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Supporting practice learning time for non-medical prescribing students: managers' views

Rachel Unwin *et al* have conducted a study that explores managers' roles in supporting staff enrolled on a non-medical prescribing programme, arguing that more assistance and resources are needed

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Abstract

Managers in healthcare services have ever-increasing demands to consider in relation to frontline care, including the continuing professional education needs of qualified practitioners who are advancing their roles. One advancement is non-medical prescribing, and this article reports part of the findings from a survey undertaken in Scotland which explored managers' views of the clinical support of staff enrolled on a non-medical prescribing programme. The article

discusses how managers have an important role to play in supporting these learners in practice, and suggests all stakeholders should be aware of the pressure this adds to managers, and seek creative solutions to support the process of learning.

Keywords

Non-medical prescribing, manager, learning in practice, continuing professional education

Introduction

Healthcare managers play important roles in the ever-changing landscape of healthcare delivery (Ellis and Bach 2015), including 'identifying, contributing to and monitoring team members' professional development and learning' (Gopee and Galloway 2014). Nurse managers are involved increasingly in ensuring service development plans incorporate advancing roles in practice, including prescribing.

The need for a highly skilled and educated workforce, with the ability to prescribe, is essential in many clinical settings (Jackson and Carberry 2014), including acute, community and out of hours care services (Jones *et al* 2011, Pearce and Winter 2014, Smith *et al* 2014). Comparisons between non-medical and medical prescribing appear to be equable, in terms of outcomes of patient safety and efficacy of care (Buckley *et al* 2013, Gielen *et al* 2014), and may be a result of three factors:

- The comprehensive non-medical prescribing education programme linked to professional registration.

- Appropriate selection of students.
- Inter-professional collaboration before, during and after the programme (Courtenay 2013, Weglicki *et al* 2015).

The education programme undertaken by non-medical prescribing (NMP) students includes practice learning and academic assessment at degree or masters levels (Courtenay 2008, Royal College of Nursing 2012), and must be a maximum of 26 weeks' duration (Nursing and Midwifery Council (NMC) 2006, Health and Care Professions Council 2013).

Students are nominated by their line managers on the basis of their skills and experience, and the NMP qualification will have been identified by their manager as essential to the further development and enhancement of healthcare services for patients. Selected students are invariably highly motivated who recognise the need for prescribing in their practice area, and are ready to undertake the necessary learning and practice assessment.

Successful completion of the programme relies on collaboration between stakeholders, who are

the employees (the students), line managers, higher education institutions (HEIs), and designated medical practitioners (DMPs). DMPs are the doctors responsible for assessing NMP students in practice. After completion of the programme it is anticipated that there will be opportunities for continuing professional development (Courtenay 2008, Weglicki *et al* 2015).

NMP programmes are widespread across the UK and internationally (Courtenay *et al* 2009, Buckley *et al* 2013, Natan *et al* 2013), however there is a lack of research of line managers' views. Therefore, the authors decided to explore managers' perceptions of NMP students' practice learning experiences, to inform stakeholders how managers and students can be supported more effectively.

Background and rationale for study

In 2006 the NMC (2006) published standards for nurse and midwife prescribers. At the same time, academic leads for the NMP programme in six HEIs in Scotland formed a working group that aimed to ensure consistency and rigour of assessment methods. In 2011, the group proposed a review of assessment methods involving all stakeholders, which was supported by funding from the Scottish Government.

The review took place between January and November 2012, and the report was produced in 2013. Findings from the review which focused on the academic elements of the programme, including the portfolio, are in Paterson *et al* (2016). This article presents the findings that relate to the views of line managers who have supported NMP students in practice. Line managers need to consent to staff's application to the programme, and agree to the 78 hours minimum learning in practice time (Courtenay *et al* 2009).

Practice learning in non-medical prescribing

To complete the learning in practice aspect of the NMP programme successfully, students must demonstrate a minimum of 78 hours of practice, logged and signed off by their DMP. This allows them to reflect on and learn from all aspects of their clinical role, and consider their learning needs to become safe and effective prescribers. Additional experiences, such as shadowing pharmacists, are an important part of this practice time.

Students must provide details about their learning, reflect on how it relates to future prescribing practice, and consider action points for further development. DMPs assess students' ability to conduct patient consultations/examinations and formulate management plans and, over the three to

six months' duration of the programme, assess whether students have met the required prescribing practice competencies.

The NMC (2006) initially formulated these competencies, which were further developed by The National Prescribing Centre (NPC) into a single competency framework (National Institute for Health and Care Excellence 2016). This framework is widely used by healthcare professional prescribers during and after qualification, and is being updated by the Royal Pharmaceutical Society (2016).

Time for effective learning in practice is cited as one of the most difficult aspects of the NMP programme to manage well (Ahuja 2009, McCormick and Downer 2012, Pearce and Winter 2014). Safe prescribing practice and medication management are vital, and it is essential that future prescribers are effectively prepared to minimise the risk of errors and protect patients (Robson 2013, Adhikari *et al* 2014).

Study

The main study, from which these findings are reported, explored stakeholders' views of learning in the practice experiences and portfolio assessments of NMP programmes in Scotland. The stakeholders were students, DMPs, line managers, NHS prescribing leads and academics.

Ethical approval was given by all participating university ethics committees, in accordance with their requirements, in July 2012. Institutional ethical codes of conduct were also followed, which included providing participants with written information about the study, and ensuring data were stored in accordance with the Data Protection Act (1998). All data collected were anonymised and quotations reported here cannot be attributed to individual participants.

The study took place in 2012, and the line managers involved had supported a cohort of NMP students who started the course in 2011. The students were selected from five HEIs in Scotland, and the line managers who had nominated them were identified from the application forms. The number of line managers contacted matched the number of students.

An online survey with a six-week completion date was emailed to 100 managers, of whom 26 responded. A reminder email was sent out between three and five weeks, and the completed surveys were uploaded onto the Bristol Online Survey (BOS) to administer and analyse the data. The survey consisted of four sections relevant to managers' learning in practice experiences, which were:

- Demographic data related to professional background and area of specialty.
- Identification of the greatest barrier to learning in practice and effective prescribing practice.

- Free text to further comment on the greatest barrier to practice learning.
 - Identification of changes that could improve learning in practice experiences.
- More detail about the survey is given in Box 1.

Data analysis

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

Findings

Twenty-six of the 100 line managers who were emailed responded, of whom 50% ($n=13$) were based in primary care, 46% ($n=12$) in secondary care and 3% ($n=1$) in private practice. 50% had supported fewer than five students on the NMP programme, and 50% had supported five or more. The themes that emerged from analysis of the responses to the structured questions and free text were grouped under the headings 'assets' and 'barriers' relating to learning in practice experience. These were then subdivided, as shown in Box 2.

Box 1 Overview of survey topics

Demographic data
Professional background
Specialty
Identification of how many students in their area completed the programme, and the process of identifying learning needs before the start
Exploration of issues related to protected learning time for students, and how a schedule of learning in practice was planned
Ranking of different elements of assessment for the programme, including learning in practice experience
Ranking of assessment methods, including managers' views of the way practice learning was assessed
Ranking of the greatest barriers to students' learning in practice
Managers were given space to comment further on the learning in practice experience and how they believed it could be improved

Box 2 Assets and barriers to supporting learning in practice identified by line managers

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

Assets of learning in practice

Some managers identified practice learning as one of the most important aspects of the NMP programme, and one made the following comments about the benefits of this type of learning, which were echoed by several others: 'The 78 hours in practice, ie 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 patient's presenting condition.'

Other comments about the benefits of practice learning related to its relevance to clinical practice, and the opportunity to practise skills and reflect. Managers recognised the value of nurses spending time with other professionals, such as pharmacists, and the importance of doctors in the learning process.

Barriers to learning in practice

The most common barriers identified were, in order of magnitude, lack of backfill costs and clinical workload. One manager wrote: '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 increased clinical workloads with fewer staff.

Time was also cited as a problem, and one manager commented that 'the module required significantly more study time than the allocated time - leaving the department short staffed'.

These are just a few comments, and it is recognised that different students may have different needs, but they illustrate how challenges related to time and lack of backfill were reflected in the data.

Suggested improvements

Respondents made a variety of suggestions about how the experience could be improved for everyone. Overall, the comments reflected managers' desire to do the best for students and to support them as much as possible. Most managers did not comment

in detail about what might help them support practice learning time.

There was a strong sense that managers aimed to work proactively with colleagues, including doctors and other professionals, to support NMP students' learning, and some commented on the contribution that HEI staff could make, for example 'more "in"-practice support for students and management from academic staff'.

One manager said, in the 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.' This implies that the course is led by academia, when it could be argued that the development of prescribing practice is a joint venture between academics and clinicians, and could not happen without input from clinical services. The support of managers and other professionals in practice is integral to the programme's success.

Discussion

Most areas of care, including acute, primary, private and some specialties, were represented by the survey participants. This could be regarded as one of the strengths of the study, because it reflects the views of a broad range of managers. There are some limitations, however, particularly in relation to participant numbers, as only a quarter of the managers invited took part.

Overall, the managers who responded were positive about supporting the students' learning for prescribing practice, and viewed it as necessary for service development. The managers' comments support findings from other studies that identified learning in practice experiences as crucial to the development of specialist prescribing practice in advancing healthcare settings (George *et al* 2007, Bissell *et al* 2008, Coull *et al* 2013).

The participants regarded practice learning time as one of the most beneficial aspects of the NMP programme. Findings indicate that the 78 hours' learning in practice time is a valuable part of the

programme, which could be optimised. The identified barriers to practice learning time are consistent with those found in other studies, which implies there has been little progress in this area (Stanley and Simmons 2011, McCormick and Downer 2012).

Clark *et al* (2015) identify the importance of a positive organisational culture when considering the effects of CPD on practice, which includes collaboration between stakeholders to promote supportive learning environments. Examining some of the challenges of the NMP programme from managers' perspectives should alert these stakeholders to some of the real challenges. It is vital that managers' views on supporting NMP students are considered, and this should be explored further.

Given the limitations of this small survey, the following recommendations are made tentatively:

- Discussions about how managers can be supported more effectively by HEIs that deliver NMP programmes should continue.
- Line managers work with their NMP students to operationalise arrangements for protected learning time before starting 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 HEI networks to disseminate best practice.

Conclusion

This survey offers a snap shot of the views of line managers who have supported staff undertaking prescribing qualifications. Given the pressures on healthcare services and the comments the managers made in relation to time, workload and lack of backfill, innovative and creative solutions are required to enhance students' learning in practice and provide managers with the support required to achieve this.

Collaboration between stakeholders is vital to continue development in prescribing practice. The education of experienced healthcare professionals must be managed to ensure safe and effective prescribing practice.

Online archive

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Conflict of interest

None declared **Q1 please confirm**

References

- Adhikari R, Tocher J, Smith P *et al* (2014) A multi-disciplinary approach to medication safety and the implication for nursing education and practice. *Nurse Education Today*. 34, 2, 185-190.
- Ahuja J (2009) Evaluating the learning experience of non-medical prescribing students with their designated medical practitioners in their period of learning in practice: results of a survey. *Nurse Education Today*. 29, 8, 879-885.
- Bissell P, Cooper R, Guillaume L *et al* (2008) *An Evaluation of Supplementary Prescribing in Nursing and Pharmacy*. Department of Health, London.
- Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3, 2, 77-101.
- Buckley T, Cashin A, Stuart M *et al* (2013) Nurse practitioner prescribing practices: the most frequently prescribed medications. *Journal of Clinical Nursing*. 22, 2053-2063.
- Clark E, Draper J, Rogers J (2015) Illuminating the process: enhancing the impact of continuing professional education on practice. *Nurse Education Today*. 35, 2, 388-394.
- Coull A, Murray I, Turner-Halliday F *et al* (2013) The expansion of nurse prescribing in Scotland: an evaluation. *British Journal of Community Nursing*. 18, 5, 234-242.
- Courtenay M (2008) Nurse prescribing, policy, practice and evidence base. *British Journal of Community Nursing*. 13, 12, 563-565.

Courtenay M (2013) Interprofessional education between nurse prescribing and medical students: a qualitative study. *Journal of Interprofessional Care*. 27, 93-95.

Courtenay M, Stenner K, Carey N (2009) Nurses' and doctors' views about the prescribing programme. *Nurse Prescribing*. 7, 9, 412-417.

Ellis P, Bach S (2015) *Leadership, Management and Teamworking in Nursing*. SAGE, London.

Gielen S, Dekker J, Francke A *et al* (2014) The effects of nurse prescribing: a systematic review. *International Journal of Nursing Studies*. 51, 1048-1061.

George J, Bond C, McCaig D *et al* (2007) Experiential learning as part of pharmacist supplementary prescribing training: feedback from trainees and their mentors. *The Annals of Pharmacotherapy*. 41, 6, 1031-1038.

Gopee N, Galloway P (2014) *Leadership and Management in Healthcare*. SAGE, London.

Health and Care Professions Council (2013) *Standards for Prescribing*. HCPC, London.

Jackson A, Carberry M (2014) The advance nurse practitioner in critical care: a workload evaluation. *British Association of Critical Care Nurses*. 20, 2, 71-77.

Jones K, Edwards M, While A (2011) Nurse prescribing role in acute care: an evaluative case study. *Journal of Advanced Nursing*. 67, 1, 117-126.

McCormick E, Downer F (2012) Students' perceptions of learning in practice for NMPs. *Nurse Prescribing*. 10, 20, 85-90.

Natan M, Kabaha A, Jakob N *et al* (2013) The attitudes of patients with chronic conditions to nurse prescribing medications. *International Council of Nurses*. 60, 4, 469-476.

National Institute for Health and Care Excellence (2016) *Medicines and Prescribing*. tinyurl.com/hwm6934 (Last accessed: April 23 2016.)

Nursing and Midwifery Council (2006) *Standards and Proficiency for Nurse and Midwife Prescribers, Education and Training Provision to Prepare Nurses and Midwives to Prescribe*. NMC, London.

Paterson R, Redman S, Unwin R *et al* (2016) Non-medical prescribing assessment – an evaluation of a nationally agreed multi-method approach. *Nurse Education in Practice*. 16, 280-286.

Pearce C, Winter H (2014) Review of non-medical prescribing among acute and community staff. *Nursing Management*. 20, 10, 22-26.

Robson W (2013) Prescribing errors: taking the human factor into account. *Nurse Prescribing*. 11, 9, 455-458.

Royal College of Nursing (2012) *RCN Fact Sheet: Nurse Prescribing in the UK*. tinyurl.com/jxjzrqg (Last accessed: December 15 2015.)

Royal Pharmaceutical Society (2016) *Single Competency Framework for Prescribers*. tinyurl.com/zob2psh (Last accessed April 21 2016.)

Smith A, Latter S, Blenkinsopp A (2014) Safety and quality of nurse independent prescribing: a national study of experiences of education, continuing professional development, and clinical governance. *Journal of Advanced Nursing*. 70, 11, 2506-2517.

Stanley H, Simmons S (2011) Neonatal nurses' perceptions of a work-based learning approach. *Nursing Children and Young People*. 23, 7, 20-24.

Weglicki R, Reynolds J, Rivers P (2015) Continuing professional development needs of nursing and allied health professionals with responsibility for prescribing. *Nurse Education Today*. 35, 1, 227-231.