements for student nurses in North Central and East London.

**A report commissioned by
Health Education North Central and East London
and produced on behalf of the
School of Health and Education, Middlesex University
by**

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EXECUTIVE SUMMARY

Background

- The focus of this realist evaluation is the current development of placements for student nurses in general practice funded by Health Education North Central and East London (HENCEL). This evaluation provides an explanatory analysis of the progress of recent initiatives to develop student nurse placements within general practice by identifying those factors within the local general practice context which facilitate and/or hinder the sustainable development of placement capacity for student nurses.
- Various initiatives are in progress with local stakeholders across five Community Education Provider Networks (CEPNs) linked to four local Higher Education Institutions (HEIs). One project is entitled “Developing General Practice Nursing (Promoting Placements for Student Nurses) (‘Pilot Project’) which aims to further develop student nurse placement capacity in general practice.
- The findings from this evaluation will help inform the future strategy to further develop pre-registration student nursing student placements across the HENCEL area and contribute to debates around workforce development in general practice.

Methodology

- Quantitative and qualitative data were collected from up to eighty-four (n=84) general practice staff across a broad range of staff groups using an eleven-item online Survey Monkey questionnaire.
- Qualitative data were collected using one-to-one telephone interviews with a self-selected sub-sample of thirteen (n=13) staff from general practice who included twelve (n=12) general practice nurses and one (n=1) general practitioner.
- The evaluation used a realist approach adapted from Pawson and Tilley (1997) in order to synthesise quantitative and qualitative findings.

Summary of findings

The evaluation produced detailed information of value for general practices wishing to offer pre-registration student nurse placements. The evaluation identified the following:

- 1) The attributes associated with students’ learning in general practice; the issues involved in securing the future workforce; the time issues related to placing

students in general practice, recruiting nurses into general practice; current and prospective provision of student nurse placements; the perceived benefits of general practice placements; and the perceived obstacles to general practice placements and the infrastructure required for general practice nursing workforce development.

- 2) The willingness to improve the take up of undergraduate nurse placements in general practice.
- 3) The perceived workforce development infrastructure required for general practice finding that out of seventy-seven (n=77) respondents, fifty-seven (n=57)(74%) were willing to participate in student nurse placements.
- 4) The factors related to the current and prospective provision of student nurse placements.
- 5) The multiple issues involved in recruiting nurses into general practice were identified as follows:
 - i) lack of any clear career structure;
 - ii) the poor image of general practice;
 - iii) lack of a formal, structured post-registration programme for general practice nursing;
 - iv) the prospect of nurse specialisms;
 - v) the likelihood that positive student experiences could influence career choice
 - vi) lack of any mechanism to retain capable staff;
 - vii) heterogeneous terms and conditions;
 - viii) the exposure of students to the general practice working context so as to positively influence first career choices.
- 6) The perceived infrastructure required for general practice nursing workforce development which included:
 - i) having a supply of new graduates;
 - ii) preparing and retaining staff;
 - iii) the poor supply of practice nurses;
 - iv) the need for a structured workforce development framework;
 - v) the need for a 'bird's eye view' of the business of general practice so as to strategically appreciate the overall workforce supply issues;
 - vi) the federation approach;
 - vii) disempowered staff reliant on general practitioner and managers; viii) the lack of knowledge about commissioning education; and
 - viii) fragmented workforce planning
- 7) Overall, general practice respondents agreed that providing student nurse placements in general practice:

- i) Would help develop the future primary care workforce (Tables 4,5).
 - ii) Challenged practice staff to reappraise their way of doing things at work and/or gave them new insights (Tables 4,5).
 - iii) Gave practice staff new confidence in supporting learners at work (Tables 4,5).
 - iv) Helped practice staff to make changes in their workplace (Tables 4,5).
 - v) Supports the professional development of practice staff (Tables 4,5).
 - vi) Is a good use of practice staff time (Tables 4,5).
 - vii) Confirms a lot of things that practice staff already knew about pre-registration nursing (Tables 4,5).
 - viii) Meets practice staff expectations about supporting learners in practice (Tables 4,5).
 - ix) Is valuable because it enables practice staff to network with others (Tables 4,5).
 - x) Is valuable because it enables practice staff to learn from others and share experience (Tables 4,5).
 - xi) Is not too difficult to consider (Tables 4,5).
- 8) A baseline of qualified mentors was identified across seventy-nine (n=79) respondents, forty-seven (n=47)(60%) of which currently have qualified nurse mentors (Table 11) whereas twenty-seven (n=27)(34%) of those respondents did not have qualified nurse mentors.
- 9) Out of seventy-eight (n=78) respondents, sixty-seven (n=67)(83%) are currently involved in non-nursing (undergraduate/postgraduate medical) education (Table 12). Eleven (n=11)(14%) respondents were currently not involved in non-nursing education.
- 10) Out of seventy-seven (n=77) respondents, fifty-seven (n=57)(74%) were interested in taking pre-registration (undergraduate) nursing students on a placement (Table 10). Twenty-three (n=23) (30%) respondents were not interested
- 11) Out of seventy-nine (n=79) respondents, thirty-five (n=45)(57%) reported having between one to ten student nurses per practice (Table 6) with thirty-four (n=34)(43%) of those respondents reporting a zero incidence per practice.

BACKGROUND

This realist evaluation will focus on the development of general practice placements for student nurses in North Central and East London in the context of the several local initiatives

First, the project entitled 'Developing Placements for Student Nurses in General Practice' ('Pilot Project')(Appendix One) which is funded by Health Education North Central and East London (HENCEL). The Pilot was developed with local stakeholders, who include five Community Education Provider Networks (CEPNs) linked to four local Higher Education Institutions (HEIs):

Health Education North Central and East London		
CEPN	HEI	GPs per CCG*
Barnet	Hertfordshire	72
Islington	Middlesex	36
Newham	City	62
Tower Hamlets	City	36
Waltham Forest	London Southbank	45
Total		251

*Sources: Respective CCG websites.

HENCEL commissions the above HEIs through the Local Education and Training Board (LETB) whilst the Clinical Commissioning Groups (CCGs) commission the local GPs. The Pilot Project aims to develop and sustain placement capacity in general practices (GPs) for student nurses from the four local HEIs by instituting quality processes to increase placement capacity so as to enhance the professional development of practice nurses and to promote GP nursing as a future career choice for student nurses.

Second, the Pilot Project is emerging alongside the development of other local initiatives, such as the Islington CPEN 'Super Hub' for acute/primary care workforce development, which involves several of the Pilot Project stakeholders. 'Super Hubs' are workforce and/or service integration initiatives with varied potential. For example, to help promote access to general practice (Hemel Today 2015), to integrate health and social care services (NHS Vale of York Clinical Commissioning Group 2015) and to further staff access to evidence sources (Corbett et al 2015).

LITERATURE REVIEW

A rapid review of published research literature was completed relevant to increasing learning opportunities for student nurses in general practice (GP) settings.

Currently, student nurses are exposed to various community experiences which may include being attached to clinical practitioners such as District Nurses (DNs), Health Visitors (HVs) specialist practitioners, Clinical Nurse Specialists (CNS), mental health/children hospice placements and Nursing and/or Residential Homes as key examples.

The rapid review searched CINAHL and MEDLINE bibliographic databases. Key words and phrases used included student nurses, general practice settings, clinical placements, practice nurses, learning environment, learning in primary care settings, NMC guidance on placements and barriers to multi-professional learning. The scope of the literature was limited as most of the Primary Care projects were focused on GPs and their intern training programmes relating the experience to learning theory and doctors' evaluation of their placements. Few papers related to Practice Nurses (e.g. Sibson and Machen, 2003; Corbett and Bent 2005, Pearce, 2009).

The findings from the rapid review are thematically summarized below.

Global shift to primary care

Worldwide, there has been a shift in healthcare provision from secondary to primary care settings (Department of Health 2003, Betony, 2011), which means that if the future primary care workforce is to be developed, that more student nurses need exposure to a range of nursing roles in primary care settings and thus are more routinely allocated to placement experiences within in such settings (Gopee et al 2004, Corbett and Bent 2005). The Willis Commission (2012) into nurse education emphasized the importance of student nurses accessing positive practice environments in a wide range of settings and specifically called on employers and universities to work together to make placements available in community settings, including general practice. The Health Education England strategy (HEE 2013) highlights that in a typical day, the NHS workforce interacts with over a million patients, including 836,000 people visiting their GP practice or practice nurse. This adds further support for the need for student nurses to be exposed to this essential aspect of healthcare work.

The context of general practice nursing

Practice nurse placements have occasionally been utilized for nursing student placements though access to these areas has been challenging in a number of regions and hence student nurses have not benefitted from the unique opportunities that can be offered and rarely consider practice nursing as a viable career pathway. For example, Fear (2011) reported that in South West England 43% of the experienced practice nurse workforce were due to retire, describing practice nursing

as largely invisible, and that one way of increasing visibility is by giving student nurses placement opportunities. However, practice nurses do not yet have a clear CPD framework, which can mean that release for activities such as undertaking mentorship preparation can be impossible and this can also impact on job satisfaction and recruitment.

Peake (2014) show that in Yorkshire and Humber student nurse placements in general practice have been promoted since 2009. Currently, there is a network of over 60 practices which accommodate approximately 200 students a year. Student and mentor evaluations have been very positive with 90% of the practice nurses indicating they have furthered their professional development through mentoring. As a result, 91% of students surveyed stated that they are more likely to pursue a career in general practice. This initiative is being fully supported by Health Education England Yorkshire and Humber who are aspiring to give all student nurses a placement within a general practice setting (Peake 2014).

Pre-registration nursing requirements

Within any pre-registration nursing programme, 50% of learning must be undertaken in practice settings. The regulations underpinning the requirements for learning and assessment in practice settings are dictated by the United Kingdom (UK) regulatory body, the Nursing and Midwifery Council (NMC) and are set out in the standards to support learning and assessment in practice (NMC 2008) and further emphasized and developed in the standards for pre- registration nurse education published in 2010.

Students on placement must be supervised for a minimum of 40 % of their placement and at specific points in the programme the supervision and assessment of their objectives must be undertaken by a qualified nurse mentor who has completed a programme of study in an NMC approved institution. Students can however also be supported and assessed by other professionals as long as they have been appropriately prepared for their role so that they are familiar with the student's programme and assessment requirements. The NMC also set out requirements for the quality monitoring of placement environments and an educational audit is undertaken every 2 years. At present all London HEI's utilise a pan London tool for educational audit to monitor the quality of placement areas and there have been discussion and enthusiasm in a number of areas to make this an inter professional tool.

The general practice learning environment

General practice is a very complex clinical area that can offer a wealth of learning experiences both formal and informal that could contribute to the overall development and education of student nurses (Goldman, 2009). Table 1 shows the types of learning available in general practice suggested from this rapid review

Table 1. The potential learning experiences available in general practice

- Observing general practitioners
- Specialist practice:
 - Contenance
 - Diabetes
 - Hypertension
 - Health promotion
 - Sexual and reproductive health
 - Travel health
 - Vaccination
- Physiotherapy and occupational therapy
- Counselling
- Home visiting
- Phlebotomy
- High risk behavior assessment e.g. drug use
- Case management and multidisciplinary team working
- Observing behaviour compliance
- Financial and business management i.e. budgeting.
- Patient/user/carer choice e.g. *'Choose and Book'*
- Care and management across the life course

The quality of learning may be related to the size of the general practice as alluded to by Thomson et al (2009), who found that a medium sized practice was a significant determinant of lack of teacher interest in hosting junior doctors and therefore requires future study. Drennan et al (2009) and Griffiths et al (2010) found that informal learning opportunities were not only dependent on the initiative of the learner and the response of colleagues, but also on the arenas where learners met, communicated and acted together. General practices also participate in many multidisciplinary team meetings for example with clinical nurse specialists and palliative care staff where they can learn interpersonal skills such as assertion, stress management and more importantly communication skills between healthcare professionals and families.

Whilst studies indicate the value of clinical placements to both students – who gain a greater sense of autonomy and confidence, and practice nurses – who gain an opportunity to update their own skills (via teaching and supporting students), the issue of funding general practice placements is seen as a constraining factor, both in the UK and elsewhere (Sibson and Machen, 2003; Corbett and Bent 2005; Peters et al, 2012). The current HEE policy of placement tariffs for non-medical education may increase motivation and support the development of these opportunities, alongside the commitment from the local education and training board towards education for the workforce.

The learning environment for student nurses in general practice have been less developed in comparison to those in acute care (Copee et al, 2004; Bjork, 2013). Some non-UK studies have touched on the principles of general practices as a learning environment e.g. Australia and Canada. However, the findings link to the

key elements of studies in the UK which confirm the importance of an effective supervisory relationship and learning/teaching environments all of which impact on student satisfaction and motivation. The latter resonate with the aims of supporting the need for planning, implementation and management of multi-professional clinical learning (Pearce et al, 2009; Hamshire et al, 2013).

Condon et al (2000) strongly supported the role of a learning environment manager, preceptor or clinical placement mentor or liaison as being essential to success and supported by effective clinical decision-making, supportive education, materials increased satisfaction and outcomes. Bos et al (2015) and Hamshire et al (2013) document the supportive placement of a mentor and emphasize that an effective organized student placement is crucial and supported by structured educational tools. Critchley et al (2007) identified six roles for nurses in general practice: patient carer, organizer, quality controller, problem solver, educator and agent of connectivity.

Hill et al (2014, cited by Cook et al, 2015)) place great importance on a robust proactive student led process which may be more appropriate for general practice placement settings (Pearce, 2009). 'Belongingness' is a major factor in successful learning and impacts heavily on the student's satisfaction in a potentially disparate working environment where there are groups of workers and not all of these groups will welcome the student nurses (Cook et al, 2015; Goldman et al, 2007).

Future prospects

Recent initiatives to develop student nurse placements in general practice (such as the Pilot Project) shift the traditional healthcare setting for student placements (DH 2003), as increasingly, general practice requires a different workforce. Overall, a greater number of pre-registration students will be required to support the move of healthcare into the primary care setting (Peake, 2014). Prospectively, there will be a greater demand for newly emerging Registered Nurses and Practice Nurses to possess the appropriate education, clinical skills and competencies to deliver a holistic approach to patient health care. There will also be political and financial issues to be negotiated to accommodate general practice placements and staffing adjustments will also be required to fund and develop mentors and facilitate student nurse placements.

These issues will impact on general practices that traditionally have offered placements to registrars within a GP training programme and have mentored student nurses only by nurses (Thomson et al, 2009). Van der Zwet et al's (2010) support the key concepts concerning medical students' learning processes in the workplace and also the vital role of supervisors and the development of student' confidence which can be transferred to student nurses.

Summary

The literature suggests several prospective approaches of utility for the successful development of placements for student nurses in general practice:

- Supervisory relationships and learning/teaching environments impact on student satisfaction and motivation suggesting the need for planning, implementation and management of joint clinical learning and accreditation processes with HEIs (Boud and Middleton, 2003; Peters, 2012).
- A learning environment manager, preceptor or clinical placement mentor or liaison can aid successful student learning in placement (Condon et al 2000, Leinster, 2009).
- The diversity of both placement requirements and placements offered across the spectrum of professional healthcare education is a limiting factor in bringing students together for practice learning suggesting more focus should be on inter professional working and learning (Pearce 2009, Cook et al 2015).
- In the longer term, the development of an inter professional approach to practice learning will require structural changes to professional healthcare programmes so as mutually align their placement requirements and provision (Pearce 2009, Cook et al 2015).
- General practice placements have been shown to be an innovative strategy, providing high quality teaching and learning experiences for multi-professional students where success is guaranteed by HEI support for practice nurses' supervisory and mentoring roles (Critchley et al, 2007; Boud and Middleton, 2003).

EVALUATION DESIGN AND DATA COLLECTION

We adopted a two-phase approach suitable for evaluating complex 'real world' interventions (Pawson & Tilley, 1997; Pawson et al, 2005). Our realist approach assumed that material causal relationships emerge around new initiatives (such as the Pilot Project) and that local participants hold a special relevance for the successful implementation and evaluation of such initiatives. According to Pawson and Tilley (1997) this approach enables a particular focus on the real world links between context, mechanism and outcome.

The context for developing student nurse placements includes those locally emerging conditions relevant to the above focus. The mechanisms at play include the local means by which placements are sourced from within the existing human, fiscal and stakeholder resources, thereby creating new capacity, processes and relationships between stakeholders and providers. The outcomes comprise any emergent consequences arising in relation to the latter which may be anticipated or unanticipated. Our approach therefore views the initiatives to develop placements (such as the Pilot Project) as a prospectively developing and evolving programme, without stipulating any single outcome measure for assessing success, evidenced from different forms of contextual evidence garnered from local respondents (Pawson and Tilley 1997).

Phase One

The first phase ('Phase One') involved making explicit the underlying assumptions about how student nurse placements are to develop and how programmes like the Pilot Project are meant to work - anticipated impacts, mechanism and outcomes - specifically in relation to the local general practice context and its key stakeholders such as: i) CEPNs, which include GPs as essential key primary care providers; and ii) HEIs as education providers; both of whom are respectively commissioned by the NHS to provide local GP services and nursing workforce for the local population.

Phase One enabled mapping linkages between/within stakeholders' own networks in order to develop a theoretical sampling frame for accessing data sources for use in Phase Two e.g. schedules of monitoring meetings, events and pre-existing meetings which can inform Phase Two sampling activity and data collection. Phase One therefore developed the theoretical framework and potential fieldwork activity comprising local/national contextual policy drivers and schedules of stakeholder mechanisms/activities.

Phase Two

The second phase ('Phase Two') used the sampling frame developed in Phase One to collect empirical evidence to test the assumptions also identified in Phase One, and thereby, supporting, contradicting or modifying them. The results of Phase Two focused on explaining the relationship between the *context* in which this Pilot Project is being developed and delivered, the *mechanisms* by which it is working and the emerging *outcomes*. In so doing, the evaluation will attempt to answer the following questions relating to initiatives such as the Pilot Project (after Pawson and Tilley 1997):

1. *Mechanism*: what factors lead to a particular outcome within this context?
2. *Context*: what conditions are required for triggering mechanisms producing particular outcomes patterns?
3. *Outcomes pattern*: what are the practical effects of causal mechanisms being triggered within this context?

In Phase Two, the research team focused on exploring general practice perceptions of student nurse placements. Findings from the literature and real time prospective feedback from various meetings with a range of primary care staff offered an indication (e.g. Ali et al 2011, Kenyon and Peckover, 2008, Corbett and Bent 2005). The latter included perceptions that placements are difficult to negotiate, that whilst practice nurses may be clinically experienced they were inexperienced in mentoring nursing students, and that general practice may be an 'invisible service' to many students, such that, few may have considered general practice as a career choice. One initial assumption was that such perceptions could impact on how student nurse placements were created in general practice given how perceptions may guide behaviour.

METHODS OF DATA COLLECTION

The prospective meetings within the associated networks and organisations were used for the purposes of identifying relevant personnel in order to maximise the potential survey response (Appendix Two).

The main tool for collecting primary quantitative data was an eleven-item online survey using Survey Monkey (Appendix Three). Qualitative data were also collected using this survey through three open items (see below). One-to-one telephone interviews were also subsequently undertaken with a self-selected sub-sample of survey respondents. The online survey was circulated via e-mail to practice nurse leads on the Steering Group, and via the latter, to general practice staff throughout the jurisdiction of HENCEL together with a Participant Information Sheet (Appendix Five). Practice nurse leads were e-mailed links to the online survey for onward e-mail dissemination within their own networks.

Eleven statements allowed respondents to indicate varying levels of agreement. The statements were generated using both the findings from the literature review and from reflection on issues arising from the Steering Group meetings about factors facilitating or hindering the development of placements in general practice. A draft version of the survey was piloted on the Steering Group members with minor changes integrated into the final version. Participants were asked to indicate whether or not they had enabled placements in their practice and three open-ended questions on asked about advice that should be given to: i) practices about taking students; ii) to students due to have a placement; as well as asking for comment on requisite changes for accepting student nurses on placement. Two further questions asked how many student nurses had already undertaken a placement and how many qualified nurse mentors existed in practice.

DATA ANALYSIS

Quantitative data analysis of the survey data was completed using the analytic software within Survey Monkey to generate descriptive statistics. Coding and thematic analysis of the qualitative survey [by SM] and interview data [by AO] were completed using NVivo analytic software in order to identify emergent themes within the separate data sets, respectively. The quantitative survey findings are presented below in tables. The qualitative findings from both the survey and interview data sets are presented separately below in narrative form. The unknown sample and population size precluded probability testing of the quantitative survey data.

FINDINGS

Quantitative Survey findings

A total of 84 (n=84) staff responded to the survey distributed using the Survey Monkey software (Appendix Three).

Job titles

A total of 84 (n=84) staff responded with various job titles (Table 2). A further twenty (n=20) consented to a telephone interview. Fifteen (n=15) interviews were completed.

Table 2. Job Titles.		
Please tell us your job title (please tick all that apply):		
Answer Options	Response Percent	Response Count
PRACTICE MANAGER	11.9%	10
NURSE	50.0%	42
HEALTH CARE ASSISTANT	0.0%	0
GP	16.7%	14
ADVANCED NURSE PRACTITIONER	17.9%	15
OTHER (please see below)	3.6%	3
IF OTHER, PLEASE SPECIFY		2
	<i>answered question</i>	84
	<i>skipped question</i>	0

Numbers of mentors and preceptors

Out of a total of eighty-four (n=84) respondents, forty-three (n=43) respondents reported being either a qualified mentor or preceptor (Table 3). Five (n=5) reported being both. Forty-one (n=41) did not respond.

Table 3. Numbers of qualified mentors and preceptors.		
Are you a qualified mentor/preceptor (please tick ALL that apply)		
Answer Options	Response Percent	Response Count
Mentor	83.7%	36
Preceptor	4.7%	2
Both	11.6%	5
	<i>answered question</i>	43
	<i>skipped question</i>	41

Perceived benefits of placements

Below are the findings relating to the benefits of student placements in general practice. In answering the question: *“Giving student nurses a placement in a GP practice will.....”* respondents chose from a menu (A-K) of responses.

A. *“..help us to develop the future workforce in primary care”*

Out of 84 respondents, 60 (71%) strongly agreed that providing student nurse placements in general practice would help develop the future primary care workforce; 19 (23%) agreed that providing student nurse placements in general practice would help develop the future primary care workforce; 5 (6%) were uncertain about whether providing student nurse placements in general practice would help develop the future primary care workforce; no respondents disagreed, or strongly disagreed, with the statement that providing student nurse placements in general practice would help develop the future primary care workforce (Tables 4, 5).

B. *“..challenge me to reappraise my way of doing things at work/give me new insights”*

Out of 83 respondents, 26 (31%) strongly agreed that giving student nurses a placement in general practice challenged them to reappraise their way of doing things at work and/or gave them new insights; 39 (47%) agreed that giving student nurses a placement in general practice challenged them to reappraise their way of doing things at work and/or gave them new insights; 14 (17%) respondents were uncertain about whether giving student nurses a placement in general practice challenged them to reappraise their way of doing things at work and/or gave them new insights; 3 (4%) disagreed that giving student nurses a placement in general practice challenged them to reappraise their way of doing things at work and/or gave them new insights; no respondents strongly disagreed with the statement that giving student nurses a placement in general practice challenged them to reappraise their way of doing things at work and/or gave them new insights (Tables 4, 5).

C. *“..give me new confidence in supporting learners at work”*

Out of 83 respondents, 26 (31%) strongly agreed that giving student nurses a placement in general practice gave them new confidence in supporting learners at work; 34 (41%) agreed that giving student nurses a placement in general

practice gave them new confidence in supporting learners at work; 14 (17%) were uncertain about whether giving student nurses a placement in general practice gave them new confidence in supporting learners at work; 7 (8%) disagreed over whether giving student nurses a placement in general practice gave them new confidence in supporting learners at work; no respondents expressed strong disagreement with the statement that giving student nurses a placement in general practice gave them new confidence in supporting learners at work (Tables 4, 5).

D. “..help me to make changes in my workplace”

Out of 84 respondents, 22 (26%) strongly agreed that giving student nurses a placement in general practice helped them make changes in their workplace; 25 (30%) agreed that giving student nurses a placement in general practice helped them make changes in their workplace; 25 (30%) were uncertain about whether giving student nurses a placement in general practice helped them make changes in their workplace; 11 (13%) disagreed about whether giving student nurses a placement in general practice helped them make changes in their workplace. 1 (1%) strongly disagreed about whether giving student nurses a placement in general practice helped them make changes in their workplace (Tables 4,5).

E. “..support my professional development”

Out of 79 respondents, 23 (29%) strongly agreed that giving student nurses a placement in general practice supports their professional development; 36 (46%) agreed that giving student nurses a placement in general practice supports their professional development; 10 (13%) were uncertain over whether giving student nurses a placement in general practice supports their professional development; 4 (5%) disagreed about whether giving student nurses a placement in general practice supports their professional development; 2 (3%) strongly disagreed about whether giving student nurses a placement in general practice supports their professional development

F. “..be a good use of time in this practice”

Out of 82 respondents, 14 (17%) strongly agreed that giving student nurses a placement in general practice is a good use of time in their practice; 33 (40%) agreed that giving student nurses a placement in general practice is a good use of time in their practice; 24 (29%) were uncertain about whether giving student nurses a placement in general practice is a good use of time in their practice; 11

(13%) disagreed about whether giving student nurses a placement in general practice is a good use of time in their practice; no respondents expressed strong disagreement about whether giving student nurses a placement in general practice is a good use of time in their practice.

G. *“..confirm a lot of things that I already know about pre-registration nursing”*

Out of 81 respondents, 12 (15%) strongly agreed that giving student nurses a placement in general practice confirms a lot of things that they already knew about pre-registration nursing; 21 (26%) agreed that giving student nurses a placement in general practice confirms a lot of things that they already knew about pre-registration nursing; 32 (40%) were uncertain about whether giving student nurses a placement in general practice confirms a lot of things that they already knew about pre-registration nursing; 7 (9%) disagreed that giving student nurses a placement in general practice confirms a lot of things that they already knew about pre-registration nursing; 2 (2%) strongly disagreed that giving student nurses a placement in general practice confirms a lot of things that they already knew about pre-registration nursing (Tables 4,5).

H. *“..meet our expectations about supporting learners in practice”*

Out of 84 respondents, 24 (29%) strongly agreed that giving student nurses a placement in general practice meets their expectations about supporting learners in practice; 43 (51%) agreed that giving student nurses a placement in general practice meets their expectations about supporting learners in practice; 17 (20%) were uncertain about whether giving student nurses a placement in general practice meets their expectations about supporting learners in practice; no respondents expressed either disagreement, or strong disagreement, about whether giving student nurses a placement in general practice meets their expectations about supporting learners in practice (Tables 4,5).

I. *“..be valuable because it enables us to network with others”*

Out of 84 respondents, 25 (30%) strongly agreed that giving student nurses a placement in general practice is valuable because it enables them to network with others; 34 (40%) agreed that giving student nurses a placement in general practice is valuable because it enables them to network with others; 19 (23%) were uncertain about whether giving student nurses a placement in general practice is valuable because it enables them to network with others; 4 (5%) disagreed about whether giving student nurses a placement in general practice is

valuable because it enables them to network with others; 1 (1%) strongly disagreed about whether giving student nurses a placement in general practice is valuable because it enables them to network with others (Tables 4,5).

J. “..be valuable because it enables us to learn from others and share experience”

Out of 82 respondents, 26 (31%) strongly agreed that giving student nurses a placement in general practice is valuable because it enables them to learn from others and share experience; 41 (50%) agreed that giving student nurses a placement in general practice is valuable because it enables them to learn from others and share experience; 14 (17%) were uncertain about whether giving student nurses a placement in general practice is valuable because it enables them to learn from others and share experience; no respondents disagreed with the statement that giving student nurses a placement in general practice is valuable because it enables them to learn from others and share experience; 1 (1%) strongly disagreed about whether giving student nurses a placement in general practice is valuable because it enables them to learn from others and share experience (Tables 4,5).

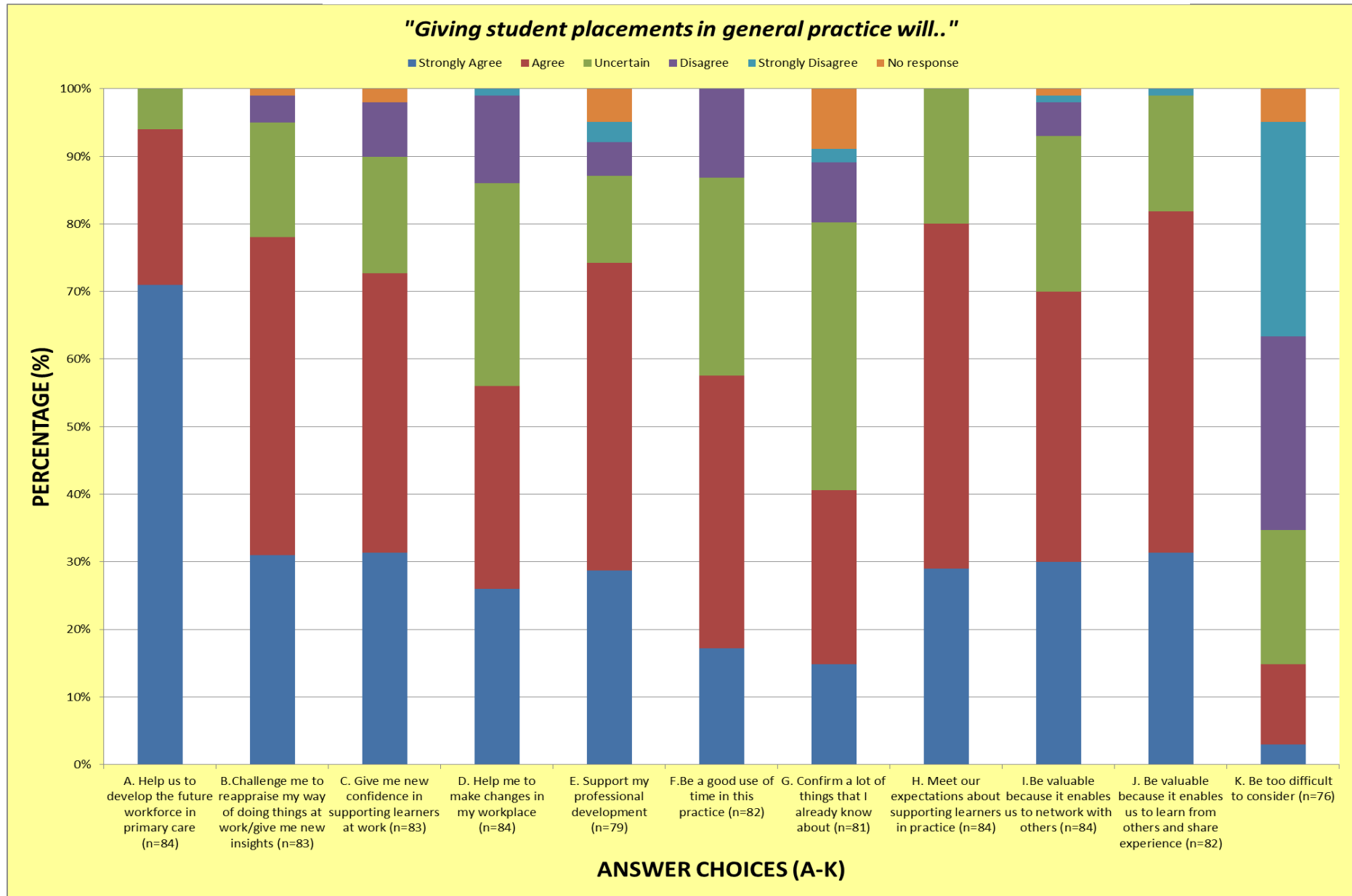
K. “..be too difficult to consider”

Out of 76 respondents, only 2 (3%) strongly agreed that giving student nurses a placement in general practice is too difficult to consider; only 9 (12%) agreed that giving student nurses a placement in general practice is too difficult to consider; 2 (3%) strongly disagreed that giving student nurses a placement in general practice is too difficult to consider; 15 (20%) were uncertain about whether giving student nurses a placement in general practice is too difficult to consider; whilst 22 (29%) strongly disagreed that giving student nurses a placement in general practice is too difficult to consider; 24 (32%) strongly disagreed that giving student nurses a placement in general practice is too difficult to consider.

Table 4. The Benefits of Student Nurse Placements in General Practice-1

<i>"Giving student nurses a placement in a GP practice will....."</i>							
Answer Options	Strongly agree [%]	Agree [%]	Uncertain [%]	Disagree [%]	Strongly disagree [%]	N/A [%]	Response Count
A. Help us to develop the future workforce in primary care	60 [71]	19 [23]	5 [6]	0	0	0	84
B. Challenge me to reappraise my way of doing things at work/give me new insights	26 [31]	39 [47]	14 [17]	3 [4]	0	1 [1]	83
C. Give me new confidence in supporting learners at work	26 [31]	34 [41]	14 [17]	7 [8]	0	2 [2]	83
D. Help me to make changes in my workplace.	22 [26]	25 [30]	25 [30]	11 [13]	1 [1]	0	84
E. Support my professional development	23 [29]	36 [46]	10 [13]	4 [5]	2 [3]	4 [5]	79
F. Be a good use of time in this practice	14 [17]	33 [40]	24 [29]	11 [13]	0	0	82
G. Confirm a lot of things that I already know about pre-registration nursing	12 [15]	21 [26]	32 [40]	7 [9]	2 [2]	7 [9]	81
H. Meet our expectations about supporting learners in practice	24 [29]	43 [51]	17 [20]	0	0	0	84
I. Be valuable because it enables us to network with others	25 [30]	34 [40]	19 [23]	4 [5]	1 [1]	1 [1]	84
J. Be valuable because it enables us to learn from others and share experience	26 [31]	41 [50]	14 [17]	0	1 [1]	0	82
K. Be too difficult to consider	2 [3]	9 [12]	15 [20]	22 [29]	24 [32]	4 [5]	76
<i>answered question</i>							84
<i>skipped question</i>							0

Table 5. The Benefits of Student Nurse Placements in General Practice-2



Previous experience of placing nursing students

Out of seventy-nine (n=79) respondents, thirty-five (n=45)(57%) reported having a total of one to ten student nurses per practice (Table 6). Thirty-four (n=34)(43%) respondents reported a zero incidence per practice. 15 respondents did not answer.

Table 6. Incidence of student nurse placements in general practice.

Placement incidence	Numbers of students per practice									
	0	1	2	3	4	5	7	8	9	10
Incidence	34	16*	7	9	1	0	0	1	0	1

*4 currently with student; 15 respondents did not answer.

Advice for students undertaking general practice placements

Out of seventy-six (n=76) respondents, seventy-five (n=75) reported one piece of advice to give a student going on a placement in general practice (Table 7). Eight (n=8) respondents did not answer (see Appendix Six).

Table 7. Advice for students undertaking general practice placements.

What one piece of advice would you give to a student going on a placement in general practice?

Answer Options	Response Count
	75
<i>answered question</i>	76
<i>skipped question</i>	8

Advice for general practices taking nursing student on placement

Out of seventy-seven (n=77) respondents, seventy-seven (n=77) reported one piece of advice to give a general practice having a student on placement (Table 8). Seven (n=7) respondents did not answer (see Appendix Seven).

Table 8. Advice for general practices taking nursing student on placement.

What one piece of advice would you give to a Practice having a student nurse on placement?

Answer Options	Response Count
	77
<i>answered question</i>	77
<i>skipped question</i>	7

Required changes to day-to-day working when taking nursing students

Out of sixty-seven (n=67) respondents, sixty-seven (n=67) reported changes to their day-to-day work in order to support pre-registration students on a placement (Table 9). Seventeen (n=17) respondents did not answer (see Appendix Eight).

Table 9.Required changes to day-to-day working when taking nursing students.

If you have to make changes to your day-to-day work in order to support pre-registration students on a placement, please describe what these changes will be:

Answer Options	Response Count
	67
<i>answered question</i>	67
<i>skipped question</i>	17

Interest in taking nursing students on placement

Out of seventy-seven (n=77) respondents, fifty-seven (n=57)(74%) were interested in taking pre-registration (undergraduate) nursing students on a placement (Table 10). Twenty-three (n=23) (30%) respondents were not interested. Seven (n=7) respondents did not answer.

Table 10. Interest in taking nursing students on placement.

Please indicate if you would be interested in taking pre-registration nurses on a placement:

Answer Options	Response Percent	Response Count
If yes, why	74.0%	57
If no, why	29.9%	23
	<i>answered question</i>	77
	<i>skipped question</i>	7

Numbers of qualified nurse mentors in place

Out of seventy-nine (n=79) respondents, forty-seven (n=47)(60%) currently have qualified nurse mentors (Table 11). Twenty-seven (n=27)(34%) respondents did not have qualified nurse mentors. Five (n=5)(6%) respondents did not answer.

Table 11.Numbers of qualified nurse mentors in place.

Does your practice currently have qualified nurse mentors in place?

Answer Options	Response Count	Response Percent
YES	47	59.49
NO	27	34.17
Not answered	5	6.32
Total	79	100.00

Current involvement of general practices in non-nursing (medical) education

Out of seventy-eight (n=78) respondents, sixty-seven (n=67)(83%) are currently involved in non-nursing (undergraduate/postgraduate medical) education (Table 12). Eleven (n=11)(14%) respondents were currently not involved in non-nursing education. Three (n=3)(4%) respondents did not answer.

Table 12. Current GP involvement in non-nursing (medical) education.

Is your practice currently involved in undergraduate and postgraduate (GP) medical education?

Answer Options	Response Count	Response Percent
YES	67	82.71
NO	11	13.58
Not answered	3	3.70
Total	81	100.00

Qualitative Survey findings

The emergent themes from the analysis of the survey responses received to each of the survey's three open questions from up to a total of eighty-four (n=84) survey respondents. These emergent themes included *attributes associated with learning*, *securing the future workforce* and *time issues*. Each of these particular themes are reported separately below.

Attributes associated with learning

Advice to students tended to focus more on the personal attributes that students should adopt such as adopting appropriate learning, adopting professional attributes and advice such as “muck in” or get involved.

Attributes for learning were identified as preparing well for the experience, in terms of doing background reading and thinking about what might be achieved, watching, listening, asking questions and making the most of the experience by engaging and questioning practice.

Professional attributes centred on reliability, looking appropriate, being prepared to get involved and being flexible.

Be flexible in your expectations of time spent with your Mentor. Do as much background reading on long-term conditions as you can and then you have more time to spend focusing on a Practice Nurses role in managing this. Negotiate time to have catch up with your Mentor.(Respondent 4)

Think about what you want to achieve. Find out about opportunities that are available to you. Background reading about chronic conditions etc., would benefit you before you start (Respondent 35)

Be open in your questioning and thinking. Be able to reflect on your and others practice and its impact on the practice population and Practice's ability to deliver comprehensive care. Be flexible and a good communicator. (Respondent 51)

Get stuck in, ask questions, offer to help wherever you can, and make yourself an integral part of the primary healthcare team. (Respondent 64)

Advice to practices focused on how to make the learning environment effective. This advice centred on both the type of personal attributes and the requisite organization. This theme of organization was also evident in response to the question about the requisite changes for facilitating practice visits. These included setting objectives, having organized inductions, being welcoming and supportive, advising, and giving

time to ask questions. Related to this was advice on getting the team involved. For example:

Be available to the student, this often is during lunchtimes, first thing in the morning, but it is good to catch up at least once daily, also offer support at the end of the phone 2. Ensure everyone feels involved in training the student and makes it a worthwhile experience for all concerned 3. Ensure student has timetable and it meets their needs 4. Discussing portfolio and ensuring essential skills can be signed off (Respondent 9)

To make sure everyone is involved and prepared to teach, from reception to Drs To treat the student as if she was a valuable part of the team and to make her feel supported To remember to call the student whenever there is a good opportunity for learning. (Respondent 6)

Just as students were advised to actively 'muck in', some respondents intimated that if placements were to work and students were to learn, then staff needed to ensure that they let them get actively involved. For example:

Take it seriously, teach, assess learning and review/feedback. It isn't just letting the student sit there and watch you, they are there to learn about nursing in primary care, the standards we have to meet, the variety of patients and conditions we deal with, the impact of primary care on secondary care and vice versa. (Respondent 20)

Securing the future workforce

In the qualitative data on advice for students/practices respondents saw the initiative as a good opportunity to secure a future workforce. However, this theme was articulated differently in both responses. When advising students, many respondents intimated that they wanted to make an 'invisible' area of practice more visible. For example:

*It is a good opportunity to **see** patients in their normal setting, as hospital is a very short episode in the majority of patients' management. It is also a career pathway that allows you to develop into a holistic practitioner as well as really great team working opportunities. (Respondent 47, emphasis added)*

It was acknowledged that this process was qualitatively different compared to students' experience in the acute sector:

It is very different from working in hospital as a lot of what happens in general practice is dealing with well people and involves health promotion (Respondent 14)

General practice is a very different work environment compared with the hospital. (Respondent 24)

Many respondents also suggested that students should be open minded indicating how general practice staff thought students might approach this area of practice with pre-conceived ideas. This pointed to students' having a desire to work in general practice as opposed to adopting a mechanical or routinized approach to undertaking their normal placement hours:

To come in with an open mind and maybe think about having a career in general practice. Not to see it has a placement just to get hours signed off. (Respondent 36)

Therefore, given such data, respondents were trying to improve the image of general practice as a viable and interesting workplace within students can learn, and once registered, it could become their chosen workplace destination. The particular advice given to practice areas differed in that respondents were saying to colleagues that this initiative forms an important way forward for encouraging students to consider working in general practice thereby prospectively securing the future workforce. For example:

Encourage and nurture...we need more nurses in general practice and this will be a growing trend as primary care because more about preventative medicine (Respondent 5)

Remember that practice nurses are in short supply so treat students as future employees and involve them in the practice (Respondent 11)

This is core to protecting and developing the general practice workforce (Respondent 68)

Some respondents suggested that offering students placements in general practice will not only secure the future workforce but will also benefit the current workforce:

Having a student nurse allows you to see things in a different way, forces you to reflect on your current practice and also enables you to challenge yourself. I think having learners in the organisation enables the whole organisation to function in a different way- allowing them to continually look at the standard of care they are providing to patients. Don't think about the money associated with a placement- think about securing the future workforce. (Respondent 69)

Time factors

There was recognition, both in response to the type of advice that would be given to practices, and what changes would be needed to make placements work, that the allocation of time allocation is a key factor. The need to free up time was the main theme arising from responses to the question about what changes might be needed to facilitate placements. Practices need to acknowledge the need to free up time in a number of ways, including reducing workload or lengthening the time between appointments:

Allow more time in between sessions for reflection/learning Balance personal respite time off in between contracted hours (Respondent 8)

it is challenging with the current workload ,but i feel we need to find some time, as we need more nurses in primary care (Respondent 20)

i would shorten my clinics to give time to the student to go through their learning objectives, portfolio and do some teaching with them.(Respondent 32)

However, allocation of such time should be seen as an investment.

ensure protected time for the clinician doing the mentoring, it slows things down but for a good reason.(Respondent 22)

Likely to be changes in time management, blocking off appointments to spend time with the student, however the experience will be extremely positive and the student will contribute positively to patient care, utilising the practice nurse's mentorship skills and help with bringing together the MDT in their role as an education and training environment.(Respondent 67)

Interview findings

Seventeen (n=17) staff members in general practice agreed in the survey that they would undergo a telephone interview. Thirteen (n=13) interviews were conducted with twelve (n=12) nurses and one (n=1) general practitioner (Table 13).

Role title [self-reported]	Number [n]
Advanced Nurse Practitioner	3
General Practitioner (Practice Partner)	1
Nurse Practitioner (Practice Partner)	1
Nurse Practitioner	1
Nursing & Organisational Development Manager	1
Practice Nurse	6
Total	13

Rescheduling of interview times was common due to highly pressurised and busy work environment of general practice. The telephone interviews lasted on average twenty-three minutes.

Six themes emerged from the qualitative analysis of interview data: i) work roles; ii) recruiting nurses into general practice; iii) current and prospective provision of student nurse placements; iv) the perceived benefits of general practice placements; v) the perceived obstacles to general practice placements; vi) Infrastructure for general practice nursing workforce development

Work Roles

The interview participants reported having senior positions such as 'Advanced Nurse Practitioner' with some also involved in research, education and training at local and national levels; thus they wore 'different hats' (i9). One respondent was a GP partner and others were practice nurses one of whom was new to this field of work. Many were notably very passionate about this field of nursing, for instance:

It is a fantastic job (i2)

I love working in primary care (i4)

I love my job (i13)

The main reasons for the passion related to be the autonomy, team work in a multi professional context and the possibility of forming longer term relationships with patients and carers. For example:

..[it] is incredibly attractive and it's a fantastically rewarding job because you look after so many aspects of it and you can specialise within so many areas within it. You kind of build up relationships with patients over long periods of time. So one of

the things that I found, I loved when I went into general practice, was I specialised in family planning. So I do a lot of family planning advice and then once women were thinking about having families, I gave pre-conception advice and then I was giving their children vaccines. In one surgery that I worked in for about X years I was then giving them the pre-school vaccine, so it was really lovely I'd built up this relationship with them over this long period of time. And you're very much looking at the patient holistically as well. So yeah, so that's fantastic. And the other thing is working within a small team is really rewarding as well. So it kind of, I find that quite attractive that you are in a small team rather than this huge massive team and working with other professionals so it's not just nurses, you are working with GPs, you're working with drug and alcohol workers, you're working with psychologists, you're working with healthcare assistants, you've got the admin team. It's a huge variety of different people that you're working with. Also like district nurses, tissue viability nurses. So as a practice nurse you refer, you know you do referrals quite often. So you are liaising with different healthcare professionals and I think that's a really attractive part of the role as well. (i2)

Participants keenly felt that these positive aspects of the nursing practice and the multitude/importance of what those nurses actually do have little visibility amongst other areas, nursing students or even the general public. One participant even suggested that GPs 'have no idea what we do':

I think nurses don't know it as an opportunity and that goes back to if they have no experience as a student nurse, or an experience as a patient of seeing good nursing care in general practice. The image of nursing in general practice is vital and it's the same for GPs actually, who have no idea what we do. They think you just stick a dressing on and it couldn't be further from the truth (...) NHS careers, they have updated the details about general practice nurse careers (...) because it was woefully out of date. But that is something that's quite useful, but it needs to be, we need to improve the image. But I think for a lot of people it's not just that they wouldn't like the idea of working in general practice, a) they don't know what we do and what the scope is, so that's where, when I have had students, it does actually, you can say look this is fabulous where we work, look what we can do, it's fantastic, we can keep people out of hospital etc., and we do lots of health promotion and all that side of things. But a lot of the time people just have no exposure, they have no idea what we do and they certainly have no idea that there's a potential for a career framework that could be very flexible. For example there's very little research done in general practice and yet wouldn't it be fabulous if we had nurses who saw that oh they like research but they quite like the idea of working in general practice and they could combine the job [with research] (i3)

One nurse practitioner participant, although experienced, was new to this field and found the work very challenging; especially getting used to the business/income generating culture of general practice, 'the whole GP scene', which differs to that of hospital work, getting to grips with IT systems and the struggle to offer good quality of care to patients within the limited time slots available.

This job is new, very new to me, because obviously, although I'm not new to the NHS, and dealing with GPs, the whole GP scene is actually a little bit, very different to what I'm used to doing (...) when you're new to something, the process is different, because (...) I had to learn the computer system (...) I had to learn about all those things which, you know, it's a business, GP business, so where I used to work for the PCT and the NHS, we were more into, what's the word, I think there's a bit of quality there, not that you don't get quality in this job; I think that the quality in this job, I think that the quality is over-ridden by the time – you're spending very little time, you're doing very little time, although they gave me five minutes more, and during that time, you may see quite a lot of people, you see a quite a lot of patients, and in the session that you see – you know I'm a nurse practitioner so I'm doing a little bit of what the doctor is doing within my scope of practice, and my experience and skills – so the time thing is fast, so you have to be fast, because you have patients, you have pressure from patients who don't want to be waiting, all those sorts of things – those are the challenges, and getting to know the computer. (i11)

This data highlight that nursing skills acquired in the acute sector may not be easily transferrable to general practice suggesting role preparation is needed for those transferring between sectors. This is further detailed by this participant who indicates that for those transferring changes can occur in their terms and conditions:

We do have a number of people who are in secondary care who would like to come into primary care but a lot of the skills are not transferable in all honesty – they're not – they can't come and do ear syringing, they can't do baby immunizations, they can't do smears, they can't just come in and start doing asthma and diabetes or whatever, so there's a huge amount of stuff that they can't do, so, for them, there's a whole issue of perhaps being a band 7 in hospital, they wouldn't be a band 7 in primary care, because they don't have the skills and people don't understand that, they're used to a certain pay, but a lot of the skills don't transfer; you then need to start retraining them in order for them – you know, you have to do a cytology course to do cervical smears; you have to do an ear irrigation course to do ear irrigation; you've got to do a two day immunization course to do childhood imms, so they might have been trained in ICU, but that is limited skills in primary care. (i13)

Such staff also need to be wary of working outside of their competency ('abused' sic) by being asked to perform competences they are unfamiliar or which are normally associated with a higher band and more extensive benefits:

Yeah. I guess the thing that always comes into my head is the payment thing and the holiday thing, students do need to know that they're, well not students, but newly qualified nurses need to know what they're coming into when they come into practice nursing, because otherwise they could easily be abused (...) in other words just set to do all sorts of things without clear remuneration or being safe in what they're doing (...) I think there's just maybe an informal expectation that you know you're a nurse so you can do this, but actually you're a nurse, but maybe you know nothing about that. So until you've have proper training and are being reimbursed at the right level

and maybe also making sure you've got decent holidays and welfare benefits, yeah, that people need to know that that's what they're going into really. (i5)

Others speak about the challenge of working within constant organizational flux, such as the NHS:

The fact that we are an ever changing NHS [is a challenge]. So the organisation has to change as a result of government policies, etc., etc. So we are in this constant state of flux, so we have to kind of prepare for the unknown so to speak. So that is challenging for the organisation and for people within the organisation. (i2)

Others suggest the challenge of working in a London practice with a multicultural demographic speaking in diverse languages potentially requiring significant staff time:

In this area language is a huge challenge. People presenting late with problems, time you get to talk to people, so the consultations here are 15 minutes, but that 15 minutes is for everything. So you might get your baby Imms done quickly, but then you'll have a COPD patient coming in and that will take much, much longer. So it does vary a bit, but yeah time is a big challenge. We're well supported at this practice, the doctors are very supportive and also there is a nurse practitioner who is a very supportive member of the nursing team. So you don't have to feel at a loose end, but I have worked in places where I haven't really known what to do with a problem that's sitting next to me and that can be a real challenge. (i5)

Recruiting nurses into general practice

The above data shows a problematic image for general practice and general practice nursing which may be a major barrier for attracting nurses either as new graduates or those experienced in other areas as its positive and rewarding work experience is still not generally known about within or outside a health care context as detailed above. From this it follows that the image of general practice nursing needs to be improved. Part of this problematic image is the uncertainty over a clear career structure; although all nurses may not be interested in career progression. For example:

I mean, what people do like are the fact that, well, again, we're in a changing situation – at the moment, we are more, we don't do shifts as much, we don't do night duty, but Saturdays are happening, opening later is happening, but we won't be doing shift work as such, so some people find that, and the fact that they can do part-time in primary care, is motivating, but I think we need, and I know it's coming, and I know there's a lot of work done about it, but a better career structure in primary care [is needed to attract more nurses]. (i13)

So I would think it's just as, it could be just as attractive really to a newly qualified nurse as to somebody who's been around the block a few times. But I think you are looking at people, there's not, I mean there is a good career structure, because you

could go on and want to become a nurse prescriber, but you might not want to do that, you might want to be a nurse and so I think there's not a sort of big career structure within practice nursing, you know there is not very far to go within practice nursing itself, unless you want to become a prescriber or specialise in diabetes or something like that (...) there's limited career progression, but that would suit some people I would say (i5)

This participant also emphasized the importance of providing a 'formal, structured post registration programme in general practice' to attract nurses. Although this may be available in some areas the provision is not homogenous across the country. There also seems to be a lack of clear and easily accessible information for potential candidates around the positions available:

It's very difficult [to attract nurses to general practice] because you know there are lots of nurses out there who want to come into general practice and it's chicken and egg, they really want to do the job, but they don't have the post registration qualifications or experience to do it. But how do you get that experience unless you actually get the job. So there needs to be formal, structured post registration training programmes in general practice and this is what, you know some areas have really got this set-up and other places haven't managed to do it so well. But we know that there are nurses out there who want to go into general practice, but they don't even know where the jobs are advertised. So it's not, you know general practices don't often, don't always use NHS jobs, they don't often use Agenda for Change, there's not always the sort of career structure that you have in other areas of nursing (...) So you have to have that for a career to be attractive. You need to have training, you need to have development, you need to have a kind of structured framework and you need to have support there. The job itself is a fantastic job, it's an amazing job. (i2)

These nurses advocate getting in early, or to 'start young', in order to spread the word about how interesting general practice nursing can be, and that general practice is not just about general practitioners:

Well I start young (...) I am you know looking after patients who come in, I actually am trying to role model that it's a really fun place to be. So I interact with younger children and things like, I just have a simple thing on my wall, I get them to count the bones. I try to demonstrate a great place to work and that I love my job, I love what I do and I interact with the children and I often will make a comment like oh you'll make a good nurse, you know when you grow up, because they're helping. If I let them look in their siblings ears and things. So some of this is about having a whole approach that says we need more people to come into the caring professions, nursing (...). I think promoting general practice as a whole as a place to work is something that the Royal College of GPs I think is doing and I'm encouraging them to put in there that it's not just the general practitioners it's the practice team, including nurses that's really important (i3)

Another participant suggests getting community nurses to give 'motivational' talks to nursing students and even school children to secure future community and practice nursing.

I guess during their training to get nurses from the community to talk to students, this is what I do and come and see and it doesn't have to be like a formal structured placement, but maybe if someone hasn't thought about doing primary care, you know and they don't want to do like a four/six week placement, maybe just pop in and get a feel for it, or to have speakers come in and speak at the university. You know I speak at my kid's careers evening to get them to talk, just to become a student nurse and I have such a passion for it, I really enjoy what I do, so hopefully that comes across. So I think that would, if you get speakers into the training, I think maybe that would be a way to make them more aware. (i10)

For a general practices to be able to showcase good facilities, innovative practice and possibilities for nurses to prepare and specialize in areas of particular interest would facilitate future recruitment. Registered nurses living in close proximity to a practice might also find this to be an added bonus:

I mean some of it is locality - I'm looking at somebody who has just moved into the area recently – and people want to work closer to home. We offer a very exciting environment; our particular practice – it's a state of the art building with state of the art facilities and we go the extra mile to offer patients unusual things and we like to think that attracts people to work with us; we try to be innovative in what we offer as a practice. We also offer to train nurses to pursue areas of their interest and try and match them to the needs of our patients, so we're really happy to train them up in diabetes care or COPD care, wound management or so forth, so we try to support them in that development and we will pay for them to go on courses if they want to go on courses. (i6)

Positive experiences from general practice during undergraduate nurse education can influence new graduates to choose general practice over other fields. For example:

Well, I think there is research that shows that their experience in general practice will be a huge influence on whether they want to choose it after they've finished their training, so if you can give them a good experience, then there is a good possibility that they will choose it after. And if they're older, or more matures students, perhaps they're married already and have got children then it does set up an alternative to shift work in taking on shift work on a ward for them. (i1)

I think, particularly with nursing, when you're train up doctors, most of them will go through a GP practice at some point in their training, whereas nurses don't, I don't think they're having any insight as to that as a possible career move early on. (i6)

The interviewees thought that not only is it important to attract more nurses to come and work in general practice, it also takes a certain calibre of nurse to succeed in this environment.

I think it's [the main issue in work force development] getting the right people to do the job. People with the right personality, much more people orientated, more independent thinking. (i1)

It's very difficult to get good quality nurses actually. (i4)

The following participant, a general practitioner, also underlines the difficulties in recruiting 'good quality nurses' and retaining them, highlighting how capable nurses tend to move in to management due to the stressful work environment in practice nursing, or move to practices or other roles, offering better terms and conditions.

I think, particularly with nurses, it's very difficult to recruit good quality nurses, because there's such demand for them, it's very difficult to get them to stay, so they come in, and we might train them up and then, because they've had training, they have nice qualifications and then move onto more profitable areas of work. I think also, the work environment is stressful and some of the more able nursing people I think move into management positions (i6)

In response to a question around how nurses could be persuaded to work in general practice, this interviewee simply said 'pay' as one of several variables related to terms and conditions:

Pay. Yep (...) So we have to be paid at the level that's equivalent to that grade on the Agenda for Change hospital thing and then you also have to recognise the added responsibilities that you have because you're doing one to one consultations, so that maybe needs to be taken into consultation. And further training, so you might start at simple things, but then if you've done a bit more in chronic disease and you're actually taking up quite a lot of that role and then helping the GPs to manage chronic disease, then the pay needs to reflect that. I would say also holidays because at the moment you wouldn't come into practice nursing if you were planning a family or you wanted decent holidays, because at the moment the holidays and the statutory leave for things like pregnancy, babies and maternity and all that sort of thing is, doesn't match. So no sensible nurse would think I'm going to leave the NHS environment in order to be paid by a GP who is only going to give me 25 days holiday and is going to pay me probably less in the end than what I can get here. (i5)

Participants emphasized how it is unnecessary for new nursing graduates to gain experience in the acute sector before entering general practice (although this is a ubiquitous assumption) whilst also highlighting the need for a structured support programme for novices:

A lot of nurses think that you have to have, you have to have a certain amount of years' experience in other areas before you go into it, which isn't the case. I mean

you know it's, it benefits you because you can work more autonomously then, but if you've got a structured support programme in place if you go into a new post, then it's not as important. (i2)

I don't think that people need to have gone into hospital and worked in a hospital for a year before they come into primary care, which is what everyone has always said – you know, when you qualify, you must do at least a year in a hospital – if you're not interested in staying in hospital, get out into the community straightaway and start learning the skills and have a proper career pathway for primary care (...) primary care needs people who understand the primary care stuff. (i13)

The problematic image and invisibility of general practice nursing discussed earlier is seen as not being conducive to attracting new nurses. This participant discussed the importance of nursing students getting exposed to general practice nursing if they are going to consider that particular career path.

Because we know that a lot of students just don't get exposure to it (...) so they just don't get exposure, so if you don't get exposure as a student, then you wouldn't consider the role and you don't know how to get into post and you don't know where the posts are advertised and you don't have the post registration qualifications or experience to get into the job. So there are quite a few barriers into getting into it. (i2)

This GP opined that primary care in general is 'getting a lot of bashing in the press' which might hamper any initiatives to attract staff.

I think it's difficult to attract people in the current environment just generally to work in primary care, just because primary care is getting a lot of bashing in the press, getting a lot of over-expectation from the media I think, that drives politicians to [advocate for] work 8-8, 7 days a week, would probably not attract me if I was thinking of going into primary care setting. (i6)

Current and prospective provision of student nurse placements

Some participants had or were expecting students on placement. A few had not experienced students and did not anticipate having any unless the funding for placements increased. For instance these participants had had students on placements or were planning to offer them:

We've had two other nurses who wanted to come out to us – I think this is our first proper dip in the water, which, when you're asking me, it seems kind of weird that in 20 years, it hasn't happened previously, I think this will be a rolling programme for us – we've all just had our mentor accreditation updated, I think it will be an ongoing thing, I really hope so. (i4)

We plan to take on students regularly in the practice (...) they're all very supportive: the GPs, the other allied staff, health visitors; even going out to the community

placements – specialist nurses in the community, they can go and have clinic time with them, just to show the variation in how we all interact with each other. (i1)

Yeah so we do have, we've had a couple of ..there are two or three things, one of our practices has had a long term arrangement with one of the HEI's around taking students in return for placements on courses. So that was sort of probably three or four years if not longer that they've been doing that and that's become quite a regular thing. I think other practices are starting to look at it more seriously. Certainly the practice I work at two days a week..we've had students. (i7)

They, we are offering them [placements for students] at the moment (...) My colleague the nurse practitioner upstairs has been doing that over the last, at least two years. (i5)

This nurse seems to be under the impression that their practice has not been approached about student nurse placements:

I've been here, this is my second year working, but I haven't seen any [student nurses]. I don't see anything that prevents them but if a nurse is going to come here, definitely a nurse like me has got to be on duty and secondly, I don't see any reason why nurses shouldn't come here for placement or something. I don't think there has been a trial really, nothing has been tried. No. I don't think because nobody has ever contacted them that they, if the student nurses should come and do a practice, nobody has every contacted them (i8)

The perceived benefits of general practice placements

All participants were, in principle, overwhelmingly positive about having nursing students in their practices and they discussed a number of benefits. The main benefits mentioned related to the nurse mentors/supervisors, the practices generally and a future provision of nursing workforce as a result of students being exposed to general practice work.

The benefit to students was mainly taken for granted. Yet it involved having an opportunity to experience a very interesting field of nursing which could foster an understanding of integrated care and long term conditions whatever were students' eventual employment destination. For example:

I mean huge [benefits]. I mean the benefits to the students themselves is as we've just said, is that they get exposure to it, so they get to see what the job is, so they are more likely to actually want to go into that role. Also what will help them just as part of being a student nurse to understand, even if it's something they decide they don't want to go into, to understand what the role of a general practice nurse is and how it relates to other areas of nursing. So for example district nurses and general practice nurses liaise quite a lot. So it's how those interactions happen and also you can like

follow patients through, follow a patient journey through. So it's very much about integrated care (i2)

But very much I suppose for the students, it's actually understanding long term conditions better. It's about being involved with health promotion, so understanding the role of prevention, whether that be immunisations or cervical cytology or smoking or alcohol or you know just eating a health balanced diet. All of those things are very much core to what we do in general practice. So very much you know explaining to students how important it is that we keep people well, so that we end up not going into hospital ideally. So much more patient empowerment, making sure that patients are involved within their own care and it's something they can see the whole life span of care from cradle to grave. And you actually have the benefit of seeing the whole family sometimes. So you might have in the room at one time, you might have granny and mum and the child. (i3)

The benefits to practices of offering student nurse placements would be in terms of raising the profile of practices as 'teaching organisations' in which mentorship skills are practiced plus students would bring knowledge of modern practices for mutual sharing amongst staff. Thus there exists a mutual or 'symbiotic' exchange economy in terms of knowledge:

And the benefit for the practice is that they are seeing as teaching organisations. They get the benefit of nursing students who are really up to date with current practices, current legislation coming in, who have ideas, who can contribute to the practice. It also helps the general practice nurses who are mentoring them, to utilise their mentorship skills, so it helps to develop them as well. It just, I think it overall helps the practice within their role as teaching and education and passing on their knowledge that they have through the nurses, the GPs etc., to the student, because otherwise what happens to that knowledge (...) I definitely think there is an exchange there (...) So you get both the practice and the student would both gain something from it, they would both get something positive from it. So it's symbiotic. (i2)

The following participant thought that having nursing students 'gives an air of professionalism' which can be reassuring for patients and students also have more time to spend with patients.

I think it gives an air of professionalism if your practice is qualified enough and practising at a high enough level to be approved as a training environment; I think that trainees often have more time to see patients and have more time to be personal because they have longer time than the senior established practitioners, and I think that they get, in a way, a nicer service, cause the student will often have more time to spend with the patient, more time to talk (i6)

From the point of view of staff having students can be challenging in a positive sense in that mentors/supervisors have to 'do everything properly':

From the staff perspective, I mean it's good for nurses, I think it's always challenging to have students with you, you know you go back and remember to do everything

properly because you've got somebody watching you, you don't cut corners. So those sorts of things that are really useful and also to have someone who can challenge you, you know to pick up and sometimes we've had really good feedback from people around thinking about things slightly differently. So that is always really useful. (i7)

This participant appears to feel validated in their professional role when they are supervising students, 'you understand the value of it when you've got a student with you'.

It [having students] keeps you on your toes, because you explain what you're doing and you understand the value of it when you've got a student with you. It sort of breaks up the routineness of things a little bit and because at the end of the day I think that practice nursing is an interesting and you know very varied job and I think more students should know about it. (i5)

This respondent (a nurse) described how a certain amount of a sense of responsibility and goodwill is necessary when helping to ensure a continued provision of registered nurses for the general practice nursing:

I think there's been a general kind of feeling of good will and wanting to participate in any kind of development and also as you say looking at the future of primary care, we are going to need more nurses working in primary care and therefore we should have, we should enable people to open up. I mean when I was a student nurse I think we went out and looked at a practice half a day a week and they were basically treatment room nurses and at the time I just you know, I would never have thought of it. I think they're trying to shift that change and so actually people are quite bought into that idea that we should be doing it. (i7)

The perceived obstacles to general practice placements

There was no focus on any single issue in the data as a barrier for offering student nurses placements in practice however the most common theme was a perceived paucity of specific and realistic funding for this purpose. The comparative fiscal gains for the practice between different types of student (e.g. medical v non-medical) may be an obstacle for some practices. For example:

No, when years ago, the School did use to give the money to the practices, to have the students and, actually, that was one reason why they [practice management] eventually accepted me to bring students in, because they would get some money. Then, it was stopped and I had to struggle to get them to continue, but I think the only downside would be that, for the medical students, they do give money to practices, whereas the students for the nurses, they don't, so in this practice, they've accepted that, that's no longer a problem, but that may be a problem where other practices may feel that we are getting money for having medical students so why do I need a student nurse when I'm not getting anything? (i12)

Participants generally observed an inherent conflict between income generating GP practices as business investment to meet immediate priorities and the need to develop the practice nursing work force locally and nationally to ensure a continued provision of nurses in general practice. This GP 'would love to' be able to offer placements for student nurses but felt unable to due to financial restraints:

We've been training a lot of GPs but the funding for nurse training just doesn't make it economically viable, so in order to train a nurse, we have to have a senior nurse not seeing patients; therefore, the finance just doesn't match it, so with our GPs, if we train GPs, there's financial support – a senior doctor has to step away from seeing patients and managing practice matters, to focus on training, and that's economically viable, but, as far as we can tell, whatever is available with nursing provision, it's not economically viable for us to train them, although we would love to (...) we would love to and we revisit it every few years to see if the viability of it has changed; actually, I've looked into it in the last few months, and it remains unviable. (i6)

This was also echoed by the following participant, a nurse:

So I've basically said we would love to have students, but number 1, they have to fund it properly and not just you know a tiny little £15.00 tariff, we won't do it at that price, it's not cost effective, we won't do it. This is a business, we are not a charity and I think we have to get real on that. (i3)

Some participants found that GPs and even nursing colleagues would not even engage with having student nurses which is often related to the lack of financing. For example:

Even with my discussions with other nurses leads in London, a lot of us are finding that GPs will not engage with having student nurses – they will not engage with that – which obviously is very short-sighted, but a lot of nurses just will not engage and I know a number of boroughs which have had huge problems – I mean we literally, are just starting on it and starting to push for it (...) I don't think the GPs fully understand that our workforce is going to be so reduced because we're all going to head for retirement in a 10 years and people aren't coming up (...) But also, with that, because this was a comment that a lot of the GPs made at a presentation at our locality, was, well, if we're only getting that much money, then it's not worth doing (...) so short-sighted, so short-sighted. (i13)

Some participants suggested that smaller practices may not be appropriate environments for student nurses to learn and it might also be difficult for smaller practices to sustain having students. For instance,

I think it's a little bit more tricky where you get smaller practices because obviously you can't guarantee the same kind of supervision and mentoring for those people (i7)

There is a need for a structured framework for 'what sort of learning experiences students could have in general practice', for example:

Well we hope to [have student nurses]. I was actually talking to our local university today and we would like to and basically we are very happy to do it as soon as they start putting in a proper plan and doing a training needs analysis (...) we've got to provide some good examples of the sort of things students can learn, because the curriculum for student nurses does not map to general practice at all, you have to be very inventive. So they are reviewing that I gather at the moment, the student, the Nursing Standards for Student Placements, they are reviewing (...) But one of the things I think would be very valuable there is to actually have some explanation of what sort of learning experiences students could have in general practice. (i3)

Another issue discussed by participants is the need to mentor support and preparation with some general practice nurses reluctant to become mentors which could become a barrier to offering student placements. For example:

Oh I think a lot of nurses who become mentors and actually take on the role of growing and developing the next generation, a lot of them think they can't do it, but actually they don't realise the value of their own nursing expertise. It's quite sort of self-reporting. Once they get involved with it they tend to get a bit of a bug for it. You know once they start educating they love to do it (...) It just, it also helps them want to grow and develop. So I think it is one of those things that until you get involved with it, you don't see the benefits of it and then you get the rewards. (i3)

They don't see the need [to become mentors]. Some of them just hate studying, don't like writing essays and they just don't like learning. To me that is very sad because I'm a lifelong learner (...) I think they find academic stuff difficult. (i3)

As discussed above, participants thought that in order for general practice to succeed it needs a certain calibre of nurse and this participant suggests that this applies to student nurses as well:

I think I was lucky because the students that I've been with have been very straightforward, good students. I'm sure it's a challenge if you have somebody coming through who's not joining in and taking on as much and you have to decide whether or not you know their learning and their skills are meeting the criteria that you need to. (i5)

And this participant:

But she [the student] was, I have to say, because it was a pilot, they made sure they sent us someone who was motivated and I know the other practice had two girls who were – who didn't just sit there, not willing to engage – they were very interested, they were willing to do some things on their own, and 2nd years can do things like blood pressures and we engaged them, and I think their attitude was as important than someone thinking, I've got to be here – it does make a difference. (i13)

Buy-in is also required from other practice staff and not just GPs. Having students takes time and if different categories of staff are unmotivated to take on the extra work involved, this could be a barrier for having students.

Obviously, you've got to get people to be in the right frame of mind to take students; it takes a certain amount of effort and time and coordination, and half the time, you're bound by very limited time, so you're not paid, you're paid by the session, so if you go over your time, you may not be paid, so you can see, GPs may be quite happy to have students for the payment but you've got to look at the workforce who are willing to undertake that responsibility, cause there's such an amount of paperwork attached to it – I've done it, so I know exactly – so if you've got someone who's part-time and they've only got, they work say 15 hours a week, now you've got a student for about 4 weeks There's a certain amount of organising, I think that's the barrier to people wanting to take students. (i11)

This participant also points out that a negative attitude/culture in practice staff may be a barrier as well as a lack of space for students to see patients:

The problem would probably be attitude, where someone may want to sit in their room and practising in a way that they don't want anyone else sitting in there, then I would be worried why. The other problem maybe space, because you need to also get the student to practise alone, to see patients and see how they can manage certain things on their own. It may be space, and that's one thing we do have a problem here. And the other, it's the culture, of not just of the nurses, but culture of the surgery, of the doctors, not wanting to have the people coming into the surgery. (i12)

General practice staff also need to be persuaded or won over in order to take students by being presented with the demographic employment facts about the future reduction in the nursing workforce:

Well I think you have to work with them [practice staff]. This is where your facilitator roles, your champions for general practice need to actually be winning over GPs and practice managers to say this is your problem, this is your future workforce that you have to think about and I think for me the way you very often will convince GPs is statistics (...) look your nurses are all retiring in the next five years, where's the next generation. So facts and figures speak volumes that this is going to be a problem. But also winning people over by you know saying to practices look okay here's the problem, but here's a solution (...) We will help you with the infrastructure, we will help support the students, we will provide you with a proper tariff, so a decent whack of money, because if you have a medical student come to general practice, they pay somewhere in the region of £200 to £300 a week to the practice for the inconvenience of having that medical student, because it's takes time. (i3)

Another obstacle to increasing the number of placements for student nurses in general practice was realistic funding of placements based on individual practices as income generating businesses. For example:

It does have to be funded nationally at an appropriate level otherwise it, there's always going to be barriers to it, because obviously general practice is not, you don't have a massive amount of staff and work has to get done and patients have to be

seen. So it does have to be funded nationally, but yeah there can be barriers to implement it. I think it's really important that they're tackled and discussions take place with general practice as employers and those benefits of having students in are discussed and you need GPs to engage in those discussions at national level. (i2)

In addition, higher education links and tutorial support are important in order to ameliorate any educational obstacles and simplify the documentary processes associated with student nurse placements e. g. the 'signing off' process:

Um, so just to have very good links with external tutors, so that as soon as you start to pick up a problem or there are issues you are concerned about, you are not dealing with it just on a one to one meeting, but actually involving an external tutor. So that it's fair and that can be carried forward. That would be a challenge. Time is again a challenge, having time to sort of really meet the student's needs as well as dealing with what you're talking about with the patients. So you know their booklets are very time consuming, finding the bits that you're signing off and everything or that you're signing for that placement. So if that could be simplified, I don't know how it could be, but that would be nice. (i5)

Infrastructure for general practice workforce development

The participants discussed issues in developing the general practice workforce by attracting newly graduated nurses and from other areas of nursing (discussed under separate headings below). Issues related to preparation and retaining nursing staff were also considered by the participants. Participants reported a paucity of practice nurses which can only worsen by the number now nearing retirement age.

There's a trend, where we are considered to be an aging workforce aren't we? Practice nurses are possibly older, we will all be retiring at some point, we've got to get that impetus going. I think primary care isn't looking particularly attractive to GPs, we can't recruit GPs, so I think when that situation happens, we'll be looking to employing more nurse practitioners, that kind of thing, but I'm not sure – you know when you work in an environment, you're not sure how it appears outside – I'm not sure if it looks attractive; we've got some of the district nursing team, we're all in the same building, and they are quite keen to become practice nurses, because we don't do shift work currently, we do long days, but we've got a regular working pattern which I think is an appealing aspect, although we know that's going to change, you can have a work/life balance. It's quite scary to know what's round the corner. (i4)

One of the participants gave voice to what most participants felt were the main issues in developing the work force i. e. a lack of funding to, for example, prepare nurses for general practice and provide student nurse placements, provision of prepared mentors and the unhelpful attitude of some GPs towards preparing nurses in their practices or offering student placements:

Well, in developing it [the work force], it's funding and actually having people in practice who can mentor, and having GPs willing to have people within your practice for development. Releasing people to do development. (i13)

This participant found provision of the requisite structured preparation for new nurse recruits to general practice, or the lack of it, the most pressing issue in relation to developing the workforce. They also noted that in the absence of such a structured framework it is very much up to the initiative and perseverance of individual nurses as to whether or not they receive preparation.

..it's all to do [developing the primary care work force] with training and I think it's to do with training and gaining confidence, not just in the job, but also away from the job. So you can come into practice nursing from hospitals and you can think you're a great nurse and all that kind of thing, but actually it's very different the work that we do and I think people need then to do specific training around chronic disease management, around you know the immunisations and things like that. Then also to be able to have the opportunity to go for updates and refreshers and all that sort of thing, because everything changes all the time. I do [get the opportunity to go for updates]. I do in this job, yeah. You have to kind of a little bit identify it yourself, so there is not if you like a structure there. We are supported in X by having a practice nurse development facilitator who sends through all sorts of information about courses you can go on and things like that. But there's not actually just a structure there that you can click into, you do have to make it work for you (...) you have to identify what things you want and you have to go and then apply for them and hopefully get them through the funding that's available (...) you can't sit back and wait for it to be given to you (...) there's no structure there. So it's down to you to sort it out. I think there should be a structure, I think it would be safer if there was a structure, but at the moment there's not. (i5)

And this participant specifically refers to a structured educational preparation:

My biggest thing [the most pressing issue in developing the primary care work force] is that we need and it's not just about having a local scheme that supports something, I think we need to be much more structured nurse education in primary care and there's something around the joint working between the community health services and ourselves. So actually some of the core functions that are done by both teams for different people and working together. So I think some of the education would benefit from being joint, but also that we recognise the specialism that is practice nursing and the specialism that is district nursing (...) but it should be along the lines of district nurse training because I think if we don't do that and the other thing I suppose is that, which is going back to the old problem, which is that patients don't really know what to expect. You could walk into someone who calls themselves a practice nurse and you have no idea what their skill set is and you could walk in and see someone who is a nurse practitioner and you have no idea what their skill set is. I think that needs to be addressed over a few years, because otherwise as a patient, you know if I go in and see a GP, I have an expectation and they might have more or less, they might be a specialist in gynae, or they might be a specialist in hip, but do

you know what I mean, you've got a core set. Whereas I think with nursing we don't have that and that doesn't help from a patient's point of view in terms of knowing who they're seeing, understanding what they can expect of that consultation and understanding and having a sense of confidence in who I'm going to see. (i7)

Apart from setting up such a workforce development framework, any preparation also needs to be appropriately assessed. However such preparation is essentially unregulated, managed by independent contractors themselves, and embodies prospective risks for the workforce, given the auspices of the NMC, GMC, CQC and the forthcoming uncertainties promised by prospective nurse revalidation:

Who assesses it? There is no current standard for general practice nurse training. This is one of the things that may come out in Health Education England's career framework (...) But they won't be regulated and therefore it will still be totally down to the GP and the nurse as to whether they either fund it themselves and how do they know what quality training is? There is no, unless you have a national standard that is either regulated or fairly enforced, you can't say that somebody is trained. And even if you provide good training, you then can't make sure that a nurse maintains that standard unless you have some sort of quality oversight and because general practice is a you know closed door, unless you go in as a CQC and have a look, or unless you raise a concern and the NMC or the GMC get involved, nobody actually looks (...) You know we come into general practice with almost nothing, except registered nurse qualification, which does not in any way prepare you to work in primary care. So both massive lack of standardisation, lack of proper funding and infrastructure is key to training (...) There's no sort of strategic planning around training that I can see. There is in some areas, but in lots of areas it's very hard to mouth and revalidation would be a very interesting one, to see how that works, because it's very unclear in some areas, as to whose responsibility it is. (i3)

A lack of funding for preparing new practice nurses was seen as a major problem by participants. This participant, who came from another area, described how they had felt forced to use their annual leave to work in another general practice in order to support themselves financially during professional role preparation.

The one [most important] thing that they have to do is, one thing is they have to sponsor them [nurses new to general practice nursing], because when I came to do my training, because I wanted to do a practice [nursing], there were many people who wanted to do practice nursing, but if you leave your job to come and do training or work shadowing, how are you going to get yourself financed? I did mine because I had to drop all my work, my annual leave, I used all my annual leave on training you see. That is how I managed to get here [to general practice nursing], but if it were not because of that, I wouldn't have come (...) let me say if the practice can take it up and then employ the person and then the person goes on the training while she's having the employment then that can work. But somebody cannot leave their job and then come and you know she's not having any salary or any financial support. (i8)

Because of a perceived funding crisis in general practice, and its lack of a 'birds eye view', given that each practice is a small individual business, this nurse opined that 'we are heading towards a federation approach' as the traditional model of general practice is now defunct:

Funding [is the most pressing issue in developing the primary care workforce] (...) So there's a sort of increased workload going into general practice and the way that general practice is funded is changing, so the finances aren't, more work is being required, with less staff, less resources to do it, which causes problems. I think my, I mean this is my personal view (...) but I think the model doesn't work anymore with general practice. So we are heading towards a federation approach and I think it's, there is such a wide range of variability, because they're independent businesses, you know you might have one employer where there's a lot of investment in the development of staff, but you might have another employer where there isn't that much investment. So there's a huge variation and I think there's a lack, because we're talking about small independent businesses, there is a lack of that kind of overview or birds eye view of primary care. So for example if you were a practice and you've managed to recruit a nurse that's great, an experienced practice nurse that's great for that practice, but they might not fully be taking into account that that nurse has come from another practice in the borough say. So it's not actually increasing the number of nurses, or the pool of nurses, it's just robbing Peter to pay Paul. So it's that not having that kind of strategic overview. So working in federations you have more of that understanding. So I think it's that and I think it's you know looking at priorities and dealing with what your immediate priorities are and it's very difficult for general practice to look at what's going to happen in 5, 10, 15 years' time because the focus is on what's happening at the moment.(i2)

These nurses advocate a 'back to nursing' approach as a viable solution to for developing the primary care workforce.

Although I do think that not only should we have student nurses, but I think back to nursing, would be again a really good way to move forward because they would be much more able, they would perhaps be looking for jobs now, whereas student nurses are not looking for jobs now – they may come into it a year or two years later, they might think about it and go down that pathway, which you need that, but I also think we have a problem now, which also needs to be met. (i13)

Some of it [developing the workforce] is encouraging returners. (i3)

These data show that nurses themselves exhibit very little power or say in matters relating to their preparation and development, which is instead almost wholly dependent on the insight or goodwill of individual GPs and practice managers (who may not be nurses), who may lack understanding of the professional issues involved, for instance these participants:

You know we've been very lucky in our network in that we've got some very committed GPs who want to develop their workforce, but I think even then they struggle at times. (i7)

You need to do future workforce planning and I don't think that's fully being done. I think also generally with nursing, nurses themselves don't have particularly loud voice and this can sort of affect their access. You know we get a lot of feedback, I get a lot of feedback from nurses unable to go to training, unable to take up modular courses etc., because they're not being supported to do it because they can't get the time off from work to attend. You know the way that nurse training has changed over the years, it's very, very different now, it's a graduate only profession and whereas it has progressed very well in say, in a Trust, there's a lot of understanding that there's a big nursing team to support that, I don't think that's necessarily happening in all general practices (...) I think it's empowering people isn't it, it's empowering people to make, to be able to have a voice and a say and to utilise platforms, so that they can put their voice across. I think there is definitely a challenge in that nurses aren't, it's sort of up to the employers on whether they can actually access training or not. And their managers quite often aren't nurses, so if your manager is a practice manager for example, who isn't a nurse, they don't necessarily have that knowledge behind them. (i2)

Part of the reason that some practices do not sufficiently engage with nurse education may also be that they are unclear about how the recent restructuring of the NHS relates to the commissioning of nurse education. According to this nurse, involved in a CCG, some practices have yet to even fully understand the different remits of PCTs and CCGs and the specific nature *buy-in* now required of general practices within this new commissioning environment:

Yeah I think because obviously we are a CCG, we're not a PCT and I think there is a bit of an over reliance on the idea of us being a PCT and we will be able to do that for them, but we're not, we're a commissioning group. So the onus is actually on the organisation that is employing them to do that. So for example mandatory statutory training that's the responsibility of the employer and obviously there is a lot of support out there, to support general practice with that, but, and we have, you know there's lots of funding from Health Education England, there's funding from the CCG, but our role is not the same as a PCT. I think general practices are starting to understand that now and so we can commission training services, but there has to be buy-in from the actual surgeries themselves and they have to input it because it has to work. And as employers they are the ones that can say well this will work locally or this won't work locally and it can be quite difficult to engage on nursing issues I find. (i2)

The data from the following interviewee further suggests that the more localized workforce planning since the advent of the Local Education and Training Boards is perceived of as fragmented, thus making it difficult for practices to access resources, 'it's a post code lottery':

The GP doesn't necessarily know where to access good or quality training and doesn't actually know who might be able to provide money and there's huge variants around the country. In some areas the Local Medical Committee, the LMC fund lots of nurse training, in other areas it's done by private providers. In some areas it's done by the local university, it's a complete mish mash all over the country and so there is no, it's a postcode lottery. (i3)

Several interviewees suggested each practice may usefully 'grow their own' nursing staff who could offer a positive experience to student nurses during placements inducing them to return to work in the same practices once qualified as registered nurses. For example:

Oh I think [it would be] invaluable for us [to have nursing students] the long term future workforce, so um, you know growing your own, hopefully in the future some of them want to come back. Interestingly I met one of our students the other day who's now qualified and he said you don't remember me and I said yes I do! And you know he was very, spoke very fondly of the time he spent there (i3)

I think one of the reasons [for taking on a nursing student] was in the hope that they would generate a young practice nurse to join the practice. That hasn't happened yet. (i5)

Smaller practices can find it particularly challenging to attract and retain registered nurses especially if they open all hours as they may be perceived of as unable to offer a positive working environment (see above) in terms of team work across professional boundaries, building relationships with patients and congenial working hours; for example:

So there are the usual kind of places that find it more challenging. So I think one particular issue that I'm aware of is where you've got a very small, single handed practice, or single handed nurse and they've got more than one GP. That person has found it, they have found it incredibly difficult to recruit and keep because of, I think it's just less appealing as a nurse, to go and work somewhere where there, there is nobody there to pick up anything, so I think that becomes a challenging issue. So I think it's just less appealing generally. Where we've got bigger teams, I think they have been more successful. Another issue, for one of our practices, has been that they've got one of the newer NHS contracts, so they're open 8 to 8, 7 days a week, 365 days a year (...) and they find it very difficult to retain nurses because there are other practices locally who don't have to participate in that rota. So I think that's been a negative thing for them against other practices. You know it's interesting because I had, when we first started that, I was thinking it's going to be interesting because they might get people who want to work the weekends because they don't want to work during the week, but that hasn't really emerged. And also I think the other issue that they have then is that communication and team working becomes very disjointed, you don't get the same sense of everyone working together and you don't get the continuity of care with patients, because actually they are open so many hours that people are coming and going. (i7)

This participant refers to how 'GP-led' practices, by which they meant practices in which nurses had limited opportunities to receive further preparation and progress their careers, may struggle to attract and retain registered nurses:

So we've got some practices that are very much more GP-led and some nurses perhaps like that, that's the role they want to work in. It would be perhaps not proactive, perhaps not prescribing, more advanced diagnostic treatment type roles (...) you know if you took practice nursing back 20 years what we were doing then, that they are still occupying some of those roles so it may be less opportunity for development, less opportunity for training and progression (...) but perhaps older GPs who are wanting to remain, that to remain very much in their care have had slightly more difficulty in recruiting and retaining (...) people may stay less time because they do that role for two or three years and then want to progress and do something more advanced and therefore they [these practices] would naturally have a bigger turnover. (i7)

Table 14. Summary of Emergent Themes.

Interviews (analysis)	Survey (analysis of open items)
<p>Work roles</p> <ul style="list-style-type: none"> ○ Passionate work ethic ○ Autonomous roles ○ Invisibility amongst peers ○ Challenging fast-paced roles ○ Business-money generating culture ○ Pressures to work outside of one's competency ○ Constant organisational flux <p>Recruiting nurses into general practice</p> <ul style="list-style-type: none"> ○ No clear career structure ○ Poor image of general practice ○ Formal, structured post-registration programme ○ Nurse specialisms ○ Positive student experience influencing career choice ○ Retaining capable staff ○ Terms and conditions ○ General practice as students' first choice career <p>Current and prospective provision of student nurse placements</p> <ul style="list-style-type: none"> ○ Previous experience of students ○ Planning to take students ○ Never asked to take students <p>The perceived benefits of general practice placements</p> <ul style="list-style-type: none"> ○ Potential future workforce ○ Students' experience long term conditions ○ Raise the profile of general practice ○ 'air of professionalism' ○ Validation of others' roles <p>The perceived obstacles to general practice placements</p> <ul style="list-style-type: none"> ○ Paucity of funding ○ Unequal funding for nursing-v-medical students ○ Conflicts from business and income generation pressures ○ Practice list size ○ No structured education framework ○ Preparation and support of mentors ○ Requisite calibre of staff ○ Involvement of all practice staff ○ Office space and staff attitudes <p>Infrastructure for general practice nursing workforce development</p> <ul style="list-style-type: none"> ○ New graduates ○ Preparing and retaining staff ○ Poor supply of practice nurses ○ Structured workforce development framework ○ 'bird's eye view' of the business needed ○ The federation approach ○ Disempowered staff reliant on GPs & managers ○ Lack of knowledge about commissioning education ○ Fragmented workforce planning 	<p>Attributes associated with learning</p> <ul style="list-style-type: none"> ○ Students' personal & professional attributes ○ The learning environment & work organisation within practices <p>Securing the future workforce</p> <ul style="list-style-type: none"> ○ Making 'invisible' practice visible ○ Revealing the opportunities in general practice ○ Actively recruiting <p>Time issues</p> <ul style="list-style-type: none"> ○ Freeing up time ○ Using time as a means of investment

DISCUSSION

This section synthesises the above quantitative and qualitative findings from the evaluation in relation to an adapted form of Pawson and Tilley (1997)'s seven key indicators of a successful realist evaluation. These key indicators are used as sub-headings to narratively structure the following synthesis.

1) Have recent initiatives 'cracked' the problem?

Recent initiatives to develop new student nurse placements did 'crack' the problem in terms of identifying the attributes associated with students' learning in general practice; the issues involved in securing the future workforce; the time issues related to placing students in general practice, recruiting nurses into general practice; current and prospective provision of student nurse placements; the perceived benefits of general practice placements; and the perceived obstacles to general practice placements and the infrastructure required for general practice nursing workforce development.

2) Did recent initiatives alter the size of the problems?

Recent initiatives did describe the size of the problem. However, it is difficult to judge how the size of the problem has been significantly altered. This evaluation collected data on the perceived willingness to improve the take up of undergraduate nurse placements in general practice. The evaluation collected data across a potential total of 251 general practices in the HENCEL area with a total of thirty-six (n=36) mentors responding. It was reported that forty-five respondents (n=45) based in general practice had already experienced placing between 0-10 student nurses. Sixty-seven (n=67) respondents in general practice also reported being involved in non-nursing (medical) education.

3) What was the impact of recent initiatives to develop student nurse placements?

The evaluation detailed the perceived workforce development infrastructure required for general practice. Out of a total of seventy-seven (n=77) respondents, fifty-seven

(n=57)(74%) were willing to participate in student nurse placements and facilitated a forum for partners within Islington/Waltham Forest CEPNs. Therefore, recent initiatives to develop student nurse placements in general practice had an impact on the objectives of the Pilot Project (see Table 15).

4) How were the objectives around developing student nurse placements affected?

In terms of understanding the barriers to improving the uptake of placements in general practice for undergraduate nurses qualitative data was collected on the current and prospective provision of student nurse placements. Practices reported having previous experience of students or that they were planning to take students or that they were never asked to take students.

The multiple issues involved in recruiting nurses into general practice were identified, as viewed by eighty-four survey respondents and thirteen interviewees, all of whom were working in general practice. The latter included the following identified from a self-selected sample of general practice staff (Table 13): i) lack of any clear career structure; ii) the poor image of general practice; iii) lack of a formal, structured post-registration programme for general practice nursing; iv) the prospect of nurse specialisms; v) the likelihood that positive student experiences could influence career choice; vi) lack of any mechanism to retain capable staff; vi) heterogeneous terms and conditions; vii) exposing students to general practice so that it becomes their first choice career

Qualitative data was also collected from thirteen self-selected general practice staff (Table 13) on the perceived infrastructure required for general practice nursing workforce development which focused on i) having a supply of new graduates; ii) preparing and retaining staff; iii) the poor in supply of practice nurses; iv) the need for a structured workforce development framework; v) the need for a 'bird's eye view' of the business of general practice so as to strategically appreciate the overall workforce supply issues; vi) the federation approach; vii) disempowered staff reliant on general practitioner and managers; viii) the lack of knowledge about commissioning education; and ix) fragmented workforce planning

Baselines were quantified for the numbers of qualified mentors, non-nursing education, the interest in taking pre-registration nursing students and the previous experience with taking pre-registration nursing students.

A baseline of qualified mentors was identified across seventy-nine (n=79) respondents, forty-seven (n=47)(60%) of which currently have qualified nurse

mentors (Table 10) whereas twenty-seven (n=27)(34%) of those respondents did not have qualified nurse mentors.

Out of seventy-eighty (n=78) respondents, sixty-seven (n=67)(83%) are currently involved in non-nursing (undergraduate/postgraduate medical) education (Table 11). Eleven (n=11)(14%) respondents were currently not involved in non-nursing education.

Out of seventy-seven (n=77) respondents, fifty-seven (n=57)(74%) were interested in taking pre-registration (undergraduate) nursing students on a placement (Table 9). Twenty-three (n=23) (30%) respondents were not interested

Out of seventy-nine (n=79) respondents, thirty-five (n=45)(57%) reported having between one-ten student nurses per practice (Table 5) with thirty-four (n=34)(43%) of those respondents reporting a zero incidence per practice.

5) What else has resulted?

The evaluation detailed the perceived and hypothetical benefits from improving the take up of placements for undergraduate nurses.

The latter included: i) the perceived benefits to the potential future workforce; ii) the potential for offering students experience in managing long term conditions; iii) raising the profile of general practice with students a prospective workforce; iv) the perception that having students displays an 'air of professionalism' due to the practice being viewed as performing optimally to be approved as a training environment ; v) validation of others' roles through the challenge of maintaining a student population.

Out of a total of eighty-four survey respondents, 71.4% (n=) strongly agreed, and 22.6% (n=) agreed, that providing student nurse placements in general practice would help develop the future workforce. 60.5% (n=) reported that such placements were "not difficult" (with only 14.5% (n=) saying they were) and only 20% (n=) expressing any uncertainty. This finding suggests agreement over such placements as positively challenging accepted practices, building confidence in supporting learners, supporting professional development, helping networking and sharing of experiences.

The evaluation also produced detailed information of value to general practices wishing to offer pre-registration student nurse placements.

6) *How, and where, and for whom, could the effects of recent initiatives to develop student nurse placements be replicated?*

The effects of recent initiatives to develop student nurse placements could be replicated [the '*how*'] by the networks and organisations used in data collection continuing with their current work streams (see Appendix Two), [the '*where*'] within other general practice contexts (Appendix Two). The findings from this evaluation resonate, enhance and add to the findings from the literature review especially in respect of the emergent themes described in Table 13. In this way, the effects of the Pilot Project could be replicated [the '*for whom*'] within more general practices.

7) *What more do we know at the end of this evaluation about the patterns of outcome effectiveness of placement-sourcing initiatives and what else do we need to know?*

The above evaluation has detailed the mechanisms, context and outcome patterns of developing student nurse placements in general practice, especially for placing and sustaining pre-registration nursing students across HENCEL.

In terms of the mechanism, the evaluation has highlighted the multiple and complex set of factors that general practice staff consider as successful for the outcome of placing and sustaining pre-registration nursing students within general practices across HENCEL.

In terms of the context, the evaluation has also described the perceived conditions within that context which are prospectively required for triggering the mechanisms which are thought of by those working in general practice as enabling the successful outcome whereby pre-registration nursing students are placed and sustained within general practices.

However, the patterns of outcome effectiveness of this initiative are relatively hard to discern given the findings of this evaluation due to the heterogeneous set of factors underlying the mechanism and the complexity of the perceived conditions within the general practice context whereby pre-registration nursing students could be successfully placed and sustained within general practices.

Table 15. Evaluating the project entitled: “Developing General Practice Nursing (Promoting Placements for Student Nurses”.

AIMS OF THE PROJECT ENTITLED “DEVELOPING GENERAL PRACTICE NURSING (PROMOTING PLACEMENTS FOR STUDENT NURSES”					
SUCCESS CRITERIA	Understand the barriers to improving the uptake of placements in general practice for undergraduate nurses	Work together on piloting a unified multi-professional practice accreditation process.	Explore the differences in language/concepts across professional boundaries and aim to harmonize educational language to make it simpler for practices and educators.	Map the baseline of practice nurse mentors and identify practice nurses who with minimal additional development could be supported into education.	Set up a pilot within Islington/Waltham Forest CEPN’s with support from the project team and two HEIs.
Did the Pilot Project initiative alter the size of the problems identified in its key objectives?	Detailed the perceived willingness to improve the uptake of placements in general practice for undergraduate nurses			Across 251 practices Identified: numbers of mentors (n=36), incidence of student nurse placements (45 experienced 0-10 students); 67 respondents involved in non-nursing (medical) education	Localized the size of the problem
What did the Pilot Project do which impacted on its key objectives?	Detailed the perceived workforce development infrastructure required for general practice			57 respondents willing to participate in student nurse placements	Facilitated pan-HENCEL forum for partners within CEPNs
How were the Pilot Project’s key objectives affected through the initiative?’	Current and prospective provision of student nurse placements		Recruiting nurses into general practice Infrastructure for general practice nursing workforce development	Quantified baselines Described workforce requisite development infrastructure	
What else resulted from the Pilot Project as well as meeting the objectives?’	Detailed the benefits from improving the take up of placements for undergraduate nurses		Advice for general practices and requisite daily changes to working day e.g. freeing up time		

LIMITATIONS

The evaluation was limited by the need to access settings that are geographically dispersed and by the need to sample 'hard-to-reach' sub-populations with demanding work schedules and mixed priorities. The unknown sample size for the survey meant that the true response rate for the survey was not calculable. Workloads in general practice also limited staff time for engagement in both the survey and the interviews. The time frame for undertaking the study was a limitation given the necessary requirements for data collection, data processing and data analysis. However, these limitations were offset by the workings of the project team, who were geographically distributed across different institutions, and the local knowledge given to the project team by members of the Steering Group, local CEPNs, HEIs and LETB stakeholders as well as the survey respondents and the interviewees.

REFERENCES

Ali P, Watson R, Albutt G (2011) Are English novice nurses prepared to work in primary care setting? *Nurse Education in Practice*, 11, 304-308

Boud, D, and Middleton, H. (2003) Learning from others at work: communities of practice and informal learning. *Journal of workplace learning*; (15:5) pp. 194-202
Bos et al, 2015;

Bjork, T. I; Toien, M. and Sorensen, A. L (2013) Exploring informal learning among hospital nurses. *Journal of workplace learning* (25) 7 pp 436-440

Condon, J.; Willis, E. and Litt, J. (2000) The role of the practice nurse. An exploratory study. *Australian Family Physician*. 29, pp 272-277

Cook, A; Davis, J. and Vanclay, L. (2015) Shared learning in practice placements for health and social work students in East London: a feasibility study. (09/May)
[Http://hdl.handle.net/2440/44005](http://hdl.handle.net/2440/44005)

Gopee, N, Tyrrell A, Raven S, Thomas K, Hari T (2004) Effective clinical learning in primary care settings. *Nursing Standard* 18, 37; pp 33-37

Corbett K, Bent S (2005) Developing Clinical Placements For Nursing Students In General Practice: A Survey Of The Views Of Practice Nurses. *Education for Primary Care* 16: 167–74

Corbett, K, Odelius, A, Traynor M, Mehigan S (2015) *Project Report: An Evaluation of the Islington Community Education Provider Network Super Hub. A report commissioned by the Islington Community Education Provider Network and produced for the School of Health and Education*. London: School of Health and Education, Middlesex University.

Critchley, J, DeWitt, D.E, Khan, M.A. and Liaw, S. (2007) A required rural health module increases students' interest in rural health careers. *Rural and Remote Health* 7: 688. (Online) Available: <http://www.rrh.org.au>

Department of Health (2003) *Liberating the Talents. Helping Primary Care Trusts and Nurses to Deliver the NHS Plan*. Department of Health Publications, London.

Drennan, V.; Andrews, S. and Sidhu, R. (2004) Flexible Entry to Primary Care Nursing Project: Improving Recruitment and Retention in Primary Care. A guide to attracting and retaining nurses in primary care. *PCNRU, London*

Goldman, E.; Plack, M.; Roche, C.; Smith, J. and Turley, C. (2009) Learning in a chaotic environment. *Journal of workplace learning*. 21:7, pp 555-574

Griffiths P, Murrells, P, Maben J, Jones S and Ashworth M. (2010) Nurse staffing and quality of care in UK general practice: cross-sectional study using routinely collected data. DOI: 10.3399/bjgp10X482086 Published 1 January

Hamshire C, Willgoss TG, Wibberley C (2013) What are reasonable expectations? Healthcare student perceptions of their programmes in the North West of England. *Nurse Education Today*. 33, pp 6-7.

Hemel Today (2015) Super 'Health Hub' on the cards – but where? Hemel Today (The Gazette) 13th October.

Kenyon L, Peckover S (2008) 'A Juggling Act': An analysis of the impact of providing clinical placements for pre-registration students on the organisation of community nursing and health visiting work. *Nurse Education Today*, 28, 202–209

Lane P, Peake C (2015) A scheme to increase practice nurse numbers. *Nursing Times*, 111: 13, 22-25.

Leinster S (2009) Learning in the clinical environment. *Medical Teacher*. 31, pp 79-81.

NHS Vale of York Clinical Commissioning Group (2015) What is important about health and wellbeing in Easingwold and the local area – your views. Comments and views. Appendix 10. York: NHS Vale of York Clinical Commission Group.

Pawson R, Tilley N (1997) *Realistic Evaluation*. London: Sage.

Peake C (2014) Advanced Training Practice Scheme, promoting Student Nurse Training in General Practice, *RCN Education Conference, Harrogate Feb 2014*.

Pearce C, Phillips C and Hall S (2009) Contributions from the lifeworld: quality, caring and the general practice nurse. *Quality Primary Care*. 17, pp 15-13

Peters K, Halcomb E J and McInnes S. (2012) Clinical placements in general practice: relationships between practice nurses and tertiary institutions. *Nurse Education in Practice*. 13, pp 186-191 DOI: [Http://dx.doi.org/10.1016/j.vcx.2012.09.007](http://dx.doi.org/10.1016/j.vcx.2012.09.007)

Thomson J, Allan B, Anderson K and Kljakovic (2009) The relationship between General Practitioner teachers' interest in hosting junior doctors rotations and general practice size. *Australian Family Physician* 38:12; pp 1000-1002

Van der Zwet; Zwietering, P. J; Teunissen, P.W; Van der Vleuten, C. P. M. and Scherpbier, A. J. J. A. (2011) Workplace learning from a socio-cultural perspective: creating developmental space during the general practice clerkship. *Advances in Health Science Education*. 16, pp 359-373.

APPENDIX ONE. The Pilot Project: Frequently Asked Questions.



Health Education
North Central and East London

Developing General Practice Nursing (Promoting Placements for Student Nurses)

This paper has been developed by the steering group that is leading on the development of placements in general practice for pre-registration nursing students. This group is being led by HE-NCEL and has representation from the 4 universities within the LETB region that provide nurse education as well as the Community Education Network Providers (CEPN's). It addresses some of the initial questions posed by staff in general practice that specifically relate to the provision of learning experiences for nursing students.

Introduction

Health Education North Central and East London (HE-NCEL) have set up an initial project team involving the LETB, HEI representatives as well as representatives from the 5 pilot Community Education Network Providers (CEPN's) and the plan is to work collaboratively to develop the practice nurse workforce and promote practice nurse placements for pre-registration nursing students. This reflects the HE-NCEL Nursing and Midwifery Education and Primary Care Strategy.

Practice nurse placements have occasionally been utilised for nursing student placements though access to these areas has been challenging in a number of regions and hence student nurses have not benefitted from the unique opportunities that can be offered and pre-registration nurses rarely consider practice nursing as a viable career pathway. However, where appropriately supported the benefits are significant.

The Yorkshire and Humber region have been promoting student nurse placement in general practice since 2009 and currently have a network of over 60 practices which accommodate approximately 200 students a year. Student and mentor evaluations have been very positive with 90% of the practice nurses indicating they have furthered their professional development through mentoring and 91% of students stating that they are more likely to pursue a career in general practice. This initiative is being fully supported by HEE Yorkshire and Humber who is aspiring to give all student nurses a placement within a General Practice (Peake 2014).

Within HE NCEL there are 4 universities who run nursing programmes, each university is linked with one of the 5 pilot CEPN's.

- Barnet CEPN - University of Hertfordshire
- Islington CEPN - Middlesex University

- Newham CEPN and Tower Hamlets CEPN - City University London.
- Waltham Forest CEPN -London Southbank University

This document provides useful information in a question and answer format for staff in GP practices who might be considering a pre-registration nurse placement.

How are student nurse placements organized?

Pre-registration nursing student placements are likely to be between 4 - 8 weeks duration. 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 general practice settings.

What is a nurse mentor?

Nurse mentors are senior nurses who have *“completed specific preparation in assessing students and are normally responsible for ongoing supervision and assessment in practice.”* (NMC 2008). Preparation for being a mentor requires undertaking a specific and approved course through your local university.

What will happen if I as a mentor do not work full-time?

Nurse mentors are responsible overall for a student’s supervision and assessment. However, other professionals can also provide support, supervision and assessment. Nursing students benefit from seeing a broader range of approaches to providing clinical care, and practice staff will benefit from the learner contact and professional development made available.

If your non-nursing colleagues in the practice do not have an approved mentorship qualification they will need to familiarize themselves with the student programme and learning outcomes by attending a short 2 hour workshop.

I did my mentorship course a long time ago, can I still take students?

Yes you can and to help you do so we would invite you to attend a 1-day update course (run by the local universities). Many nurses will have continued to support new staff members and health care assistants. A one day update is an opportunity to refresh your knowledge and skills in mentoring and demonstrate that you have kept-up-to-date with NMC requirements in this regard. The NMC require an annual update.

I have never trained as a mentor. What is involved?

Being a mentor is a rewarding experience. And there is lots of support available. Each university offers short courses in mentoring and the NMC indicates that it should take 10 days of study. The requirement for attendance does vary between universities and usually includes three to five of these days being spent in face-to-face protected study days and the remainder is directed / private

study. Most mentorship courses run over no more than three months. HE-NCEL LETB is currently providing funding for mentorship programmes.

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, 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 (see appendix 1 for a sample timetable recently developed by a practice in Barnet).

It is important that where a student nurse is seeing patients they have access to the nurse mentor, or an appropriately qualified named supervisor nominated by the mentor, in case there is a need to ask questions or clarify a clinical issue. It is also important that the mentor (or supervisor) has protected time at the end of a clinic to de-brief 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 recognize 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.

Where possible we will review the information already available from other sources 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. This will take approximately one hour and may result in actions for both the university and practice nurse to ensure effective preparation of the learning environment.

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

If you agree to consider taking undergraduate nursing students, a senior member of the local university will arrange a time to come and meet the nurse and practice staff. We 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.

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

Once we 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 and build a relationship with your team.

Will there be any funding to support this?

The good news is that some funding is now available to support the quality of practice learning for student nurses. This is known as the non-medical tariff and will be paid directly to the CEPN's, initially via their host organisations, and equates to £70 per student per week. In addition, for the financial year 2014-15 HE-NCEL will provide financial support for the educational development of current and future mentors

How is insurance managed?

We have been advised by HE Yorkshire and the Humber that no additional insurance was required by practices who gave placement opportunities to student nurses as this was part of the established indemnity cover. Individual practices did however inform their insurance companies that they were providing placements to student nurses.

What is the proposed timescale for the implementation of this project?

Practices within Barnet started to support students from University of Hertfordshire in July 2014 with positive feedback received from students and mentors (Appendix 2). Since some other practices have also expressed an interest in supporting student nurses we are hoping to secure approximately 5 student placements in each CEPN by January 2015, though this is also dependant on the placement patterns for each university and local factors.

Further Information / Contact Details

If you require further information or clarification regarding any of the issues raised in this paper then please do not hesitate to contact Kathy Wilson, Head of Practice-based Learning, School of Health and Education, Middlesex University, k.wilson@mdx.ac.uk. Your local University representative will also be able to provide advice

References:

Peake, C. (2014) Advanced Training practice Scheme, promoting Student Nurse Training in General Practice, RCN Education Conference, Harrogate Feb 2014

NMC (2008) Standards to Support Learning and Assessment in Practice, <http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/> {accessed 10th June 2014}

APPENDIX TWO. Meetings, networks and organisations used for data collection.

Pilot Project Aims	Data	Data Sources	Methods
Formation of a Steering Group from CEPNs, HEIs and LETB stakeholders	Pilot Project's; <ul style="list-style-type: none"> • Composition • Functions 	<ol style="list-style-type: none"> 1. Minutes of Steering Group meetings 2. Documentation from Steering Group members and their respective networks 	Document review
Engagement with CEPNs/Practice Nurse Leads to scope benefits/potential for student nurse placements in General Practice	Engagement of stakeholders with promoting aims/objectives of the Pilot Project: <ul style="list-style-type: none"> • inside GP networks e.g. Local Medical Committees (LMCs); Practice Nurse (PN) networks; other CEPN membership. • inside other community/primary care networks 	<ol style="list-style-type: none"> 1. Minutes of Steering Group meetings 2. Documentation from Steering Group constituents 3. Other sources external to Pilot Project e.g. documentation or respondents from LMCs and/or PN networks; other CEPN links. 4. Membership of Steering Group and associated networks e.g. PN networks 	Document review
Identification of scope number of GPs and local education and preparation needs	<ul style="list-style-type: none"> • Quantification of local capacity e.g. numbers of GPs within specific localities -v- number engaging with Pilot • A typology describing the diversity of GP Education & Preparation needs 	<ol style="list-style-type: none"> 1. Membership of Steering Group and associated networks e.g. PN networks; LMCs 2. Observation of Monitoring Meetings between the Members of Steering Group/five HEIs/CEPN leads and the GPs offering placements within the Pilot Project: respondents drawn from GP workforce e.g. Practice Managers, Practice Nurses, GP Receptionists and/or General Practitioners. 	Document review Note-taking and/or audio-recording of focus groups/interviews
Development of common processes for establishing placements and auditing of potential placements	<ul style="list-style-type: none"> • Factors which : <ul style="list-style-type: none"> ○ identify placements as having education potential • Processes for: <ul style="list-style-type: none"> ○ auditing placements 	<ol style="list-style-type: none"> 1. Documentation from Membership of Steering Group 2. Interviews with members of Steering Group and members of the associated networks e.g. PN networks; other CEPN members/LMCs etc. 	Document review Note-taking/audio-recording of focus groups/interviews
Preparation of mentors	<ul style="list-style-type: none"> • Factors facilitating preparation • Education & training needs 	<ol style="list-style-type: none"> 1. Documentation from Membership of Steering Group 2. Pilot Project Meetings: <ol style="list-style-type: none"> a. membership of Steering Group and associated networks e.g. PN networks b. convenience sample of Practice Nurses undergoing and/or successfully completed Mentorship Preparation c. Convenience sample of mentored students 	Document review Note-taking/audio-recording of focus groups/interviews

Pilot Project Aims	Data	Data Sources	Methods
Development of resources for mentors and students which support practice learning	List of resources used in Pilot Project: <ul style="list-style-type: none"> • pre-dating the Pilot • Pilot-specific 	<ol style="list-style-type: none"> 1. Interviews with members of Steering Group and members of the associated networks e.g. PN networks; other CEPN members/LMCs etc. 2. Convenience sample of Practice Nurses undergoing and/or successfully completed Mentorship Preparation 3. Convenience sample of mentored student nurses 	<p>Document review</p> <p>Note-taking/audio-recording of focus groups/interviews</p>
Provision of ongoing support for mentors and students	Identify support mechanisms Identify timeline/pattern of support activities (peaks/troughs)	<ol style="list-style-type: none"> 1. GPs offering placements within the Pilot Project: respondents drawn from GP workforce e.g. Practice Managers, Practice Nurses, GP Receptionists and/or General Practitioners. 2. Convenience sample of Practice Nurses undergoing and/or successfully completed Mentorship Preparation 3. Convenience sample of mentored student nurses 	<p>Document review</p> <p>Note-taking/audio-recording of focus groups/interviews</p>
Evaluation of the student and mentor experience and dissemination of findings	Student and mentor experiences Dissemination knowledge	<ol style="list-style-type: none"> 1. Completed evaluation forms by mentors and students (HEIs/GPs) plus: <ol style="list-style-type: none"> a. convenience sample of Practice Nurses undergoing and/or successfully completed Mentorship Preparation b. convenience sample of mentored student nurses c. dissemination events (Stakeholders, HEIs, GPs) 	<p>Document review of HEI/GP evaluations</p> <p>Note-taking/audio-recording of focus groups/interviews</p>
Extension of the Pilot Project to other CEPNs and LETBs	Local HEI evaluations e.g. Open Doors Local Super Hub development(s)	Information related to theory and practice of project: <ul style="list-style-type: none"> • Development • Implementation • Evaluation 	<p>Conferences</p> <p>Seminars</p>

APPENDIX THREE. Survey Monkey Questions.

1. Please tell us your job title (please tick all that apply)
2. Are you a qualified mentor/preceptor?
3. Giving student nurses a placement in a GP practice will..... (Please select ONE option that best describes your experience)
4. How many times have you had a student nurse on clinical placement in your general practice?
5. What one piece of advice would you give to a student going on a placement in general practice?
6. What one piece of advice would you give to a Practice having a student nurse on placement?
7. If you have to make changes to your day-to-day work in order to support pre-registration students on a placement, please describe what these changes will be
8. Please indicate if you would be interested in taking pre-registration nurses on a placement
9. Does your practice currently have qualified nurse mentors in place?
10. Is your practice currently involved in other training – e.g. GPs, medical students? If so, please indicate what other types of learners are supported in your area.
11. Would you be interested in undertaking a short telephone interview?

APPENDIX FOUR. Interview Topic Guide.

- Introduction
Brief thank you and introduction, have you had an opportunity to read the information sheet, any questions before we start, agree to audio record (confidentiality explained), consent
- Can you please tell me about your job?
Probes: work title, area of work, a typical day/week, highlights, challenges
- What do you think are the current issues with developing the primary care workforce? (
Probes: your views, positives, negatives
- How, in your view, do you attract nurses to come to work in primary care?
Probes: your views, experiences, what has worked / not worked
- Can you talk about any current or future plans you have to offer student nurses placements in your practice?
Probes: Examples, why your practice decided to take / not to take students
- What do you think the benefits would be of offering placements to students in your practice?
Probes: Any recent examples – benefits to primary care nurses, other staff, patients, students themselves
- What, in your view, makes it difficult or impossible to offer a student nurse a placement in practice?
Probes: Any recent examples/experiences, what hinders
- What kind of support do you think your practice would need to be able to offer a student nurse placement?
Probes: think of recent and/or memorable examples in terms of challenges and what worked
- Is there anything else you would like to add?

APPENDIX FIVE. Participant information sheet

1. Invitation

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

2. What is the purpose of the study?

We are working in collaboration with a range of stakeholders to develop more placements for student nurses within General Practice in the North Central and East London area. The purpose of this research is to find out what is it that works and what are the constraints, in developing and supporting General Practices to take student nurses for placement experiences between January and the end of March 2015. The results will be shared with Health Education North Central and East London (HENCEL) to help inform work they are doing to develop the future Primary Care workforce.

3. Why have I been chosen?

You have been selected either because you have been identified as someone working within a Primary Care setting who has experience of supporting student nurses in practice or you are a member of staff from a General Practice setting who has views about why having student nurses in this setting might or might not work. We anticipate inviting approximately 35 people to participate from a range of different organisations.

4. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

5. What will happen to me if I take part?

If you agree to take part in this project, we will collect information from you in one of a number of ways - through an online questionnaire, a face-to-face interview, or we may invite you to take part in a focus group.

6. What do I have to do?

If we ask you to complete an online survey questionnaire, we will send you a link to this via an email message from the research team. We would ask you to complete this as honestly as you can. We do not anticipate that this will take more than 15 minutes.

Alternatively, we may ask you to participate in a small focus group with one of our research team. This will be held either at the university campus in Hendon or suitable NHS premises in Islington and will last a maximum of one hour. If we invite you to be interviewed, this will either be a face-to-face interview at a location that we will agree in advance. This would take a maximum of one hour. If we ask you for a telephone interview, we will contact you in advance to arrange a suitable time. A telephone interview will take a maximum of 45 minutes but could be shorter if necessary.

We will give you the opportunity to comment on any analysis of the outcome of the project.

7. What are the possible disadvantages and risks of taking part?

We do not believe that there will be any risks or disadvantages to participating in this project.

8. What are the possible benefits of taking part?

There will be no direct benefit to you from taking part. We hope that by participating in the study you will be helping in the development of the future Primary Care workforce.

9. Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you, which is used, will have your name and employing organisation removed so that you cannot be recognised from it.

All data will be stored, analysed and reported in compliance with the Data Protection Legislation of the relevant country where the study is being conducted.

10. What will happen to the results of the research study?

We will be reporting on the outcomes of this project to HENCEL by mid-April 2015. We hope to publish an article based on the results by summer 2016. You can obtain a copy of the report from the main researchers. You will not be identified in any report/publication.

11. Who has reviewed the study?

This study has been reviewed by Middlesex University, School of Health and Education, Health and Education Ethics Sub-committee.

12. Contact for further information

Principal Researcher:

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Thank you for taking part in this study!

The Participant Information Sheet should state that the participant would be given a copy of the information sheet and a signed consent form to keep.

APPENDIX SIX: Advice for Students.

1. *Read up on how the role of the Practice Nurse has evolved*
2. **BE YOURSELF , ASK QUESTIONS AND BE PART OF A TEAM**
3. *Wear presentable clothes and be prepared for patients to say no to you being in the room*
4. *Be flexible in your expectations of time spent with your Mentor. Do as much back ground reading on Long term conditions as you can and then you have more time to spend focusing on a Practice Nurses role in managing this. Negotiate time to have catch up with your Mentor.*
5. *Enjoy*
6. *To read and research before placement - chronic disease and the care provided by GPs and practice nurses.
To be prepared to travel to other community placements within the GP placement e.g pharmacy, DN, TVN, local community hospital etc.*
7. *Try to develop your skills in working independently*
8. *Make the most of every opportunity*
9. *Needs to be flexible/patient in a busy environment*
10. *The student should try to research GP practice and be clear what they are looking for in their placement.*
11. *Be on time!*
12. *Be prepared to be as flexible as possible and realistic about the amount of study you will need to undertake- The ANP course will completely occupy you for the two years of the course but is a huge investment in your future.*
13. *Be open minded*
14. *It is very different from working in hospital as a lot of what happens in general practice is dealing with well people and involves health promotion*
15. *Open minded. May be disorganised as clinics change/patients cancel/nurses go off sick.*
16. *Practice nursing allows autonomous work environment with a variety of clinical skills required*
17. *Join in with the team!*
18. *Be flexible*
19. **BE KEEN AND ASK RELEVANT QUESTIONS**
20. *It's not a hospital, so expect it to be different.*
21. *Be computer literate*
22. *Ask questions*
23. *It will help: i) to expand their knowledge in their nursing career ii) -to understand how primary and secondary care differ iii)-make them think different opportunities once they qualified*

24. *General Practice is a very different work environment compared with the hospital.*
25. *Listen carefully and adhere to guidelines.*
26. *Re the pace of work and variety*
27. *Reliability essential*

28. *Participate and ask for advice or support when you need it.*
29. *Needs experience from multiple practices as the way of working is different in each practice.*
30. *In my opinion the student nurse would not benefit by having a long placement here- a few days maximum a taster - they would not be able to see patients on their own unsupervised*
31. *Be flexible.*
Be proactive in thinking about your learning needs and be open to discussion about what can be achieved.
32. *LISTEN AND WATCH*
33. *Be open about general practice as an option*
34. *To observe a different focus of nursing unique to primary care that allows the student an insight into the many different areas of knowledge and skills required to be competent in the role.*
35. *Think about what you want to achieve. Find out about opportunities that are available to you. Background reading about chronic conditions etc would benefit you before you start*
36. *To come in with an open mind and maybe think about having a career in general practice. Not to see it has a placement just to get hours signed off.*
37. *KEEP A LEARNING LOG*
38. *You get out what you put in. It is not a 9-5 job!*
39. *Be prepared for variety of patient presentations*
40. *To make use of the opportunity and write out objectives before starting*
41. *Try to absorb as much information as possible. There is a lot more to general practice than you think there is! Befriend receptionists, and always be polite!*
42. *To be able to work with others as a team*
43. *Keep an open mind,*
44. *Please read about General practice, understand it and patient journey. It is not mini hospital and not outpatient department. It is also holistic and demanding*
45. *Good*
46. *Be prepared to do everything, flexible and willing to listen.*
47. *It is a good opportunity to see patients in their normal setting as hospital is a very short episode in the majority of patients' management.*
It is also a career pathway that allows you to develop into a holistic practitioner as well as really great team working opportunities.
48. *Ask for help or advice if you aren't sure and talk about patients and cases with the team*
49. *Have experience in an acute setting- hospital and in the community - District Nurses then the transition team working, and decision making with other will be developed further.*
50. *Be prepared for any eventuality*
51. *Be open in your questioning and thinking.*
Be able to reflect on your and others practice and its impact on the practice population and Practice's ability to deliver comprehensive care. Be flexible and a good communicator.

52. *Be open minded and don't underestimate what you can learn!*
53. *Have an open mind*
54. *Be open minded this is not an acute setting and activity and skills are not what you are used to*
55. *To be proactive and identify what they would like to learn by the end of the placement*
56. *Be willing to participate as well as observe*
57. *To expect a very varied placement and will need to be flexible*
58. *Keep an open mind and prepare for the unexpected*
59. *Be prepared to make the most of all the opportunities that are given to you to work with a variety of different clinicians*
60. *Very interesting its all hands on*
61. *Take time to evaluate how important the contribution of GP Nursing is to general population health, health prevention and managing Long term conditions*
62. *Go with an open mind and be prepared to interact with patients
prepare a bit of background knowledge for chronic diseases, diabetes and asthma especially*
63. *Remember this is where most patient care happens.*
64. *Get stuck in, ask questions, offer to help wherever you can, and make yourself an integral part of the primary healthcare team.*
65. *Have they got insurance to cover their practice in a general practice setting*
66. *I strongly recommend that they actually have a placement in general practice. So many students don't have it offered to them.*
67. *It is completely different to the acute setting and district nursing!*
68. *General practice explores many areas os expertise in Nursing. I would recommend students to plan a clear set of objectives related to the practice and explore their variety to the full.*
69. *Really make the most of it and think about what's it's like to be a patient in the community and all of the services that a General Practice/surgery can provide or provide links to. It's a unique experience and very different form secondary care.*
70. *Shadow all the clinicians not just the Nurses. Ask lots of questions. Talk to patients. Ask them questions. Listen hard and you will hear important stories.*
71. *Learn as much as possible and ask a lot of questions but be aware that time is limited during actual consultations. The relationship between long term patients and their practice staff if very different to that in hospital. There may not be the facilities expected in hospitals such as food availability so plan ahead. Much of the work we do now is about empowerment and health promotion so less actual illness seen -*
72. *Be punctual and willing to learn (many seem to treat community placements as 'easy' placements compared to hospital shift work).*
73. *Question everything*
74. *Try to be helpful*
75. *Very busy and hard work*

APPENDIX SEVEN: Advice for General Practices.

1. *Have a list of learning objectives*
2. *ENCOURAGE THE PRACTICE TO CONTINUE SUPPORTING THE IDEAS.*
3. *Please get consent from the patients and tell nurses to introduce themselves as well*
4. *Be realistic, do you have the time to dedicate to learning objectives/ paper work/10 min consultations will be be much slower!!*
5. *Encourage and nurture...we need more nurses in general practice and this will be a growing trend as primary care because more about preventative medicine*
6. *To make sure everyone is involved and prepared to teach, from reception to Drs
To treat the student as if she was a valuable part of the team and to make her feel supported
To remember to call the student whenever there is a good opportunity for learning.*
7. *Don't over commit and take on more students that you can viably support*
8. *Make sure the student is involved in all aspects of the job. It is sometimes frustrating for students to be sat watching when they can be involved in care with the proper support.*
9. *Appreciate/being aware of a learner's needs*
10. *Ensure all the team is on board with regards to training, the student has a timetable and everyone involved knows when they are having the student*
11. *Remember that practice nurses are in short supply so treat students as future employees and involve them in the practice*
12. *Accept students as part of the team*
13. *Again try to be as flexible as possible and realise that some students will require far more support than others , it is a huge investment of resources from the practice and will take up a lot of the mentors time. Be prepared for this*
14. *Allow more time for teaching*
15. *Allow the nurse to participate and not just sit in! Difficult as they need supervision and that slows nurse down, managers need to be aware and block slots for training*
16. *You have to be passionate to do this*
17. *Have a clear induction program*

18. *Have an open mind*
19. *PLEASE BE PATIENT TO TEACH AND INSTRUCT ACCORDINGLY*
20. *Take it seriously, teach, assess learning and review/feedback. It isn't just letting the student sit there and watch you, they are there to learn about nursing in primary care, the standards we have to meet, the variety of patients and conditions we deal with, the impact of primary care on secondary care and vice versa.*
21. *More time for consultation as the practice nurse needs to teach the student*
22. *Ensure protected time for the clinician doing the mentoring, it slows things down but for a good reason.*
23. *It will be ideal and good to train students in order to make them aware how nurses in general practices works*
24. *Don't assume that the student understands how practices run.*
25. *Advise carefully, provide guidelines.*
26. *Make time*
27. *Support in place and additional clinical sessions available*
28. *Support them and make them feel welcome and part of the team, give them access to nurses and doctors for support, advice and guidance.*
29. *Observe first, then learn and then practice*
30. *Make the experience a happy one! Full of useful education and enthusiasm*
31. *Be welcoming and supportive.*
32. *MAKE SURE AT LEAST ONE OF YOUR PN IS FULLY COMMITTED*
33. *It takes a lot of time, and GP involvement*
34. *Encourage and help the student nurse understand general practice*
35. *A lot of student nurses are very excited by the role of a practice nurse and it will allow the practice to develop its mentorship programme which will enhance the knowledge and expertise of the practice.*
36. *Ensure they feel welcome and part of the team*

37. *Dedicate learning time to the student. Need to give them time to sit and go through the basics of general practice and basic knowledge.*
38. *MAKE SURE YOU MAKE TIME TO DISCUSS EACH DAYS OUTCOMES*
39. *Ensure you have protected teaching time*
40. *Be prepared to offer advice and guidance if needed*
41. *It is a good achievement to help the younger nurses to enlarge their knowledge*
42. *There should be enough time to allocate to the student so that they maximise the learning opportunities in the practice. Their learning should be structured, with opportunities to see all aspects of general practice, including time with health visitors, hcas, gps, receptionists, and admin teams.*
43. *To create a good learning environment*
44. *You are part of a team who are all willing to help and many are experienced trainers*
45. *We need the future generation and develop*
46. *More work load*
47. *By encouraging student placement we are building towards the future.*
48. *Be patient and supportive*
49. *Have protected time for teaching the student and have inbuilt feedback time*
50. *Show them the diversity of the work*
51. *Be creative to provide learning opportunities and experience within the boundaries of the student's knowledge and practice ability and have time to reflect with them regularly.*
52. *Allow enough time for teaching and assessment.*
53. *Don't think of it as a free lunch; need to invest in time*
54. *Be very clear what the objective of the placement is.*
55. *To be organised and try to show them the widest variety possible.*

56. *Make sure there is a variety of experiences related to primary care*
57. *Not sure*
58. *Network and enjoy the opportunity that working with new nurses brings*
59. *Use all clinicians in primary care to give the student a well-rounded experience*
60. *Helpful and some patients loved it*
61. *Make it a really interesting experience to encourage them to want to work here*
62. *Have an organised timetable so that the student knows where they are supposed to be and when. Set ground rules. Allow time for questions and feedback. Allow the student opportunities to work with all members of the practice team*
63. *Ensure you plan to allow for the student to question things you do - get support from your practice in terms of extra space allowed for in surgeries for teaching*
64. *Ensure you plan carefully for the placement, including a comprehensive induction process.*
65. *Make sure you have the correct insurance in place that covers the student nurse practicing otherwise it may be an observational placement*
66. *Do it!*
67. *To explore her own doubts, put her knowledge to the test and improve her clinical practice. Mentoring a student can be challenging but rewarding.*
68. *This is core to protecting and developing the general practice workforce*
69. *Having a student nurse allows you to see things in a different way, forces you to reflect on your current practice and also enables you to challenge yourself. I think having learners in the organisation enables the whole organisation to function in a different way- allowing them to continually look at the standard of care they are providing to patients.
Don't think about the money associated with a placement- think about securing the future workforce.*
70. *[unrecorded]*
71. *Be positive. It is great having the opportunity to have new people with fresh ideas. Be inspired to teach new people the Nurses of the future.*
72. *Do not expect them to be able to function as an independent staff member*
73. *There needs to be some protected time for the nurse to discuss things with the student and possibly slightly longer appointment times to allow them to be more involved in hands on experience*

74. Be patient

75. Be prepared for the huge time input involved

76. Need a lot more time allocated to them

77. Not to feel threatened. Student are hear to learn, but practice nurses can also learn from the student, especially in relation to changes in undergraduate nurse training

APPENDIX EIGHT: Changes in GPs working day.

1. *Clinic runs behind. Double slots. Adequate notice so reception can inform patients student sitting in*
2. *HOURS OF WORK- TIME LIMIT (NO TIME FOR STUDENT AT THE MOMENT)*
3. *Less patients*
4. *N/a*
5. *Will be able to adapt workload around student*
6. *Have to block appointment slots in order to have one-to-one time with the student and feedback. Organise timetable and placements consultations may take longer*

7. *Getting other nurses involved due to part time working hours*
8. *Allow more time in between sessions for reflection/learning. Balance personal respite time off in between contracted hours*
9. *Be available to the student, this often is during lunchtimes, first thing in the morning, but it is good to catch up at least once daily, also offer support at the end of the phone Ensure everyone feels involved in training the student and makes it a worthwhile experience for all concerned. Ensure student has timetable and it meets their needs. Discussing portfolio and ensuring essential skills can be signed off*
10. *Allowing extra time for the mentors to fully support the students.*
11. *Time factor*
12. *Time allocated for teaching/supervision. Be prepared and aware of nurses training needs/outcomes so can structure the placement to meet demands of training. Maximise their experience.*
13. *A timetable is set up for induction and training*
14. *Fewer appointments*
15. *Appointment times for patients will have to be longer*

16. **BE FIRM AND ASSERTIVE**
17. *I haven't done it, but time allocated per patient - or review clinic finish time.*
18. *Teaching is the major thing*
19. *Slows things down, without longer appointment slots the clinics run late and patients are rightfully upset*
20. *It is challenging with the current workload ,but i feel we need to find some time, as we need more nurses in primary care*
21. *Unsure as never implemented before. Needs to be organised with practice manager, time constraints.*
22. *Longer appointments room availability*
23. *Changes to clinics and mentors rota*
24. *I am sorry, but cant*
25. *Our environment would suit a short term placement for a nursing student*

26. *Timetable/schedule meeting and feedback opportunities, ensure employers are ready to allow this time.*
27. *Non clinical teaching - understanding the importance of being involved with PPA claims, CQRS, quarterly imm targets, QOF, stock control, travel clinic etc. Can seek admin support when take permanent job after registration but must take responsibility for understanding the processes involved. In this way they become more valuable to any GP employer. Also will have to help with any admin involved, learning EMIS web, etc. All this takes up time when the benefit is not immediate*
28. *I am a salaried GP, practice manager needs to make this decision,*
29. *Time to allow training and development of student nurses*
30. *Allow for some extra time during clinic time to mentor the student.*
31. *Blocking off protected time to spend with student*
32. *I would shorten my clinics to give time to the student to go through their learning objectives, portfolio and do some teaching with them.*
33. **HELPING THE NURSE PREPARE TUTORIALS**
34. *Reduce clinic workload*
35. *[unrecorded]*
36. *Allocate more time*
37. *If I could have one more hour in my day then I would feel that I could offer the student the time and support they deserve.*
38. *Creating an induction plan. Altering surgery timetables.*
39. *Cut down GO workload first*
40. *As we already have students we ensure that the student has a varied timetable with the appropriate clinician in order to have a good over view of how general practice operates.*
41. *Our nurses who will be supervising will need blocked slots to allow them time to supervise*
42. *Consultation time to be extended*
43. *Sessions after each clinic to discuss what took place did it reveal any learning need*
44. *Longer appointments or built in reflection time. Time to develop resources*
45. *There would need to be blocked appointments to allow enough time for teaching and assigned time for assessment.*
46. *Adding time or reducing clinic length to enable discussion of cases and skills.*
47. *Need to block out clinical time for initial induction, midpoint review and end of placement reviews. May run late with patient list when letting students perform activities as these will take longer.*
48. *Possible change of clinic in order to provide variety.*
49. *I do not work full time in practice and would find it very difficult to take on a lead role in supporting/mentoring myself*
50. *30m per day for reflection with student*
51. *Plan ahead do a weekly timetable. Do a full orientation at the beginning of the placement which will take time out of clinical work. Make time for mid placement and end of placement meetings. Organise link lecturer to attend mid placement*
52. *Experienced P/Ns with mentorship certificate.*

53. *Allow time to plan a good programme for them. Possibly allow a bit of extra time at the end of the session for questions. Liaise with the rest of the wider team to accommodate busy times etc.*
54. *As above.*
55. *Unclear yet, as don't know what the time commitment would be*
56. *None*
57. *More time. Having my clinics covered by another nurse.*
58. *Set up non clinical time to meet with the student;*
59. *Allowing time for de-briefing- protected time. Taking a little longer with patients. Ensuring that supervision for the student is available. Ensuring that mentors are prepared and appropriately trained.*
60. *[unrecorded]*
61. *No change needed*
62. *Less appointments with patients [unpopular with stretched services]*
63. *?Longer appointment times. I will have less time to do my own admin work so this would need to be rearranged*
64. *Would need some protected time to reflect on learning and plan to meet students' needs.*
65. *Longer appointment times*
66. *More time to see patients and time blocked off for dealing what mentoring the nurse*
67. *Likely to be changes in time management, blocking off appointments to spend time with the student, however the experience will be extremely positive and the student will contribute positively to patient care, utilising the practice nurse's mentorship skills and help with bringing together the MDT in their role as an education and training environment.*