

SWOT Analysis of Practicum Training for Practice Nursing Students Doing Prescribing Papers

Rosemary Minto

The following is an analysis that I completed last year to stimulate discussion around the issues and barriers for Nurse Practitioners in Primary Health Care completing prescribing papers. It remains very relevant today and the solving of these issues becomes more imperative as nurses prepare to enter this stage of their learning.

As a practice nurse I have naturally focused on my own field of practice but these issues have many parallels with other PHC nurses, e.g. District and Plunket that I have not articulated and I acknowledge them now. I put this forward as a discussion starting point and hope that it stimulates thinking and problem solving amongst tertiary educators, post graduate students, DHBs' and any others involved in the evolving NP roles.

Strengths:

Aligning with a GP for training will strengthen relationships with colleagues
Will allow GPs to become accustomed to proposed scopes of practice for NPs'.
Will allow input from potential business partners regarding frameworks for business practice
The existing patient population in the practice will get extra value for money during training process
Practice nurses (PN) may see the process as a worthwhile one to expand their own current scope of practice and be encouraged to participate and support the process in various ways

Weaknesses

Full time PNs' doing part time Masters will have difficulty fulfilling supervision hours:
PNs' are employed by GPs' who will naturally expect them to be doing the job they are paid for
The PN may have to reduce number of paid working hours in order to fulfill supervision hours-this is an expectation nurses may not be able to financially support.
General practice is a private business which relies on patient numbers for income-patient numbers seen may be affected by training as more time consuming therefor general practitioners may not be willing to sacrifice income unless remuneration is offered
Training causes delays in consultation time and patients may not be happy to accommodate the extra time required
Patients are unaware of the proposed new role and will need educating (marketing)
GPs are more medically orientated so trainee may find some disparity between expectations of educator and supervisor

Current time restraints and employer expectations restrict full utilisation of learned skills by Masters students

Opportunities

The MOH, with their PHC Strategy and other documents, support the new role of NP so they may be more open to funding suggestions and requests

The role of the practice nurse may be made more visible as marketing for the NP role occurs

The NP role, if seen as a business opportunity for general practice, could boost struggling practices as NPs' buy in

PHOs' may be more able to meet the needs of training NPs' through SIA and other funding

Threats

Direct funding and other income sources e.g. ACC, GMS, private insurance companies, for nurses is not yet available so GPs' may not see immediate potential gains for training NPs'

With present funding structures nurses will not be able to be adequately remunerated in private sector once trained

Lack of funding for tertiary education providers may create barriers for supervision as unable to reimburse supervisors adequately.

PHOs' are not yet making provisions for NPs' within the implementation frameworks, as there is no extra funding to support the inclusion of the role

DHBs are also not motivated to provide any assistance or incentives to facilitate training.

Needs:

A contract between tertiary education providers and specific general practice businesses for training NPs'- these may be after hours or A& M centers that have GP services
If this is not possible support from the tertiary provider to assist the PHC to gain a contract or MOU for GP supervision

Marketing plan for students to utilise to raise awareness of training and new role

Lobby for funding from MOH/DHBs'/PHOs' for trainees similar to what is provided to GP registrars

Lobby to MOH for access to funding for nurses from ACC, GMS, other sources

A peer support group for PHC NP trainees to share and discuss issues around training

A NP training school with fully trained PHC NPs' as supervisors -BHAG! (Big hairy audacious goal).

It is not only in general practice but also in the secondary care/DHB environment that these barriers are evident. One nurse has been refused by a DHB to have supervision provided to assist her in her practicum paper, as part of her possible employment, despite the obvious skills and expanded nursing services she would provide as a result of her level of education. So she must leave the district to complete training and/or take a position that is not relevant to her present and potential skills. This is a direct contravention of policy and directives from the Ministry of Health and recommendations from the recent New Zealand Health Workforce Committee, which include

- The facilitation of the evolution and further development of health workforce education recognising that DHBs have a crucial role to ensure that education and training is delivered in wider environments to meet the future health needs of New Zealanders.
- Community and clinical placements for trainees must be co-ordinated and shortages of places must be addressed. Flexible delivery methods would also improve access to and strengthen work-based learning.
The role of District Health Boards as educators needs to be strengthened. Teaching is part of being a professional and needs to be reflected in job descriptions and/or contracts.

I would like to acknowledge and thank those who are collaborating with nurses to overcome these barriers; in particular those GPs who have agreed to supervise practice nurses doing practicum papers. I hope that this discussion paper will stimulate change and contribute to the current growth and changing environment that is Primary Healthcare in New Zealand.