

An Evaluation of the Health Education England working across Yorkshire & the Humber Advanced Training Practice Scheme (ATPS)

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Executive Summary

Historically, there has been little tradition of student nurses spending time on placement in general practice. This situation has resulted in student nurses having had little exposure to general practice, and general practice having a limited understanding of how nurse training 'works' in the 21st century.

The recent QNI report (2015) identified that approximately 33% of General Practice Nurses (GPN) are due to retire within the next 5 years. This critical mass of experienced and skilled GPNs will have disappeared by 2020, and until recently there has been no clear recruitment and retention strategy in place to both replace those GPNs due to retire and to address an increased workload being placed upon GPNs.

In order to address these issues, the Advanced Training Practices Scheme (ATPS) was set up approximately seven years ago in Yorkshire & Humber to support the provision of undergraduate placements for nursing students in general practice. The remit was to provide high quality placements in general practice that offered students the opportunities to develop the skills needed to work in a general practice setting. More recently, the National Training Hubs Initiative (NHTI) was set up to reflect the success of ATPS and similar schemes in encouraging newly qualified nurses to consider general practice as a career.

Aims and Objectives

The study aim was to examine the views and perceptions of nursing students, GPs and Practice Managers regarding ATPS programme delivery.

To explore:

- 1) Perceptions of General Practice as a potential career for newly qualified nurses
- 2) Perceptions of GPN recruitment and retention
- 3) Perceptions of the effectiveness and sustainability of the ATPS model
- 4) Perceptions of students' readiness to practice in a general practice environment

Methods

The evaluation used a mixed methods approach, which began with a rapid literature review followed by an online survey and semi-structured interviews.

Key findings

From the students' perspective:

- Overall, there was a 36% response rate (N=460) by the students to the online survey, of whom 89 had a placement in general practice.
- In total, 84% of the students who had been on a general practice placement viewed practice nursing in a positive light, and 68% changed their views for the better as a result.
- There were 4 aspects of the placement that contributed to this change in perspective. These were:
 - Being treated as part of a friendly, welcoming team
 - The autonomous nature of the GPN role and more time for participation in 'direct' 1:1 patient care
 - A family-friendly environment in which to work
 - A good variety of patients and good skills opportunities
- The students clearly valued the opportunity to practice and consolidate a wide variety of existing skills, such as injections; and also learn and develop new skills such as chronic disease surveillance and management

From the general practice perspective:

- There is a need for succession planning for the workforce, stopping the recruitment 'merry go round' of poaching staff from other practices. There is recognition of the need for 'growing your own' staff and addressing some of the myths and misunderstandings that have grown up around general practice nursing.
- There is a need for student nurses to have greater exposure to general practice both in theory and practice, as part of their core curriculum and in a practice setting
- The additional exposure, via the ATPS, to general practice is already bearing fruit, both in terms of changing the students' perceptions of general practice, and GPs perceptions of the 'new' graduate nurse.
- GPs were clear that this would help them to successfully recruit and 'grow their own' GPN staff, by using the ATPS as a framework or scaffolding on which to build a sustainable GPN career pathway.
- The ATP hubs are now sufficiently well-established to take the logical 'next step' and are in a position to develop and provide a postgraduate education and training framework in addition to the already successful undergraduate scheme.

- The ATPS hubs will therefore be able to act as community hubs for *all* their local education and training needs.

Summary

- The ATPS training hubs provide an important insight into the future 'look' of the new National Training Hub
- The longevity and sustainability of the ATPS also provides HEE with the blueprint of a 'working model' of the programme which, in partnership with HEIs such as SHU, show that the programme is capable of being successfully delivered 'at scale'
- Generation of further publicity regarding the success of the ATPS, both to local CCGs, the new STPs within the Yorkshire & Humber region and to wider audiences nationally. CCG support and 'buy in' at the local level will add further strength and sustainability to the scheme in the long term
- The partnerships between the ATPS and HEIs such as SHU will provide a vital platform for future workforce transformation within general practice through the identification of future need and delivery 'at scale'
- The channels of communication between HEIs and general practice need to be consolidated and strengthened and the judicious use of social media is one innovative way in which to do this
- The significance and size of the cultural 'shift' being undertaken with general practice should not be underestimated. An understanding of organisational change theories, and the provision of practical support for both GPs and GPNs to manage the processes taking place and to consolidate those changes will ensure that the transition is as smooth as possible

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1.0 Introduction

This report details the findings from an independent evaluation of the Yorkshire & the Humber Advanced Training Practices Scheme (ATPS) by the Centre for Health and Social Care Research (CHSCR) at Sheffield Hallam University (SHU). The groundbreaking scheme which commenced in 2009, is funded by Health Education England (HEE) and now forms part of the wider National Training Hubs Initiative (NTHI). The NTHI was devised as an innovative way to consolidate the success of the ATPS (and other similar schemes) and increasing the number of primary care training placements and helping to create a new model of training for general practice nursing.

The purpose of this evaluation is to provide HEE with further evidence on which to make informed decisions as to what a training hub should 'look like'. It will also help to inform the 'direction of travel' for the future of GPN education and training.

Training hubs were developed as an effective and sustainable way of meeting the educational needs of the primary care team. The NTHI is a key part of the response to the key government documents the '10 point plan' (2015) and the 'Five Year Forward View' (2014). It brings together primary care and higher education establishments, and provides networks to support workforce planning, provide additional learner placements and aims to improve quality and governance in primary care.

The scheme will support the development of the community-based workforce, which in turn will help to meet the future health needs of the local population(s). The aim is to empower community teams to work with higher educational institutions (HEIs) such as SHU, to assess their workforce training needs, expand training capacity, and deliver innovative multi-professional training 'in situ'.

As part of the NTHI, the Advanced Training Practices (ATPs) within the Yorkshire & the Humber region are accredited by HEE as General Practice (GP) training hubs to provide undergraduate placements for student nurses (HEYH 2012). The ATPS remit is to provide placements that offer students a more in-depth and sustained exposure to general practice. This high quality exposure will enable the students to develop the key skills required to work effectively in a general practice setting.

In addition, further workforce transformation initiatives such as Health Care Assistant (HCA) apprenticeships and the 'GPN ready' scheme (to support the recruitment of new graduate nurses into general practice) have recently been developed under the ATPS banner.

2.0 Background and Context

In recent times there have been a number of issues that have highlighted how essential primary care services are to the NHS. For example, the vast majority of patient encounters within the NHS now occur in the primary care setting, and most ongoing care is also community-based. The current 'direction of travel' within the NHS is to move more and more health-related services from secondary care into primary care.

However, in some parts of South Yorkshire there is a significant shortfall in the number of GPs, and the age profiles of GPs are such that there is significant concern over the supply of appropriately trained GPs to fill future vacancies. Despite the decision to increase the numbers of GP training opportunities available, applications to GP training nationally continue to fall. Some parts of the UK including South Yorkshire, significantly struggle to recruit sufficient numbers of GP trainees.

This chronic shortage of GPs has had a number of consequences. Firstly, the GPN role has been evolved and developed to address some of these workforce issues. In particular, chronic disease management and surveillance now comes under the aegis of the GPN. This has resulted in GPNs taking on more responsibility for running long term conditions (LTC) clinics such as those for asthma and diabetes. This extended clinical responsibility has also required specialist education and training, such as the ability to 'independently prescribe' medications (HEE 2015).

The age profile of GPNs is slightly different to those of GPs. The recent QNI report (2015) identified that approximately 33% of all GPNs are due to retire within the next 5 years. The retirement 'risk' for GPNs is therefore significantly higher than that for GPs. This critical mass of experienced and skilled GPNs will potentially have disappeared by 2020. If there is no clear recruitment and retention strategy in place to increase the numbers of GPNs to both replace those GPNs due to retire and to address the increased workload being placed

upon GPNs, then there is a 'perfect storm' brewing in which there will be an acute shortage of both GPs and GPNs at a time when the workload in primary care will be at its greatest.

Historically, student nurses have had little or no exposure to general practice. Unlike medicine, there is no established tradition of student nurses spending time on placement in general practice. In addition, GPs are businesses that employ GPNs but have previously had little or no exposure to undergraduate nurse education *per se*, and fuelled by an absence of communication, this has given rise to a number of 'urban myths'. These myths have had the effect of both dissuading graduate nurses from considering a career in general practice, and dissuading GPs from considering employing them. As with most myths, over time they have assumed a certain degree of truth, and the net result has been that general practice has, in the past, been perceived as something of a clinical 'backwater' that does not attract new, proactive graduate nurses.

In addition, the number of 'traditional' ward-based clinical placements available to nursing students has reduced significantly over the last five years. This shortfall in placements at a time when the number of students is increasing has meant that Higher Education Institutions (HEIs) such as Sheffield Hallam University (SHU) have had to look for more innovative and creative alternatives to the 'traditional' ward placement.

Collectively, these strategic drivers have led to the development of both a national response (NTHI) and a local response (ATPS) in the Yorkshire & Humber region. The need for a co-ordinated strategy for workforce development in primary care and general practice is clear. HEE, the Royal College of General Practitioners (RCGP) and NHS England are all looking at the issue. The development by HEE of the *District Nursing and General Practice Nursing education and career framework* (HEE 2015) alongside the NTHI is a significant step forward in establishing GPN as a positive career choice rather than as an employment option for dissatisfied nurses in secondary care, as is often the case. To date, there has been little formal evaluation of the effectiveness of the ATPS model from the perspective of the various key stakeholders, namely nursing students, GPs and practice managers. The views of the students, GPs and practice managers will be vital in ascertaining the viability and desirability of the ATPS model as a way of ameliorating the predicted shortfall in GP and GPN numbers, as well as addressing an ageing general practice workforce.

3.0 Methods

3.1 Aims

The study sought to examine the views and perceptions of nursing students, GPs and Practice Managers regarding ATPS programme delivery.

3.2 Objectives

To explore:

- 5) Perceptions of General Practice as a potential career for newly qualified nurses
- 6) Perceptions of GPN recruitment and retention
- 7) Perceptions of the effectiveness and sustainability of the ATPS model
- 8) Perceptions of students' readiness to practice in a general practice environment

3.3 Study Design

The evaluation used a mixed methods approach, which began with a rapid literature review followed by an online survey and semi-structured interviews.

3.4 Online Survey of Student Nurses

Student nurse participants were initially contacted online through an announcement on the appropriate BlackBoard (BB) site, which included information about the study. A request for participants, containing an electronic link to the online survey, was sent to all students in the undergraduate nursing programmes with reminders as necessary. Completion of the online survey via the personalised email was taken as consent to take part in the study. The information on BB also included a statement for all student participants that if they wished to withdraw, they could do so at any time without detriment to themselves. It also included details of the study team and the person to whom any complaints regarding the study should be addressed (in this case, the author).

The online survey was developed using Survey Monkey© software, and was piloted on a small convenience sample of students. Following feedback from this group of students the survey was modified and retested prior to the launch. The content of the survey and the interview schedule were based upon the findings from a rapid literature review and a hand search of the 'grey' literature.

It began with a screening question to confirm the student was registered for a nursing degree. It then collected basic demographics of age, sex and year of study. The student nurses were drawn from the following population of adult branch students in the undergraduate nursing degree programme at Sheffield Hallam University:

- 1) March 16 cohort (year 1)
- 2) September 15 cohort (year 1)
- 3) March 15 cohort (year 2)
- 4) September 14 cohort (year 2)
- 5) March 14 cohort (year 3)
- 6) September 13 cohort (year 3)

Students were then asked if they had any recent contact with, or knew people who worked in, general practice. They were then asked if they had a placement in general practice or not and, if not, were thanked for their participation. Those who had a placement in general practice were asked a number of further questions relating to their experiences. These questions included their views on the opportunities for learning new skills, the opportunities to consolidate existing skills, interprofessional learning and the learning environment in general practice.

3.5 Interviews

3.5.1 General Practice Staff

A purposive sample of GP practices was drawn from the population of 37 GP practices currently participating in the ATPS programme co-ordinated by Primary Care Works (PCW). Within South Yorkshire, PCW covers the areas of Doncaster, Rotherham, Barnsley and Bassetlaw.

The GPs and Practice Managers (PMs) in these practices were approached based upon data relating to (1) the number of GPs and GPNs in the practice and (2) the length of time the practice has participated in the ATPS programme.

Semi-structured interviews were facilitated by a member of the study team and took place at a date and time of the participant's choosing. With the participant's consent the interview data was recorded and transcribed verbatim. Data collection continued until data saturation was reached.

The interviews explored the views of GPs and PMs on (1) the educational needs of/requirements for the future Practice Nurse Workforce and, (2) the impact of the ATPS student nurse placements on the future GPN workforce. The interviews also explored the impact of the relationships between SHU as the education provider, the participating GPs and the ATPS. Data collection continued until data saturation was reached. In all, 12 interviews were undertaken (7 GPs, 1 GPN partner and 4 Practice Managers) with each interview lasting approximately 30 minutes.

The GP practices were initially contacted by telephone. If there had been no response to the initial call, a follow-up call was made after an appropriate length of time (2 weeks) had elapsed. Following an agreement in principle to take part, formal written consent was obtained from all interview participants prior to the interviews taking place. This provided all the participants with the opportunity to ask questions and to consider whether or not they wish to participate. The consent process also included an information sheet concerning the study with a statement for all participants that if they wished to withdraw, they could do so at any time. It also included details of the study team and the person to which any complaints regarding the study should be addressed.

3.5.2 Student Nurses

At the end of the online survey the nursing students that completed the survey were asked if they would consent to be subsequently interviewed and a purposive sample of students were invited to participate in semi-structured interviews. A detailed interview schedule was drawn up based upon the findings from the review of the existing literature. The interviews were facilitated by a member of the study team using the schedule, and took place at SHU at a date and time of the participants' choosing. With the participant's consent the interviews were recorded and then transcribed verbatim. Data collection continued until saturation was reached. In all, 6 students who had been on an ATPS GP placement were interviewed, with each interview lasting approximately 15-20 minutes.

The interviews sought to examine the effects of the student nurse placements in General Practice on the students' subsequent attitudes to patient care delivery. It should be noted that to ensure that the students interviewed had experienced an ATPS placement, the sample clearly needed to be a *purposive* sample. A basic theoretical 'triangulation' of the findings from the survey and both sets of interviews revealed a significant degree of corroboration.

3.6 Governance, consent and ethical approval

Ethical approval for the study was obtained from the SHU Faculty Research Ethics Committee (Ref: H447). SHU Research governance protocols were adhered to throughout the study. All data was anonymised to maintain confidentiality and to ensure that no individual could be recognised in any subsequent report. Paper based data is kept securely in a locked drawer and electronic data and information relating to this research is kept on a password-protected computer on a network storage system that adheres to Home Office Standards of Data Security. This data will be kept for a minimum of seven years in accordance with SHU guidelines.

3.7 Data Analysis

The online survey data was entered into SPSS v21.1 for statistical analysis. The free text from the survey and the interview transcripts were entered into Quirkos© software for analysis.

3.8 Survey Data

The purpose of this portion of the analysis was to discern what impact the GP placement had on the students' perceptions of general practice as a learning environment and as a potential career. Using SPSS v21.1, the online survey data was cleaned and formatted. Response frequencies were calculated for each question. Respondents were divided into those who had a placement in a GP Practice and those who had not. To ascertain whether there was any significant difference in the groups' attitudes to and perceptions of general practice, the Chi² statistical test ($p < 0.05$) was used to test for differences between those who had a general practice placement and those who had not.

3.9 Interview Data

The raw data was transcribed and cross-checked for accuracy. Once it had been cross-checked, the data was analysed using 'Quirkos'© data analysis software. Data analysis followed the National Centre for Social Research 'Framework' guidelines (Ritchie & Lewis 2003). This approach has emerged from applied health and social policy research and analysis. It involves a systematic processing, sifting, charting and sorting of material into key issues and themes. It also permits both within- and across-case comparisons and allows the integration of existing knowledge from previous research and policy into the emerging analysis. All transcripts were analysed independently by members of the research team and the interpretation of data was also cross-checked within the team.

Following analysis, the themes that emerged from the student nurse data were cross referenced with the themes that emerged from the GP practices, which were also then compared with the other GP practices to enable comparison within and across-practices.

The next section of the report addresses the presentation and discussion of the findings from the evaluation.

4.0 Findings

We begin with the analysis of the online survey and then move onto the analysis of the semi-structured interviews.

4.1 Online Survey

There were 462 responses to the online survey. Two responses were excluded because they didn't answer the question regarding their exposure to a GP placement; leaving a final total of 460 participants. The total population of students registered in undergraduate nursing was 1,296 giving a response rate of 36%, which is in line with expectations for this type of online survey. Table 1 shows the basic demographic for all of the participants. The distribution of both age and gender is comparable to the cohorts as a whole and therefore may be taken to be a representative sample. The size of the age 30+ cohort of students (23/30%) is indicative of the number of 'mature' students that undertake their nurse training at SHU. These mature students are a valuable asset to SHU, and they are often prime candidates for the ATPS. However, the gender split in the GP placement group (96% female: 4% male) is slightly skewed in favour of the females, and is reflective of the smaller numbers of male students.

Table 1 Age, gender and cohort (month/year of commencement of training)

	GP placement		
	No - N (%)	Yes - N (%)	χ^2 test*
Number:	370	90	
Age:			
• 18-20	92 (24.9)	26 (28.9)	0.210
• 21-23	103 (27.8)	23 (25.6)	
• 24-29	90 (24.3)	14 (15.6)	
• 30+	85 (23.0)	27 (30.0)	
Proportion Female:			
• Female	350 (94.6)	87 (96.7)	0.419
Cohort:			
• Sept 13	53 (14.3)	20 (22.2)	N/A
• March 14	49 (13.2)	7 (7.8)	
• Sept 14	67 (18.1)	29 (32.2)	
• March 15	41 (11.1)	13 (14.4)	
• Sept 15	99 (26.8)	21 (23.33)	
• March 16	61 (16.5)	0 (0)*	

*N.B. If $p < 0.05$ there is a statistically significant difference between the two groups

From a statistical point of view, there was no point in comparing differences by intake or cohort since the March 16 cohort had not yet had an opportunity to experience general practice, and the number of opportunities increase with the length of time on the course. In the next section, we wanted to explore the influence of previous personal contact with general practice. The students were asked about any recent contact with a GP, GPN or Health Care Assistant (HCA) and whether they were personally acquainted with anyone who worked in general practice (Table 2).

Table 2 Exposure to General Practice

	GP placement		χ^2 test
	no N (%)	yes N (%)	
Recent visit to:	315 (85.1)	73 (81.1)	
• GP	233 (63.0)	61 (67.8)	
• Practice Nurse	96 (26.0)	25 (27.8)	
• HCA			
Q: Knowledge of someone in General Practice?	135 (36.5)	43 (47.8)	0.049

More than 80% of the students in both groups indicated they had recent contact with a GP, with fewer indicating contact with a GPN (63 - 67.8%). A greater percentage of the GP experience group know someone who work in general practice, and this is just significant at $p=0.049$. However as the students are randomly assigned to their clinical placements this degree of significance should be seen as unrelated to their career intentions.

Table 3 (below) shows the students' career intentions at qualification. They were asked whether they would *seriously* consider a career in general practice, once qualified. As we can see, 44.4% of the students with general practice experience answered positively, with only a minority of **15.6%** of the group answering 'no'. The most significant aspect of these results is the relatively small overall percentage of students who would definitely not consider a career in general practice. We may conclude from these answers that attitudes are changing towards general practice, since 36% of the students with *no* experience of a general practice placement identifying that they would seriously consider a career in general practice, and 38.1% of this group being unsure. Given that 36.7% of the GP placement group were also unsure, there is clearly scope to increase the appetite for and desirability of the

GPN as a serious career option. An expansion of the ATPS model may therefore be able to 'tap into' this group of students, and further exposure to general practice may serve to clarify their views.

Table 3 Career intentions at qualification

	GP placement		χ^2 test
	No N (%)	Yes N (%)	
A Career in General Practice?			0.136
• Yes	133 (36.0)	40 (44.4)	
• No	57 (15.4)	14 (15.6)	
• Not sure	141 (38.1)	33 (36.7)	

GP Placements

This remainder of this section looks only at those students who had experienced a placement in general practice. Of the 460 students who responded 19.3% of the students (n=89) indicated that they had spent time on placement in general practice.

Table 4 Experiences of a General Practice Placement

Was your placement in a GP practice? Yes			
	Frequency (N)	Percentage of total number (%)	Percent (%)
Hub	48	10.4	53.9
Spoke	41	8.9	46.1
Total	89	19.3	100.0

In order to identify how long the student had been on placement, the students were asked whether they had been on a 'hub' or 'spoke' placement. A hub placement is the student's 'base' placement and is usually 12 weeks in total, and a 'spoke' placement (6 weeks) is a shorter placement designed to offer the student experience in a clinical setting related to the 'hub' placement. As can be seen from Table 4, 53.9% of students had been on a hub placement while 46.1% of the students had been on a 6 week spoke placement. A hub

placement would have provided the opportunity for more exposure to general practice than a spoke placement.

On further analysis, there is no *significant* relationship between hub or spoke placement and interest in a career in a GP practice. This may indicate that the length of exposure is not predictive of the students' perceptions of general practice. It may however be indicative of the fact that the ATPS practices are seeing the 'benefits' of having students for longer periods of time, and are proactively choosing to take 'hub' students rather than 'spoke' students.

Table 5 Proportion of students agreeing to statements on the benefits of the placement

Benefits of the placement: "seeing, learning and doing"	N (%)
• Role of general practice nurse (GPN)	74 (82.2)
• Role(s) of other professions (GP)	60 (66.7)
• Collaborative working	69 (76.7)
• More 1:1 time with mentor	55 (61.1)
• Communication skills	62 (68.9)
• Clinical skills	66 (73.3)
• A good breadth of different experience(s)	50 (55.6)

As we can see the students agreed with many of the statements of benefits to a placement in general practice. These included a greater depth of knowledge regarding the roles of both GP and GPN, the undivided attention of their mentor and the ability to practice both technical and non-technical skills in a safe and supportive environment. 'Belongingness' and the need to feel part of 'the team' are key requirements for students whilst on placement, and it is clear from the results (94.4% responded yes to the question 'Did you feel part of the Practice Team?') that general practice goes a long way to provide the security and support that belonging to a good team provides.

Table 6 Being part of a team

Q: Reasons for saying yes?	N (%)
• "I was treated as part of the team"	85 (94.4)
• "It was a friendly welcoming team"	78 (86.7)
• "I had more 1:1 time with my mentor"	65 (72.2)
• Participation in direct 1:1 patient care	69 (76.7)

The 1:1 time with their mentor was also highlighted by students as a key benefit of general practice, as was the ability to participate in holistic 1:1 direct patient care. This is something that students do not often have the opportunity in which to participate, and the ability to practice their clinical skills in this holistic patient care environment is another clear advantage of a placement in general practice. This is borne out by the results shown below in Table 7.

The variety of skills (both technical and non-technical) that the students were able to practice is shown below. The students had the opportunity to both practice and consolidate existing skills such as wound care, and also develop new skills such as the provision of travel health advice and the primary care management of long term conditions such as diabetes and COPD.

Table 7 Breadth and variety of skills in general practice

Q: Did the GP placement give you an opportunity to practice your clinical skills? Yes	N (%) 80 (88.9)
Q: Which skills were you able to practice?	
Technical skills:	
• Holistic patient assessment	65 (72.2)
• Wound care/wound dressings	69 (76.7)
• Health promotion/education	71 (78.9)
• injection techniques	71 (78.9)
• Vital signs (TPR & BP) manual BP*	63 (70.0)
• Urinalysis	56 (62.2)
• Suture/clip removal	56 (62.2)
Non-technical skills:	
• Communication/assessment skills	71 (78.9)
• interpersonal skills in general	69 (76.7)

The role of the GPN in long term conditions monitoring and surveillance, as part of the Quality Outcomes Framework (QOF) requirements for general practice clearly had an impact on the students' experiences.

Q: Did the GP placement give you an opportunity to learn any new skills? Yes	80 (88.9)
Which new skills did you learn?	
• Management of long term conditions (LTC)	76 (84.4)
• Travel health advice/education	64 (71.1)
• IT (data management) skills	43 (47.8)
• Increased knowledge of drugs/medications	63 (70)
• Manual BP measurement(s)	57 (63.3)

It is clear that *beyond doctors and nurses* there was much less exposure to other allied health professions, and this is perhaps reflective of the nature of general practice work as a whole. It is however apparent that this exposure, however brief, was seen as important to the students, as it helped them to contextualise their placement experiences. 90% of students reported that exposure to other professionals was still found to be a useful experience.

Table 8 Interprofessional contact(s)

Q: With which other professions did you spend most time?	N (%)
• Doctor (GP)	62 (68.9)
• Community/District Nurse	58 (64.4)
• Health Visitor	39 (43.3)
• Community Midwife	30 (33.3)

The *ad hoc* nature of the interprofessional contact identified by the students in the interviews would seem to be more reflective of exposure to other professions rather than interprofessional learning *per se*. The final section looked at the students' views on general practice as a future career option.

Table 9 Students' views on general practice

Q: Did the placement alter your views about practice nursing?	N (%)
• Yes, for the better*	
• Yes, for the worse	61 (67.8)
• No, I already felt positive*	5 (5.6)
• No, I already felt negative	14 (15.6)
	1 (1.1)

As can be seen from Table 9, the vast majority (83%) of the students that had experienced a general practice placement were positive in their views. The most interesting aspect of this section is the proportion of students (67.8%) who identified that, following their placement experiences, their views had changed for the better.

When broken down further, there were four main areas that contributed to this 'change of heart'. These were *the GP team*, *the role of the GPN*, *the working environment* and *patient experiences* (see Table 10). These areas are recurrent themes in both the free text comments from the online survey and the student interviews.

Table 10 Factors Affecting Students' Views on General Practice

Q: What altered your views for the positive?	N (%)
The team itself: <ul style="list-style-type: none"> Being treated as part of a friendly, welcoming team 	66 (73.3)
The role of the GPN: <ul style="list-style-type: none"> Working autonomously Control over your own workload Time for participation in 'direct' 1:1 patient care 	59 (65.6) 58 (64.4) 62 (68.9)
The working environment: <ul style="list-style-type: none"> Regular working hours 'Family-friendly' environment 	67 (74.4) 66 (73.3)
The patients: <ul style="list-style-type: none"> Wide variety of patients Good variety of work and skills opportunities	68 (75.6) 62 (68.9)

4.2 Interviews

This next section reports on the findings from the semi-structured interviews with students, GPs and PMs. Quotes will be used throughout to illustrate the key themes and sub themes identified during the analysis of the interview data.

4.2.1 Student nurse interviews

The positivity shown towards a career as a GPN post-qualification was certainly mirrored in many of the findings from the student nurse interviews. These interviews with a small sample (n=6) of students were used primarily to clarify and cross-check some of the findings from the 'free text sections' of the online survey.

Theme 1:	Sub-theme(s) and issues
Preparation for the GP Placement	<ul style="list-style-type: none">• 'Myths and misconceptions'• Lack of knowledge• Changing attitudes once there• Lack of content in the curriculum• The use of social media

Overall primary care placements were considered by the students to be of a generally high quality, and the ATPS practice learning experience was particularly highly rated. The experience(s) provided the students with a valuable insight into general practice and enabled them to both learn new skills specific to general practice and have the opportunity to practice and consolidate existing technical and non-technical skills.

4.2.2 Preparation for the experience

The advent of the GP placements has provided both benefits and challenges, which were reflected in many of the students' comments. Although the ATPS network is now in its sixth year, it has inevitably taken a significant amount of time for GP placements to 'come on board' in sufficient numbers to impact upon and influence the thinking of the student body. Historically, student nurses have only ever spent an 'odd' day visiting general practice, as part of a wider community nurse placement. This often fleeting exposure to general practice has done little to influence the views of the students, and the time was often spent 'sitting in' with a GP during a surgery. Even now, the prospect of a GP placement was not

always viewed with total enthusiasm. Most students still think that they want to work in a secondary care hospital environment. As this student attested:

"I have to confess I w'n't looking forward to it [the placement] I wanted a [hospital] ward really... it wa' completely different though to what I were (sic) expecting..."

The lack of general practice-specific education and preparation in the undergraduate programme was remarked upon by several of the students. This student mirrored the feelings of many of the students prior to their placement and noted:

"I had no real idea what to expect and no real idea what the nurses did [there]... it were (sic) alright though and I wish we'd had a bit more on it before we went..."

Some of the students were clear that their experiences of general practice could be used to influence the undergraduate nursing curriculum at SHU. This student noted:

"It's almost as if it's [general practice] been forgotten here... We don't do much on it at all at Uni..."

4.2.3 The use of Social Media in forming the Students' views

In spite of some of the reservations articulated above, the benefits of a general practice placement do appear to be filtering through to the student body as a whole. The advent of social media means that the students views of a placement are often guided by contact through social media sites. The lack of formal, specific preparation for general practice has meant that students will often use other resources to prepare themselves.

As this student noted, the ability to contact 'offline' other students who had experienced a general practice placement was very useful. The comments placed on social media sites are often seen as indicative of the students' true feelings towards a particular placement.

"I checked on our group's Facebook® page and found someone had been on one [a GP placement] and she said it was great [...] they let her do all sorts of stuff and do clinics and that... she really enjoyed it in the end..."*

* The final piece of the quote is quite telling and largely indicative of the current situation. *Once they get there, they usually love it...*

Theme 2:	Sub-theme(s) and issues
The GPN as role model	<ul style="list-style-type: none"> • Spending 'quality time' with mentor • Opportunities to 'learn and practice' • Changing perceptions of the GPN role • GPN as 'role model' for care • Spending 'quality time' with patients

4.2.4 Student/Mentor Relationships

Having arrived on placement, the experience was generally seen as a positive one, despite some initial reservations. Most of the challenges highlighted by the students could be considered as 'two sides of the same coin'. For example, the exclusivity of the 1:1 relationship between the student and GPN mentor was generally identified as a clear benefit to the placement. As this student noted:

"My mentor was great [...] she had me with her all the time and after a while she let me take on a bit more [responsibility] and do a bit more [like] running the clinics which was really good and really helped my confidence..."

However, the differing expectations between the student and mentor were sometimes an issue. As this third year student bemoaned, she struggled with the placement due to a rather risk-averse mentor:

"Don't get me wrong she [the mentor] was lovely and I learned a lot [from her] but she wouldn't let me do much [...] it was very frustrating and spoiled it a bit [...] she did so much but I just had to watch..."

4.2.5 The GPN role as an exemplar of good practice

There was clearly a great deal of appreciation for the scope and breadth of the GPN role. The autonomy that the role afforded, the capacity of the GPNs to organise their own workload and the ability to spend time with patients on a 1:1 basis were seen as key attributes by the students. The ethos of general practice nursing was also considered to be a positive aspect of the role. The delivery of high quality patient-centred care, particularly with long term conditions was highlighted as an exemplar of 'getting it right'. As this student remarked:

"She [the GPN] ran her own clinics and could prescribe medications [...] she knew ever such a lot about it [COPD] and the medications [...] the patients were on [...] she spent time with them and they really seemed to like that..."

The opportunities for independent working provided by the GPN role, particularly in the management of long term conditions was one of the reasons offered by the students as reasons for entering general practice. The autonomy of the role and the prospect of regular one-to-one patient contact, together with the opportunities to influence individuals' lives for the better were also highlighted as being desirable. Another student remarked upon the role of the GPN:

"My mentor could sort out her own work [...] she had her own clinics to do but she still worked as part of the team but no-one bossed her or told her what to do [...] I liked that..."

Students reported that they were in the main very well-supported by the practice team, and were provided with the opportunity to experience high quality practice-based learning. This student was extremely complimentary over both her mentor and the team.

This final extract sums up the value of a good relationship with a good mentor working in a good team. The value of the experience to the student shines through in this quote:

"The whole team were great and really friendly but she [the mentor] was brill... [She was] knowledgeable, approachable, friendly and very, very patient with me. She taught me loads [...] she ran her own clinics and the patients seemed to really appreciate her [...] we really got to know each other and she trusted me to do stuff which was brilliant..."

I think that this last comment clearly sums up both the *unique selling point* and the *added value* of the ATPS scheme and the benefits that it affords to students and to general practice.

4.2.6 A career in General Practice?

As already highlighted, the students' experience of general practice has had a uniformly positive impact upon their future career intentions. Over 80% of the students who had experienced a general practice placement viewed it positively and of that 83%, 68% said

that it had changed their views in a positive way. A majority of the students who had experienced a general practice placement would actively consider a career in general practice. Of the 90 students with general practice experience, only 15% indicated that they would definitely *not* be pursuing a career in general practice. *All in all*, the students viewed general practice in a very positive light.

As one student noted:

I'd never thought about it before [a career as a GPN] but I will now... I like the fact that you can be your own boss, sort yourself out and see your own patients and that..."

Another student had the same ideas but from a slightly different, slightly less professional perspective. She made a rather pragmatic but totally understandable point about the current state of acute hospital wards:

"Having seen what X [a GPN] does and the time she spends with the patients [...] that's what I want to do when I qualify [...] I don't want to end up slogging my guts out (sic) on a ward, that's for sure..."

It is clear from these extracts that the thought of entering general practice as a new graduate had a wide appeal. Given that the students appeared to be 'getting it' now, I was really interested to find out what the GPs and the PMs made of the ATPS and the idea of recruiting new graduate nurses. The findings from the GP/PM interviews turned out to be even more illuminating than I had anticipated.

4.3 General Practice interviews

There were a number of significant issues that emerged from the interviews undertaken with GPs and Practice Managers. These related to *the existing culture in general practice, the need for succession planning and the issues around the provision of education and training in general practice*. All three of these issues are inextricably linked, and resolving this is the challenge for workforce development strategy in general practice (and primary care as a whole).

Theme 1:	Sub-theme(s) and issues
Changing the 'culture'	<ul style="list-style-type: none">• the need for succession planning• the recruitment merry go round• 'growing your own' staff• myths and misunderstandings

4.3.1 The strategic context

One of the more interesting aspects to emerge from the study was the increased understanding of the politics and strategic context provided (often unintentionally) by some of the interviews. For example, one respondent with a role in workforce planning commented thus:

"... I suppose the workforce element [of my role] is one of the most challenging... whilst people [in secondary care] may not want to do something, ultimately they're contracted to do it so they do it. This [ATPS] is [about] encouraging people to do what is the right thing to do...I found that quite a challenge..."

Another respondent also provided a unique insight into the inception of the ATPS programme. As part of a wider discussion regarding the ATPS, this provided an overview of some of the more convoluted processes involved in the development of the ATPS.

"What we thought was a problem of tackling the process [...] to deliver undergraduate training places for nurses [...] became an investment in the whole primary care infrastructure"

There was an understanding of the need to deliver a strategy 'on the ground' and make it work:

What needs to happen on the ground [...] this is where the ATPS bridges that gap... [It] actually sees a strategy and tries to deliver it and embed it so that it becomes the norm"

It was also apparent that politics and vested interests inevitably had an influence upon the development of the ATPS. The challenges involved in getting a project such as ATPS 'off the ground' were clear at a more strategic level:

"You're battling three vested interests [which are] moving money from secondary to primary care, moving money from medical to non-medical and moving power from the centre to the periphery..."

The situation appeared to be further exacerbated by the nature of the opposition.

"Those vested interests don't declare themselves; they sabotage you subtly and block you [...] maybe without even knowing they're blocking you or why they're blocking you..."

As well as more powerful vested interests operating at a strategic level, it was clear that there were also more local vested interests to be overcome. The local politics between different general practices were fascinating:

"[I shouldn't say this but] GPs are a bit like children they say 'if they're [other GP practices] doing it why then aren't we?' What's in it [the ATPS] for them? The most difficult bit was getting it [ATPS] started... I just think it depends on the practice"

There was also a hint of internal power politics between the two professions of medicine and nursing. This GP noted:

"... Because I think [...] it hasn't always been just convincing the GP has it? It's been convincing the nurses"

I was surprised to learn that nurses are a powerful lobby within some GP practices. As this PM noted ruefully:

"I've been quite surprised that the nurses have got far more power than what (sic) people think..."

Some of the politics also appeared to be internecine and not always very productive. As this GP noted:

"Within the nursing structures, there was quite a difficult dynamic at one point where we had some very powerful nurses..."

The consequences of the ageing workforce are only too apparent in nursing as well as medicine. This same GP commented:

"And it was only when one of our older nurses retired and we had some younger nurses come in, who kind of saw it as being something more interesting [to them], that things shifted [towards the ATPS]"

4.3.2 The need for succession planning

Whilst there seemed to be an awareness (albeit a reluctant one) of the need for forward planning, there were a number of challenges to its delivery. The demographic profile of both GPs and GPNs meant that a significant proportion of the general practice population are nearing retirement. Whilst not in itself a problem, there seemed to be a link between proximity to retirement and demotivation. One respondent with a role in workforce planning at a strategic level commented:

"... This is only my perception [but] 'behaviour breeds behaviour'. So if you've got a demotivated GP nearing retirement... [you may have] a really motivated practice nurse that will go into that same mould even if they don't want to..."

There was also a sense from several of the respondents that GPs were by now completely 'fed up' with and disengaged by the constantly shifting political landscape, which resulted in constantly changing targets, increasing amounts of bureaucracy and less time with patients. The worry seemed to be that the attitudes and behaviour of the 'older' GPs and GPNs would negatively influence both younger GPs and GPNs.

"So for my perception [is] that [their] behaviour's rubbed off, it's even rubbed off on a very young GP that's only just gone into the practice"

Whether this was a consequence of burnout or simply the 'wind down' to retirement is not clear. There was however some recognition of the ageing general practice workforce, and its implications for the future.

"...So there are lots of GPs who are coming up to retirement, and they have all got practice nurses that are coming up to retirement..."

However, the rules seemed to be applied differently. Culture and practice for the replacement of GPs and GPNs was clearly very different. This participant noted:

"They [the GP partners] have acknowledged [...] that somebody doesn't suddenly walk into a practice one day and be (sic) a fully-fledged GP. So they tend to bring them (the new partner) in about three or four months before they're leaving..."

Unfortunately, this degree of forward planning did not always seem to apply to the recruitment of GPNs. Some practices were described as being passively unengaged with the whole process.

"These practices think it's somebody else's job [...] they don't think it's their job, and there are a large number of practices like that..."

However the consensus was that things might actually be changing for the better, albeit rather slowly and painfully. As this respondent noted:

"Some practices might say [...] 'we've had difficulty filling this last vacancy, ... and we've got a number of people who are approaching retirement and that gives us an opportunity to do things a bit differently'..."

A minority of practices were describes as being more proactive in terms of their views on workforce succession planning.

"There are practices that we would describe as more proactive, that look ahead, look at changing work patterns..."

It should be reiterated at this point that GPs are small businesses, and therefore act like small businesses. They are employers and their resources are often limited, so this may go some way to explain the differences in approach.

Regardless of the cause of the different attitudes to recruitment between GP and GPN; when a GPN leaves a practice there is an hiatus caused by the delays in the various recruitment processes (e.g. notice periods). This means that when they do recruit a GPN, the practice needs an experienced, competent nurse who won't need training and can 'hit the ground running'. Inevitably this simply feeds into the idea that newly qualified nurses are not suited to general practice.

4.3.3 The constant 'merry go round' of GPN recruitment

Historically, the culture within general practice has been that wherever possible GPs will seek to employ *experienced* nurses from either hospital or community-based settings, and this may be part of the reason why some of the myths around newly qualified nurses in general practice have persisted. A cultural shift is clearly required if this situation is to change, as until now there has been little motivation for GPs to employ newly qualified nurses.

Culture and practice has meant that the GPN role was perceived as 'slower paced' and less stressful than working in acute care. This was reflected in the number of reservations voiced regarding the motives of the nurses recruited from secondary care.

"I think secondary care nurses want to come into primary care because it's a Monday to Friday nine-to-five job. And when they've done a few years in hospital with shifts and nights and everything else, seven days a week and then they start thinking, actually, I quite fancy a job that's a bit more family-friendly. It's not always [...] 'I want to work in primary care'..."

The (slight) distrust over the motives of some of the nurses recruited from secondary care has meant that experienced GPNs remain at a premium. The dwindling numbers of GPNs and the increasing need for skilled, experienced nurses to take on long term conditions surveillance for QOF meant that they were (and still are) much in demand. This situation has led to a GPN jobs 'merry go round'. This GP was candid in his assessment of the current situation.

"I do understand that we are poaching them from each other. You know, obviously, there's not enough nurses around (sic) and it does seem to me they swap from one practice to another..."

This PM also reflected upon the often futile poaching of GPNs from other practices. She also noted the increasing difficulties in recruiting GPNs.

"They just poach from other practices, but [even] that's dried up now. They've been taking from secondary care. So we all just fish from the same pond, don't we? So everyone has the same problems"

Although experienced GPNs were highly sought after, even they were seen to have their drawbacks.

"What you don't want is loads of people's baggage, which you generally get with somebody who's come from somewhere else: we don't do it that way; I do it this way. Well, that's not the way we do it here. That becomes difficult, doesn't it?"

There were (and are) a number of possible solutions probed to address this situation.

"...Far better then, to recruit a newly qualified nurse and 'grow your own'?"

This respondent was a clear advocate for the ATPS scheme and the potential benefits:

"GPs [need to] understand that if they want a nurse, they can either try and poach one from [the] 'roundabout', which just recycles what's existing, does nothing for the pool of nursing, or they can take somebody straight from training and train them up themselves with support from the ATP. I think the message is finally beginning to get through [laughs]"

This respondent articulated another of the perceived advantages of the ATPS scheme.

"...we personally like the idea [of the ATPS] and this is what we try and do, is to train the practice nurses up ourselves from a point where they don't really have much experience in primary care [...] that's a better way than poaching somebody isn't it?"

There were still some reservations regarding the ATPS scheme. For example, this respondent was worried that a newly qualified nurse would not stay very long. Having been used to longevity in their practice staff (some GPNs had been with their practice for years), this was clearly a concern.

"... Even somebody who's newly qualified from the ATP scheme would still need to have some more training. And I think there's perhaps a worry that somebody at that [early] stage of their career is more likely to be looking for their next job..."

Another concern was the disparity between what hours the newly qualified nurses would expect and what hours would be available. Given that GPN has historically not been the

domain of newly-qualified RNs, this is not surprising. Older nurses with children will (inevitably) prefer a part time, child-friendly working environment.

"The younger ones... they all want full time hours... Now, you are going to get [some] smaller practices who don't need full-time nurses"

Another issue raised by a number of the respondents related to the relative 'economies of scale' between primary care and secondary care. This respondent reflected the views of a number of the respondents. They bemoaned the way in which the bigger hospitals were able to 'hoover up' all of the newly qualified nurses:

"I do wish that we could have them all [the students] back in the third year [but] they go off to a hospital at the end and they (the hospitals) offer them all a job and they take it and why wouldn't you?"

This was contextualised by this statement from one of the practice managers.

"But realistically we're not going to want a new nurse every year, are we? And therein lies the problem..."*

Interestingly, a number of respondents offered solutions to the disparity between the number of students qualifying in any one year and the numbers of jobs available locally within general practice. The issue of GP federations is a contentious one and many practices are reluctant to engage with it.

"...This [ATPS] is a massive change when you think that general practices still, the majority, are not big, organised federations, they're still very much 'corner shops' all doing their own thing..."

However, this comment may indicate a subtle change of tone...

"And I think that's when you're going to get practices working together to employ nurses. So it will happen, so there will always be full-time jobs available, but they may have to work across practices"

Again, a hint of a change in attitudes may be apparent here...

"What's next then? Well, the [long term] plan would be to make the ATPS [practices], now they're well-established, to make them proper educational hubs within the community..."

Theme 2:	Sub-theme(s) and issues
Nurse education in general practice	<ul style="list-style-type: none"> • the need for greater exposure to general practice in the UG programme • the need to develop a suitable PG framework for GPNs • the 'added value' of the ATPS scheme • the future of the ATPS as a community 'hub'

4.3.4 Students' exposure to general practice

One of the topics that resonated with a number of the respondents was the lack of exposure to general practice in the current nurse training programmes. The lack of exposure to general practice has a number of historical and cultural antecedents. These antecedents have become 'urban myths' that are all inextricably linked together and have ultimately become self-fulfilling. The first myth related to the pathways into general practice. This myth has been perpetuated by both HEIs and GPs.

"We've had to work on all levels to get an understanding from GPs and from quite a lot of university teachers and from quite a lot of student nurses that they do not need secondary care experience before they go into primary care. If they want to be GP nurses, then they actually need training as GP nurses. And so we're dispelling the myth"

One of the unforeseen consequences of this myth has been the lack of time devoted to general practice in the taught element of the undergraduate nursing programme. This has been mirrored by the lack of access to general practice placements for nursing students.

These findings clearly support the comments made by the student nurses themselves regarding the lack of exposure to general practice.

"I think it's difficult to recruit new [newly qualified] nurses into general practice. I think they [students] don't get enough exposure to general practice during their training..."

Although perhaps a little melodramatic, this respondent was clear that the nursing students were completely unaware of what happened in general practice.

"They don't know about us... they don't know what we do... I think they're a bit shocked sometimes when they see what we actually do here..."

The reality is that much of the students' placement exposure has been in the hospital setting. There was a widespread perception amongst the GPs and the practice team as a whole that most of the students' placement time was still spent on hospital wards.

"I don't know how many of the students try and go into general practice and perhaps they don't have that much experience. Most of them are mainly in the hospitals and that's where they have their training and they don't know a lot about general practice..."

At SHU, students currently spend a minimum of approximately 30% of their placement time in primary care (community-based and general practice-based). This percentage has increased (albeit slowly) over a number of years to reflect the changing nature of healthcare provision in the UK. Working in acute care was also perceived as being much more much more attractive to the students than community care.

"... So they all think that working in a hospital is much sexier (sic) than working in a GP surgery..."

The success of the ATPS scheme was that it offered practical solutions to all of these issues. The majority of the respondents were clear that if the students were given more access to general practice and were able to experience the role of the GPN as it actually is, rather than the misconceptions that have existed in the past.

"I think it's a fabulous opportunity for those student nurses to come into primary care, because I think it makes them realise that primary care isn't a soft option and we do a lot more [than they thought]. We offer a lot more services than they imagined we did. Plus that when the [student] nurse comes into primary care her (sic) training is on a one-to one basis"

The other selling point for general practice was both the variety of roles and the new possibilities for career progression that were being created.

"I think the exposure [to general practice] will help them to see that there are different levels of nurses in primary care, not just the ones that do [the] simple tasks [dressings], but the ones that do the more difficult tasks and have more responsibility [such as] independent prescribers..."

This respondent articulated the views of a number of the GPs. The relative freedom and autonomy that GPNs enjoyed was clearly seen as being attractive to newly qualified nurses in 2016.

"So they can see its [general practice] attractive at all sorts of levels. And I think that the more dynamic nurses really do like the independence they get because in general practice [...] they're basically allowed to do almost anything they want as long as they're suitable to do it. Whereas, in hospital, they're restricted by the department they're in or what the consultant wants or what the head of nursing wants in that hospital or in that ward..."

The ability of general practice to reduce the bureaucracy involved in taking clinical practice forward was another perceived benefit.

"In general practice, if a nurse wants to do stuff (sic), provided we're happy that we've got a need for that skill, you know, we'll train them up and they'll do it. So it gives them a lot more job satisfaction..."

There were still some caveats. Although the ATPS was universally seen as 'a good thing' by all respondents, these respondents were clear that there was still some room for improvement. Even though the students were now able to gain experience in general practice, the placements were initially quite short. Initially, the students only undertook 6 week placements as this was considered to be 'the norm' across HEIs within the Yorkshire & the Humber region. The 6 week placement was deemed to be the minimum length of time for the students to gain sufficient exposure to general practice to make a decision.

"We are trying to address that [the shortage of GPNs]. We're taking the student nurses now and that's great. But, again, they only came for like a six week block in a three-year training programme. It's not enough. We need them for longer but I don't know how we would get around that [...] I think they do need more exposure to primary care..."

This respondent not only bemoaned the shortness of the placement, but also the timing of the placements.

"We seem to only get them in the early stages [of their training], so it would be interesting, you know, to see what the outcome of their training is and where they do end up, which, you know, for many we'll not get to know..."

The regulatory requirements by which nursing students gain access to the Nursing & Midwifery Council (NMC) Register (the NMC is the regulatory body for nursing) has meant that it has often been difficult for HEIs to place students in general practice for the final year of their training programme. Mentors for final year students require an extra qualification over and above the 'standard' mentor qualification.

"Realistically, if you really wanted grow your own, you would have them in the first year, then you would have them back in the third year, back to you at your practice, and then you'd offer them a job at the end of it. That's where this [ATPS] comes in..."

There was a perceived need to provide much more exposure to general practice throughout the training programme. As this PM noted:

"It's [so] important to see them at the beginning, at the onset, for them to get a feel of what it's [general practice] like, to then broaden it and experience what everywhere else is like and then come back [to us]. Because they've started off with us..."

4.3.5 Nurse education in General Practice

It is clear to the observer that the ATPS framework is the first phase of a much wider, long term project. The urgent need for the implementation of the HEE framework of education and training for GPNs, and the provision of support for GPN career development was made clear. One respondent noted:

"I would like to see the general nursing course [...] more geared towards looking after people that weren't poorly in hospital [...] I'd like to see it [a postgraduate course for GPNs] pretty much being wholly in general practice..."

The GP trainee model was cited as a good example by a number of the GPs. For example, this GP said:

"I think it [would need to be] a bit similar to the GP registrars who train in a practice [and then] often end up in the same practice where they start ..."

HEE have recognised the need for further support for the ATPS practices that recruit a new graduate nurse. The provision of a preceptorship programme for new GPNs was cited by a number of respondents as a big 'step in the right direction'. This PM noted:

"... The [ATP] training has helped but the preceptorship thing (sic), which you've been doing, has an advantage because they're working here as well as training..."

Inevitably, financial support for nurse training in general practice was raised by a number of the respondents. The fact that GPs are small businesses means that the provision of education for non-medical staff is not always seen as a high priority. This was made clear by one of the GPs who said:

"We're a business in the same way everyone else is and therefore it's not like a hospital [...] you're not going to train someone at your own cost are you?"

This respondent then went on to say:

"Why would I pay out of my own pocket to train someone for someone else to then poach?"*

This was a recurrent theme, linked to the GPN recruitment 'merry go round' already described. Clearly this had happened before:

"So that in itself would be a disincentive to encourage increasing training (sic) if you think that somebody who's better trained might get poached to another practice in order to get a pay increase..."

The needs of the practice were always seen as paramount. This would inevitably contribute to the attitude of the practice towards the ATPS scheme. As this GP noted:

"We'd have to think what would that enable them to do and does it fit with what we want them to do?"*

Inadvertently, this comment very succinctly sums up one of the key challenges facing the ATPS.

The need for a good 'fit' between the perceived needs of the practice and the GP partners and the needs of the nurses involved. As long as the fit is seen to be good, the ATPS will continue to flourish. The problems will arise when there is a disparity between the two sets of demands. The *added value* of the ATPS needs to be highlighted to GPs, HEIs and to HEE.

4.3.6 Added value from the ATPS

There were some clear, sometimes unexpected benefits identified by a number of the respondents. Having student nurses kept the staff 'on their toes'. This GPN partner noted:

"I think there are several advantages [to the ATPS] having any training with somebody helps you keep up to date [...] that helps the practice [...] It gives a different perspective because the nurses that are training are doing other things [...] so they've got a slightly different angle on things..."

As well as keeping the staff 'honest', the ATPS has proved to be an adroit 'talent spotter'. The benefit of the ATPS is that this talent is being nurtured and developed to act as the GPN educators for the future. This respondent noted:

"... What we've identified [through the ATPS] is there are some fabulous nurse educators out there, highly motivated, highly skilled, who are brilliant [...] what we are doing through the ATP is we're identifying and nurturing nurse leadership and nurse education..."

This comment was reflected by both the GPs and the students who had experienced general practice. This GP from a small practice was proud to say:

"We've always had good feedback. We've had good feedback from every student nurse so far. We've been a little bombarded with student nurses at one point. But we've managed, we've coped, we've worked on that. The feedback so far has all been positive"

There was also recognition of the need for change, and the benefits that younger, newly qualified staff would bring to the practices.

"I think they [newly qualified nurses] would bring a different outlook, different skills. And I would hope that we'd develop them and retain them and like I say it's growing your own and they learn your ways in your practice from the beginning."

Again, there was recognition that 'new blood' was clearly needed in general practice.

"We've got to encourage the younger generation. And I think we've got this idea of what practice nurses are, and we think of the 'old school' nurses and I think so many things have changed now. So I think we would encourage new young nurses to come in..."

They went on to summarise some of the benefits of employing an ATPS nurse:

"I suppose they'll not come with any preconceived ideas of, you know, 'this happens in the practice that I used to work in before'. And from the beginning you're teaching them how you want it to work here from the very start. I think that's got to be a good thing..."

The need for change was also reflected in the changing workforce requirements in general practice. The skill mix that had existed for years needed to be revisited and updated for the requirements of the 21st century. This GP noted:

"I mean 'traditional' general practice needs to adapt... previously you had five or six GPs, a couple of nurses and one HCA but the skill mix is not needed like that anymore. And there are some practices who (sic) are already beginning to change, so they'll have three GPs, four or five nurses, of which three will prescribe and one's an ANP, and five HCAs. But [...] there's going to be a much greater demand for practice nurses and particularly the more highly skilled ones..."

As a final thought, there were two quotations that seemed to me to encapsulate the benefits of the ATPS scheme. This GP commented:

It's a win-win situation [the ATPS]. If they like the practice and you like them, then you know they're coming up. And that's what we do with [GP] trainees. I mean most of the partners here have been ex-trainees in this practice because it's much better to recruit someone you know who's worked here. And they know what you're like so it's about getting the right fit, isn't it?"

Staff retention is often an issue in the NHS, and the ATPS seemed to offer a number of unintended benefits in this area of workforce development. I thought that this was a rather lovely comment:

"It [ATPS] doesn't just improve the supply of [...] nurses, but it may [actually] improve the retention of our existing nurses because we find that [...] one of the things that reinvigorates nurses is to have young colleagues and to feel proud about passing on their skills and the values of their profession..."

A final comment from the author*: *"You can't argue with that, can you?"*

4.3.7 What of the future?

This GP was clear that the partnerships between general practice and the various HEIs providing nurse education are vital to the sustainability of the ATPS. The GP identified that there was still some 'room for improvement'.

"It needs to be a proper partnership between you [the HEIs] and us then we all benefit don't we? I don't think we understand enough [about each other] but having them [the students] helps..."

The need for greater understanding is mirrored in the views of the students that were interviewed. Given that general practice has historically been peripheral to the placement experiences of nursing students, it is perhaps not surprising that there is an identifiable need for more dialogue and a greater understanding of 'what makes each other tick'. As doctors themselves, GPs are familiar with medical schools and the needs of medical students and trainees but much less familiar with schools of nursing and the needs of student nurses. In addition, there is a need for the scheme to become sustainable and affordable in the long term.

The need for the support and 'buy in' of the local CCG (often led by a GP) is clear:

"So they've [ATPS hubs] got to continue to be useful and relevant [...] we wanted the CCGs to buy into it [the ATPS]. Now, that's very difficult because ... you're really looking for financial buy-in from the CCGs"

Taking all this into account, it may be argued that the sustainability of the scheme rests with the GPs themselves. Perceptions of GPs are mixed, and 'managing' GPs is often seen as

difficult and requiring a great deal of 'tact and diplomacy'. One potential solution was outlined below:

"You should be giving the power to the people to solve their problems. And that is my ethos really [...] I think that is completely critical, certainly to the success of the ATPs. GPs [...] do not like being told what to do [laughs]"

The respondent went on to say that:

"If they [GPs] are part of the solution, then you tend to get to a critical mass [this then becomes self-fulfilling]..."

The idea of a 'critical mass' of GPs taking part in the ATPS is a recurrent theme throughout the GP and PM interviews. The logistics of actually achieving this critical mass are rather daunting and there are a number of challenges still to be overcome.

All in all though, the situation would generally seem to be a positive one. Giving the GPs ownership of both the problem and the solution is a brave but necessary step towards addressing the workforce issues that exist in general practice.

4.3.8 Summary of the Key Findings

Overall, there was a 36% response rate (N=460) by the students to the survey, of whom 89 had a placement in general practice.

Q: Did the placement alter your views about practice nursing?	N (%)
<ul style="list-style-type: none">• Yes, for the better*• No, I already felt positive*	61 (67.8) 14 (15.6)

In total, 84% of the students who had been on a general practice placement viewed practice nursing in a positive light, and 68% changed their views for the better as a result.

There were 4 aspects of the placement that contributed to this change in perspective. These were the team, the GPN as role model, the working environment and the patient contact.

Q: Did the GP placement alter your views about practice nursing? <i>Yes, for the better</i>	67.8%
Q: What altered your views positively? The team itself: <ul style="list-style-type: none"> • Being treated as part of a friendly, welcoming team The role of the GPN: <ul style="list-style-type: none"> • Working autonomously • More time for participation in 'direct' 1:1 patient care The working environment: <ul style="list-style-type: none"> • 'Family-friendly' environment The patients: <ul style="list-style-type: none"> • Good variety of patient and good skills opportunities 	73.3% 65.6% 68.9% 74.4% 75.6%

This manifested itself in the opportunity to practice and consolidate a wide variety of existing skills, such as injections; and also learn and develop new skills such as the management and surveillance of long term conditions such as diabetes. The GPN was seen very much as a role model by the students, and the autonomy of the role and the high quality of the 'face to face' patient contact were highly valued.

From the general practice perspective, there were a number of key issues that emerged from the data. These included the need for succession planning for the workforce, stopping the recruitment merry go round of poaching staff from other practices, 'growing your own' staff and addressing some of the myths and misunderstandings that have grown up around general practice nursing. In order to do this, there is a need for student nurses to have greater exposure to general practice. This will help the GP practices to successfully 'grow their own' staff using the ATPS as a framework on which to build. The ATP hubs need to be able to flourish and develop to provide a postgraduate education and training framework in addition to the undergraduate scheme. The ATPS hubs will act as community hubs for all the local education and training needs. Although I am no great admirer of the Virgin boss, this epithet neatly sums up the situation we find ourselves in.

"...Train your staff well enough that they can leave, and treat them well enough that they don't want to..." Sir Richard Branson

5.0 Discussion

In this section, the key findings and 'take home' messages from the study will be highlighted and discussed. There is some (albeit slightly fragile) evidence of the green shoots of a 'virtuous circle' for the ATPS. A significant proportion of the practices interviewed appeared to be moving from a “*why should we invest in our practice nursing workforce?*” perspective to a “*why shouldn't we invest in our practice nursing workforce?*” perspective.

The findings from the survey are generally very positive and indicate that the ATPS is now 'bearing fruit'. The headline findings shown below demonstrate an overwhelmingly positive perception of general practice. The most noteworthy statistic is the fact that 68% of the students said that the placement had altered the views of general practice for the better. The reasons for this change in perception provide a neat snapshot of all that is good about general practice. The team, the GPN as a role model, the working environment and the work itself all scored highly.

Given that SHU is one of the largest providers of nurse education in the UK, these findings represent the first 'large scale' national evaluation of the NTHI. The success of the ATPS 'model' may be attributed to a number of factors. As already discussed, the culture within general practice had to change, and in order for the ATPS to become fully embedded, a number of things needed to happen: The links between general practice, HEE and partner HEIs such as SHU had to be 'set in stone'. In addition, the various stakeholders have had to work closely together in partnership. Getting to a 'critical mass' of GPs participating in the ATPS network has also been key to the sustainability of the scheme in the long term.

The move from "why would we?" to "why wouldn't we?" has been predicated upon a wholesale culture change within general practice. This degree of culture change has taken (and will continue to take) time, patience and a great deal of persistence. The need for HEE to be able to demonstrate that the ATPS scheme is 'working', and that the benefits of the scheme (from a workforce transformation perspective) outweigh the 'costs' to general practice, is a vital part of sustaining this cultural shift.

The evidence provided by this study would indicate that there is a clear shift in attitudes towards nursing in general practice. This change in attitudes, engendered (at least in part)

by the success of the ATPS model over the last six years, has enabled the ATPS to achieve a number of key performance indicators (KPIs). It has improved the prospects for new nurse graduates in primary care; it has also slowly and subtly changed the attitudes of both general practice and student nurses towards the idea of graduate nurses working in a general practice setting.

5.1 'Future-proofing' the ATPS

The ATPS is one of the leading NHTI models in the UK. There are now a total of 187 GP practices participating in the Yorkshire & Humber region, which equates to 23% of the GP population. Given its undoubted success, it is vital to identify *how* and *why* it 'works' and how it differs from the other NHTI models.

From the literature, it is clear that to date there have been a small number of evaluations of various NHTI models in the UK (see Gale *et al* 2015; McLaren *et al* 2016); however these have primarily focused upon *feedback from students and nurse mentors* on the quality of the overall educational experience. None have specifically looked at the ATPS model or examined the views of GPs and PMs. The literature also indicates that many of the NHTI schemes funded by HEE throughout the UK have been small-scale 'pilots' (e.g. Gale *et al* 2015), and many have already finished. The published literature on the subject indicates varying degrees of success for the other models. Most of the pilots appear to have been concluded once 'the money ran out', and the status quo has prevailed. It is evident that the lack of a truly sustainable model which will ensure continuing 'buy in' from GPs, CCGs and the partner HEIs has been the decisive factor in the lack of success.

One of the key differences therefore between the ATPS and the other NHTI schemes that have failed has been the support and 'buy in' from the partner organisations. Already six years old, the ATPS continues to grow and develop and the relationship between HEE, the GPs and partner HEIs such as SHU continues to develop in a similar fashion.

"[She was] knowledgeable, approachable, friendly and very, very patient with me. She taught me loads [...] she ran her own clinics and the patients seemed to really appreciate her [...] we really got to know each other and she trusted me to do stuff which was brilliant..." Student Nurse

5.2 The HEI perspective

As a partner HEI, SHU is committed to developing the necessary infrastructure required to sustain ATPS GP placements. SHU is one of the largest providers of nurse education in the UK, and in order to maintain the numbers of training placements required for our students, the ATPS model has become an integral part of the placement circuit. The ability of SHU to deliver placements in general practice 'at scale' is testimony to the fact that SHU 'gets' the importance of the ATPS and the need for GPNs. The often slow and imperceptible move from 'concept' to 'large scale delivery' has taken time but is now bearing fruit. SHU now has the knowledge and experience of delivering and sustaining general practice placements on an 'industrial' scale. Part of this success relates to the ongoing development of a mutual understanding between GPs, GPNs and SHU. As this mutual understanding develops, the culture within both SHU and general practice has shifted in a positive direction.

A better understanding of nurse education on the one hand and a better understanding of general practice on the other, means that the ATPS training hubs are working with SHU as the partner HEI to encourage graduate nurses to apply for posts within general practice. Once in post, the training hubs have to adapt in order to accommodate the training and development needs of the neophyte GPNs.

5.3 The GP perspective

"What's next then? Well, the [long term] plan would be to make the ATPS [practices], now they're well-established, to make them proper educational hubs within the local community..." GP partner

Given the 'medico-centric' nature of general practice as a whole, it is hardly surprising that there is much that we can take from medicine in the way that they approach education and training. It is accepted that student doctors routinely spend time learning in general practice, as do junior (F2) doctors in training. The sheer 'economies of scale' for student nurse placement allocation at SHU present their own challenges to the success of the ATPS scheme, however it is further testimony to the commitment of both SHU and HEE that practical solutions to these challenges have been found. Once a critical mass of GPs come 'on board' the ATPS, the number of available placements for student nurses will be such

that the culture within general practice, and the attitudes to nurses therein (which we suggest are already changing as a result of the ATPS initiative) will become normalised and embedded.

From a post-graduate perspective, there is a long-established GP training programme run by the Yorkshire & Humber Deanery, in which junior doctors may undertake specialist training in general practice, leading to membership of the Royal College of General Practitioners (RCGP). GP partners are encouraged and supported to provide placements for GP trainees, and GP educators provide education and support for the trainees. This is an accepted part of the way in which GPs are 'produced'. A programme of Continuous Professional Development (CPD) for GPs and GP trainees is also provided. The fact that the Deanery struggles to fill GP training places is indicative of a much wider problem in the North of England, and is clearly not related to the quality of the training provided.

In contrast, GP nurse education and training remains generally rather *ad hoc*. The idea of 'growing your own' staff does now seem to have gained some traction, and the prospect of being able to mould a neophyte GPN 'from scratch', rather than have to undo a catalogue of 'bad habits' is clearly taking hold.

Next Steps

Following the success of the ATPS to date, GPs are 'coming round' to the idea of placements for nursing students, however there is still a 'disconnect' between this (successful) pre-registration part of the framework and what follows afterwards. Now that GPs are actively recruiting (and more importantly retaining) graduate nurses as GPNs, it is key to provide a national post-qualification framework for GPNs to assuage GPs reservations regarding longer term investment in GPN education and training. The ATPS training hubs have a key role to play in this.

Now they are firmly established, the ATPS training hubs, in partnership with their local HEIs and CCGs, can be flexible enough to support and accommodate the educational needs of both student nurses and GPNs. Appropriately supported and resourced, the advanced training hubs will be able to provide places for GPN trainees in the same way that they provide places for GP trainees.

Significant progress is clearly being made. Under the auspices of ATPS/HEE partnerships, HEIs in the Yorkshire & Humber region are able to provide 'free to access' year-long GPN preceptorship programmes and further specialist training (e.g. cytology and smears) for neophyte GPNs recruited under the ATPS scheme. Following a successful period of preceptorship, the trainee GPNs are now also able to access a recognised career pathway. The further development and implementation of the HEE career pathway for GPNs, with effective career support for new entrants to GPN is an important aspect of this strategy. There is an acknowledged need for consistency in the approach to GPNs throughout the GPN career trajectory, and this support is vital for successful embedding the GPN career pathway into GP culture, for the mutual benefit of both GPN and GP.

6.0 Conclusions

- The ATPS training hubs provide HEE with an important insight into the future 'look' of the new National Training Hubs
- The longevity and sustainability of the ATPS also provides HEE with the blueprint of a 'working model' of the programme which, in partnership with HEIs such as SHU, show that the programme is capable of being successfully delivered, and 'at scale'
- Generation of further publicity regarding the success of the ATPS, both to local CCGs and the new STPs within the Yorkshire & Humber region. CCG support and 'buy in' will add further strength and sustainability to the scheme in the long term
- The partnerships between the ATPS and HEIs such as SHU will provide a vital platform for future workforce transformation within general practice through the identification of future need and delivery 'at scale'
- The channels of communication between HEIs and general practice need to be consolidated and strengthened and the judicious use of social media is one innovative way in which to do this
- The significance and size of the cultural 'shift' being undertaken should not be underestimated. An understanding of organisational change theories, and practical support for both GPs and GPNs to manage the processes taking place and to consolidate the changes will ensure that the transition is as smooth as possible

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