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## **Supporting practice learning time for non-medical prescribing students; the views of managers.**

### **Introduction**

Healthcare managers play a key role in the ever changing landscape of healthcare delivery (Ellis and Bach 2015). This includes "identifying, contributing to and monitoring team members professional development and learning," (Gopee and Galloway 2014:29). In particular nurse managers will be increasingly involved in planning service development to incorporate advancing roles in practice, including prescribing practice. The need for a highly skilled and educated workforce, including the ability to prescribe, is seen as essential in many clinical settings (Jackson and Carberry 2014). This can be seen across a variety of care sectors from acute to community and out of hours (Pearce and Winter 2014, Smith, Latter and Blenkinsop 2014). Outcomes in terms of patient safety and efficacy of care, so far appear to be comparable when comparing non-medical and medical prescribing (Geilen et al. 2014; Buckley et al. 2013). This promising outcome may be as a result of three factors; (1) the comprehensive education programme linked to professional registration; (2) appropriate student selection and (3) inter-professional collaboration before during and after the programme (Wegliki, Reynolds and Rivers 2015; Courteney 2013). The education programme that non-medical prescribing students undertake includes practice learning and academic assessment at degree or masters levels (Courteney 2008). This must be a maximum of twenty six weeks in duration (Nursing and Midwifery Council 2006: Health and Care Professions Council 2013). Students who are selected onto the programme are nominated by their line managers and aligned to strategic and service priorities. Those who are selected onto the programme are highly motivated individuals who recognise the need for prescribing in their area of practice. Finally, collaboration between key stakeholders; employees (students), line managers, Higher Education Institutions (HEIs), and designated medical practitioners (DMPs) is designed to support the successful completion of the programme and pave the way for meaningful continuing professional development opportunities

following this (Weglicki, Reynolds and Rivers 2015; Courtenay 2008). Programmes are now widespread throughout the UK and internationally (Natan et al. 2013; Buckley et al. 2012; Courtenay, Stenner and Carey 2009). However, there is a paucity of research on the views of line managers with regards the non-medical prescribing programme. Therefore the authors felt it was timely to explore their views of the practice learning experience. This could help inform all stakeholders as to how they and the students could be supported more effectively.

### Background and rationale for study.

In 2006 the Nursing and Midwifery Council (NMC 2006), published standards for nurse and midwife prescribers. At the same time, academic leads for the Non-Medical Prescribing programmes representing six Higher Education Institutions (HEI) in Scotland, came together to form a working group (network). The group met regularly to ensure consistency and rigour for all assessment methods. In 2011, the group proposed that a review of assessment methods was undertaken which would involve all stakeholders. This was supported with funding from The Scottish Government. The review took place between January and November 2012 and a report was produced in 2013. Findings from the review which focussed on the written elements of the NMP programme can be found in a recent publication (Paterson et al. 2016). The purpose of this paper is to present findings relating to the views of line managers who have supported an employee (student) to undertake the programme of study. The line managers are required to agree to their employee (student) undertaking the programme of study. They sign the application form to state that they agree to the student being able to achieve a minimum of 78 hours learning in practice time (Courtenay, Stenner and Carey 2009). The purpose of this was to explore the views of line managers and the experience of supporting an employee in practice undertaking this NMP programme.

### *Practice Learning within Non-Medical Prescribing*

In order to complete the learning in practice experience successfully, the student must demonstrate a minimum of 78 hours in practice which is logged and signed off by their Designated Medical Practitioner (DMP). This time will be relevant to their field of practice and may involve additional experiences such as shadowing other professionals. The student is required to provide detail about their learning, reflect on how this relates to future prescribing practice and consider action points to develop further. The DMP will also assess the students' ability to conduct a patient consultation/examination and formulate a management plan. During the time of the programme of study (3-6 months), the DMP will assess whether the student has achieved the required competencies for prescribing practice. The NMC (2006) detailed these competencies which were then developed further as a Single Competency Framework to be used by healthcare professional prescribers before and after qualification. This framework is currently being updated by the Royal Pharmaceutical Society (RPS 2016).

Previous studies have suggested that practice learning time can be one of the most difficult aspects of the programme to manage well (Pearce and Winter 2014; McCormick and Downer 2012; Ahuja 2009). These studies have all cited time as being a problem for learning to take place effectively. Anecdotally students will comment on the invaluable support that they receive from their manager, but there is little evidence which explores the views of the managers in relation to this. Ultimately, safety for prescribing practice and medication management are of increasing concern in healthcare and it is essential to ensure that future prescribers are prepared in a robust way to minimise errors and ensure patient safety (Adhikari et al, 2014; Robson 2013).

### **Study design**

#### *Aims*

The main study, from which these findings are presented, was designed to explore the views of key stakeholders as to the learning in practice experience and portfolio assessment in non-medical prescribing

programmes in Scotland. The stakeholders were the students, Designated Medical Practitioners (DMP), line managers, NHS prescribing leads and academics.

### *Ethical considerations*

This study received ethical approval from all participating University Ethics Committees in accordance with University requirements. Ethical approval by Dundee University Ethics Committee was endorsed by Edinburgh Napier, Glasgow Caledonian, University of West of Scotland and Robert Gordon Universities in July 2012. Institutional ethical codes of conduct were followed which included providing written information to participants about the study and ensuring all collected data was stored in accordance with the Data Protection Act (1998). All data collected was anonymised and any quotations from qualitative data reported here cannot be attributable to any individual participant.

### *Study participants*

The study took place in 2012 and the line managers included in this study were those who supported one cohort of students who commenced the course in 2011. They were selected from five Higher Education Institutions in Scotland. One hundred managers were invited to be part of the study.

### *Methods*

An online survey was sent to one hundred line managers by email and they six weeks was given for completion of the questionnaire with a reminder email sent between three and five weeks. The final version was uploaded onto the Bristol Online Survey (BOS) in order to administer and analyse the survey data.

The survey consisted of four main sections relevant to the learning in practice experience from the line managers' perspective.

- (1) Demographic data which related to professional background and area of speciality.
- (2) Identification of the greatest barrier to the learning in practice experience and effective prescribing practice.

- (3) Free text comments to further explore their views as to the greatest barrier to practice learning.
- (4) Identification of what changes could be implemented to improve the learning in practice experience.

More detail about the survey is given in table 1.

**Table 1; Overview of survey topics**

<b>Topic of survey questions; included closed and open (free text).</b>
<ul style="list-style-type: none"> <li>• Demographic data</li> <li>• Professional background</li> <li>• Speciality</li> </ul>
<ul style="list-style-type: none"> <li>• Identification of how many students in their area had completed the programme and process of identifying learning needs prior to commencement.</li> </ul>
<ul style="list-style-type: none"> <li>• Exploration of issues relating to protected learning time for the student and how a schedule of learning in practice was planned.</li> </ul>
<ul style="list-style-type: none"> <li>• Ranking of different elements of assessment for the programme which included learning in practice experience.</li> </ul>
<ul style="list-style-type: none"> <li>• Ranking of assessment methods including their views concerning the way practice learning was assessed.</li> </ul>
<ul style="list-style-type: none"> <li>• Ranking of the greatest barrier to the students learning in practice.</li> </ul>
<ul style="list-style-type: none"> <li>• Managers were given scope to comment further on the learning in practice experience and how they felt it could be improved.</li> </ul>

### *Data Analysis*

Data from each section relating to practice learning were compiled and free text comments from the questionnaire were analysed thematically. Analysis was carried out using a 15 point checklist described by Braun and Clarke (2006). All data sets were read repeatedly and then extracts from the themes were hand coded and manually organised into categories to reflect the original research aims. Themes were checked against each other by two researchers (RP and SG) and back to the original data until it was agreed that themes emerging from data were internally coherent, consistent and distinctive. Other members of the research team were then involved in verification of these identified themes.

## **Findings**

### *Overview of respondents*

Out of the 100 line managers who were emailed, 26 responded. From the available data, 50% (n=13) were based in primary care, 46% (n=12) in secondary care and 3% (n=1) in private practice. 50% had supported less than 5 students on the programme and 50% had supported 5 or more on the programme.

When analysing the responses to the survey, including the structured questions and free text, the themes that emerged from the data were grouped under assets and barriers relating to the learning in practice experience. These were further sub divided down as shown in table 2.

**Table 2. Assets and Barriers for supporting learning in practice; line managers.**

<u>Assets of learning in practice</u>	<u>Barriers to learning in practice</u>
Individualised professional development opportunities	Lack of backfill costs
Inter-professional learning	Clinical workload

### **Assets of learning in practice.**

#### *Individualised professional development opportunities;*

Some managers identified practice learning as being one of the most important aspects of the programme of study. One line manager provided the following very detailed comments as to the benefits of this type of learning, and this was echoed in several of the comments made by line managers;

*"The 78 hours in practice, i.e. the learning log, is an invaluable tool for prescribing in practice students. The situations one would deal with during this assessment are based on a real 'hands on' aspect of the course. It is actually happening and therefore provides a secure insight into their patient skills within the workplace.....I believe this is a pivotal assessment unit in leading to a more professional, insightful and factually correct diagnosis of any patients presenting condition."*

Further comments from managers on the benefits of practice learning related to the relevance to clinical practice and the opportunity to practice skills and reflect. For example, managers recognised the value of nursing staff spending time with other professionals such as pharmacists. The importance of the doctor in the learning process was also strongly recognised.

### **Barriers to learning in practice**

From the managers perspective the most common barriers to the students' learning in practice experience, were (in order of magnitude), lack of backfill costs and clinical workload. One of the managers stated;

*"Because in the current climate of austerity, it is increasingly difficult to justify backfill costs, what happened here is the team backfilled"*

Other managers mentioned the increasing clinical workload with fewer staff. Overall, time was given as a big factor for difficulties in being able to facilitate the necessary learning time in practice. One manager also commented that;

*"The module required significantly more study time than the allocated time – leaving the department short staffed"*

Whilst these are a few comments, and it is recognised that individual students may have different needs, the challenges of time and lack of backfill were reflected throughout the data in all groups (including students and doctors).

### **Suggestions for improvements and to the practice learning experience.**

There were a variety of suggestions made by managers as to how the experience could be improved for all concerned. The managers comments



overall reflected their desire to do the best for the student and to support them as much as possible. Most managers did not comment in detail as to what might help them in their role of facilitating practice learning time. There was a strong sense that they were aiming to work proactively with colleagues, including doctors and other professionals to facilitate their employees' learning. There were comments from line managers about the additional role that Higher Education Institution staff could provide.

*"More 'in' practice support for students and management from academic staff".*

One of the managers stated in additional comments;

*"I sincerely hope that you have a great success story with this course .... the course provides a new service which has been greatly needed within the healthcare profession for some time now".*

Interestingly this comment appears to imply that the course is led by academia, whereas it could be argued that the development of prescribing practice is very much a joint venture and cannot happen without the input of clinical services. The support of managers and other professionals within practice is integral to this.

### **Discussion and conclusion.**

In terms of line managers who took part in the survey, most areas of care were represented, from acute to primary care, the private sector and a few care specialities. This may be viewed as one of the strengths of the study because it reflected a broad range of views from managers. There are limitations, however, particularly in relation to participant numbers; only one quarter of the managers invited to take part completed the survey. Given the pressures in practice, this is perhaps not surprising. Overall, the managers who did respond were very positive about prescribing in practice, viewing it as a necessity to service development.

The comments from line managers concur with findings from other studies which have identified the learning in practice experience as being crucial to support the development of specialist prescribing practice within a generic programme (Coull et al. 2013; Bissell, *et al.*, 2008; George, *et al.*,

2007). Line managers saw practice learning time as being one of the most beneficial parts of the programme. These findings indicate that the seventy eight hours learning in practice continues to be a valuable learning experience which could be further optimised. It must be acknowledged that the employees (students) nominated onto the programme by their managers are senior experienced practitioners who are motivated to develop professionally and improve the patient experience by streamlining patient care ( Jones, Edwards, & While, 2011; Bradley and Nolan, 2007; Bradley, Campbell and Nolan, 2005).

In terms of the findings relating to barriers for practice learning time, consistency can be found with those in previous literature, suggesting that there has been little progress in this area (McCormick and Downer, 2012; Stanley and Simmons, 2011). When considering the impact of continuing professional education on practice, Clark, Draper and Rogers (2015), identify the importance of a positive organisational culture. This includes key stakeholders working together to promote a supportive learning environment. Looking at some of the challenges for the NMP programme from the perspective of managers can only help others involved appreciate some of the real challenges. The importance of considering the views of the managers working in frontline clinical settings cannot be emphasised enough and is an area that needs to be explored further. Given the limitations of this small survey, the following recommendations can be tentatively made;

- Discussions should be continued as to how managers can be supported more effectively by Higher Education Institutions delivering NMP programmes.
- Line managers are already working in partnership with the employee (student) to operationalise arrangements for protected learning time prior to commencing the programme of study and this should continue.
- Innovative ways to support learning in practice could be shared through prescribing forums, NHS leads for prescribing groups and

the Higher Education Institution networks so that there is dissemination of best practice.

## **Conclusion**

This survey data presents a 'snap shot' of the views of line managers who have supported a member of staff undertaking a prescribing qualification. Given the pressures on healthcare services and the comments that these managers have made in terms of time, workload and lack of backfill costs, innovative and creative solutions are required. Collaboration between all stakeholders is ever more vital to enable service development within prescribing practice to continue. Ultimately the education of experienced healthcare professionals to become prescribers must be managed so that safe and effective prescribing practice is the outcome.

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