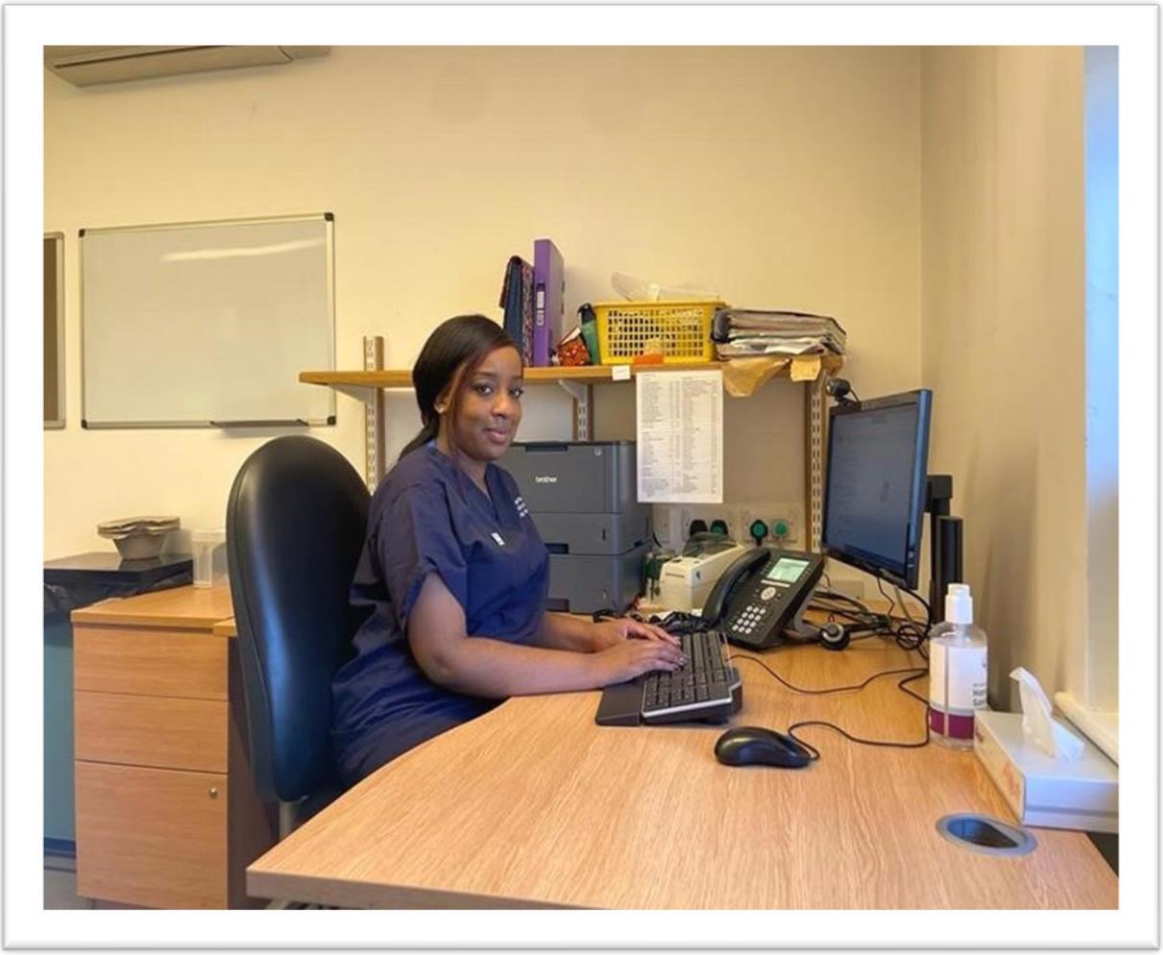
Sheffield Hallam University

An Evaluation of the South Yorkshire & Bassetlaw (SY&B) General Practice Nurse Vocational Training Scheme (VTS)



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April 2022

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Executive Summary:

The purpose of this independent evaluation of the SY&B VTS programme for GPNs was to provide South Yorkshire & Bassetlaw Integrated Care System (ICS) and the local PCNs with the evidence upon which to make informed decisions regarding the future of the VTS programme. It was also designed to inform the longer-term future of GPN education and training within the region.

Study design

The study used a mixed methods design. Data were collected from the VTS trainees using a timed series of focus groups designed to follow the trainees' trajectory on the programme. Data were also collected from Nurse Educators using semi-structured interviews. The aim of the study was to examine the perceptions of (1) VTS trainees and (2) Nurse Educators in relation to:

1) The effectiveness of the VTS programme
2) The long-term sustainability of the VTS scheme
3) The trainees' readiness to practice as 'fully functioning' GPNs following completion of the programme

Findings

There were three overarching themes that emerged from the analysis and subsequent synthesis of both the focus group and interview data sets:

Theme 1:
Addressing the workforce crisis in general practice: **'the need for the VTS'**

The need to attract 'new blood' into general practice nursing has never been more critical. If this process is to be successful; once recruited, new graduates must also be provided with the necessary infrastructure to support their ongoing professional development.

Theme 2:
Developing a community of practice: '**shaping GPN education for the future'**

The consensus is that the VTS is as 'fit for purpose' as it possibly can be, in that it provides a high-quality, balanced, and comprehensive introduction to general practice nursing. Importantly, it enables the new GPNs to 'hit the ground running' fully equipped with the skillset(s) required for the role.

Overarching theme 3:
The culture of general practice: '**changing the mindset'**

The prospects for new graduates in primary care nursing now are significantly better than they were. There is some evidence of a change in the attitudes of both GPs and GPNs towards the idea of new graduate nurses working in a general practice setting.

There remains a shortage of suitably qualified and experienced general practice staff to deal with an ever-increasing workload, particularly in a post-COVID clinical landscape. The evidence from this study is that general practice is seen as an attractive proposition by both new graduate nurses and new-to-general practice nurses alike, and that the VTS programme provides an excellent introduction to the role of the GPN.

Conclusions

- General Practice Nursing is now seen as an appropriate, and more importantly, attractive first-post proposition for new graduate nurses
- From the perspectives of the trainees, the VTS programme is fit for its intended purpose
- As an introduction to general practice nursing, it addresses all of the key aspects of the GPN role. Crucially, it provides the key national qualifications that GPs require (cytology screening and NHS vaccinations/immunisations)
- It is an essential component of the future development of the GPN workforce; so needs proactively 'future proofing' as a matter of urgency

1: Introduction

This document reports upon the findings of an independent evaluation of the South Yorkshire & Bassetlaw (SY&B) Primary Care Vocational Training Scheme (VTS) for General Practice Nurses (GPNs). The evaluation was undertaken by a team of researchers from Sheffield Hallam University (SHU). The SHU team have extensive experience in carrying out this type of evaluation study, and were responsible for the evaluation of the Advanced Training Practices Scheme (ATPS) placement scheme (see Lewis & Kelly 2017).

2: Background

It is acknowledged that there is a longstanding recruitment and retention crisis in primary care; and General Practice in particular (Ashwood et al 2018; Napier & Clinch 2019). In addition, GPN recruitment and retention is often inconsistently managed and professional development opportunities are difficult to access (Crossman & Rogers 2020). Some GP practices are proactive in their workforce planning and team development, whereas others are more 'laissez faire' in their attitudes and may recruit only when nurses are leaving or retiring (Lewis & Kelly 2017; 2018).

As we know, the increasing age 'profile' of GPNs means that the pool of experienced GPNs available to recruit is rapidly shrinking (Clifford et al 2021). The 2016 QNI report identified that approximately 33% of GPNs were due to have retired by 2021 (QNI 2016). This critical mass of experienced and skilled GPNs will have now disappeared from general practice. If there is no clear recruitment and retention strategy in place to increase the numbers of GPNs 'at scale' to both replace those GPNs that 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 is increasing exponentially (Lewis & Kelly 2017).

As Crossman & Rogers (2020) note, access to education for new GPNs has long been wholly inadequate. The 'independent business' model used in general practice for the recruitment of GPNs also limits their ability to negotiate even minimum standards of support for professional development and career advancement. In addition, finding time to devote to

continuous professional development and finding suitable education and training is therefore a real challenge (Marsden 2020).

Attempts at addressing the skills gap are often thwarted by the GPs themselves and their perceived reluctance to fund any organised education and training programmes. It can be a challenge for GPNs therefore to develop any new skills they require in situ 'on the job'. Consequently, there are many examples of ad hoc training of varying quality and duration being used to meet the needs of each individual practice.

This vacuum has resulted in the development of a number of online, distance learning (DL) resources, again of variable quality. The QNI *Transition to General Practice Nursing* (QNI 2019) is one such online resource, and independent educational providers have also attempted to fill what they perceive as a lucrative gap in the market, providing short courses for GPNs on specific, clinically related topics. This lack of consistency and quality assurance inevitably leads to variability in the standards of education and levels of competence evident in new GPNs. There is a need therefore, to provide a coordinated, standardised, and quality assured approach to GPN education and training (Lewis & Kelly 2017).

An initial, rapid review of the literature indicated that here have only been a small number of serious attempts in the UK to develop standardised programmes for GPN education and training. One such initiative was developed by Capital Nurse in London (Crossman & Rogers 2020). Capital Nurse has developed as a hub in much the same way as the SY&B PCWTH, emerging out of the Community Education Provider Network (CEPN) and ATPS projects.

Funded by HEE, NHS England and NHS Improvement, the Capital Nurse initiative has attempted to produce a minimum set of standards for GPN education. By working with stakeholders to design a 'Qualification in Specialism Standard' (QISS) for GPNs, Capital Nurse's aim was to quality assure GPN programmes.

The SY&B VTS programme: development and funding

Similarly developed as a response to the perceived need for quality assured GPN education, the SY&B VTS scheme is a one-year vocational training scheme, developed by and delivered under the auspices of the South Yorkshire & Bassetlaw Primary Care Workforce & Training Hub (PCWTH).

The programme builds upon the success of the Advanced Training Practices scheme (ATPS) student nurse GP placement scheme, and the subsequent 'GPN Ready' Scheme (Lewis & Kelly 2018). As a result, SYB PCWTH identified the need for a Vocational Training Scheme programme for new practice nurses. The SY&B ICS Chief Executive, Sir Andrew Cash supported the programme in principle and put this support in writing to each of the CCG Primary Care leads.

The CCGs then looked at how they might fund places on the programme, with each CCG allocating funding from different budget streams. This non-recurring funding was often 'one off', originating from underspend or reallocation of funds. For example, Bassetlaw CCG decided to offer £10,000 to each of their Primary Care Networks rather than fully fund a place. There have therefore been different numbers of places funded each year in each place.

NHSE (2021) introduced the Fellowship Programme for GPs and GPNs who were new to practice in 2020/21, and this was offered again 2021/22. The funding attached to this provides money to run the fellowship programme for newly qualified nurses employed in primary care (including money to 'backfill' those participating). The fellowship programme is only for newly qualified nurses employed in general practice, so it does not include all those participating in the VTS programme.

As the fellowship programme contained some of the elements included in the VTS such as on support and networking, PCN portfolio working, and structured learning opportunities (but excludes clinical skills), the two schemes were linked together. Since the VTS programme has been running, there has been increasing interest from new practice nurses directly employed by practices. These nurses' salaries are not funded by the CCGs and those who were not newly qualified were not eligible for the NHSE/I fellowship funding.

The purpose of this evaluation is to provide South Yorkshire & Bassetlaw Integrated Care System (ICS) and the local PCNs with the evidence base upon which to make informed decisions regarding the future sustainability of the VTS programme. It will also help to inform the longer-term future of GPN education and training within the region, including the development of the SY&B Primary Care Education Centre.

3: Study design

3.1: Aim

The aim of the evaluation was to examine the perceptions of (1) the trainees undertaking the programme and (2) the practice nurse educators delivering the programme

3.2: Objectives

To explore:

4) Perceptions regarding the effectiveness of the VTS programme
5) Perceptions regarding the long-term sustainability of the VTS scheme
6) Perceptions regarding the trainees' readiness to practice as 'fully functioning' GPNs

3.3: Methodological approach

The evaluation study used a mixed methods design, beginning with (1) a rapid literature review followed by (2) a timed series of focus groups and a purposive sample of (3) semi-structured interviews. The focus groups were designed to follow the trainees' trajectory on the programme, which would enable the study team to examine the perceptions of the trainees at different key points during the programme. The semi-structured interviews with the educators were designed to provide a cross-comparison. The interview and focus group schedules were based upon the findings from the rapid literature review and a hand search of the 'grey' literature.

3.4: Ethics and research governance

Ethical approval for the study was obtained from the SHU Faculty Research Ethics Committee. 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 was 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 REC guidelines.

The consent process 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. Agreement to take part was assumed by the return of a signed online consent form.

Recruitment: Trainees

At the time of this report, 2 cohorts of trainees have completed the VTS programme. These were the original, pilot cohort (September 2019) and a second, subsequent cohort (September 2020). Due to the COVID-19 pandemic and other logistical issues, the decision was taken to evaluate the experiences of the September 2020 cohort in 'real time' and to evaluate the experiences of the pilot cohort retrospectively. All of the 2020 cohort (n=21) were approached to take part in the study.

Following an information-giving session, the trainees were provided with an online information sheet and consent form. A pragmatic, convenience sample of 17 out of 21 trainees was recruited from the 2020 cohort. Of the 2019 cohort, only 8 were contactable. Of the eight trainees contacted, 4 agreed to take part.

Table 1: numbers of GPN trainees in each cohort

Cohort	Number of trainee GPNs	Number of participants
9/2019	19	4
9/2020	21	17

Recruitment: Nurse educators

There are 5 nurse educators employed by PCWTH. Following individual information-giving sessions, the PNEs were provided with an online information sheet and consent form. Of the 5 PNEs approached, 3 responded and agreed to take part in the study.

3.5: Data collection

In order to ensure participant safety during the COVID-19 pandemic, a pragmatic decision was taken to facilitate the focus groups online using voice over internet protocol (VoIP)-mediated technology, in this case 'Zoom'. Zoom is a cloud-based videoconferencing service offering online meetings, group messaging services, and the secure recording of the sessions. It offers the ability to communicate in real time with geographically dispersed individuals via computer, tablet, or mobile device. However, unlike many other VoIP technologies, Zoom possesses a number of additional advantages that enhance its potential for use in research. Zoom has the ability to securely record and store sessions without recourse to 'third-party' software. This feature is particularly important in research where the protection of highly sensitive data is required. From a GDPR perspective, other important security features include user-specific authentication, real-time encryption of meetings, and the ability to backup recordings to the cloud or a local disk drive, which can then be shared securely.

Although the use of VoIP technologies like Zoom in qualitative data collection such as this is yet to be fully explored and validated, the COVID-19 pandemic meant that the pragmatic decision was taken to use Zoom, in the absence of a suitable or viable face to face alternative.

3.5.1: Trainee focus groups

A longitudinal series of focus groups for the trainees from the September 2020 cohort were facilitated by a member of the study team (RL). These took place at 3-month intervals over the 12 months of the programme. In addition, a single, retrospective focus group with the September 2019 cohort was also facilitated by RL. All of the focus groups took place on Zoom. With the participants' consent the Zoom sessions were recorded and then digitally transcribed.

3.5.2: Practice educator interviews

A series of semi-structured interviews were undertaken with the practice nurse educators employed by PCWTH to facilitate the VTS programme. The interviews were designed to explore the views of the practice educators delivering the VTS programme, on (1) the educational needs for the future Practice Nurse Workforce and (2) the impact of the VTS programme upon the development of that future GPN workforce.

The interviews were facilitated by RL using the interview schedule devised from both the literature review and the initial findings from the focus groups. The interviews took place on Zoom. With the participants' consent the Zoom sessions were recorded and then transcribed. In all, 3 of the practice educators were interviewed, with each interview lasting approximately 20 minutes.

3.6: Data analysis

The raw data from the focus groups and interviews were downloaded, 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, 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.

Following the initial analysis, a synthesis of the findings was undertaken to provide a higher-level, overarching interpretation. All transcripts were analysed Independently by members of the research team and the interpretation of data was also cross-checked within the team. The next section of the report addresses the presentation and discussion of the findings from the evaluation.

4: Findings

This section will report upon the findings from both the focus groups and the semi-structured interviews. Regrettably, both the September 2019 (participants S1-S3) and 2020 (participants S4-S18) cohorts were affected by a combination of factors that could not have been predicted and were outside of their control. The enforced move from a classroom-based programme to a predominantly online programme initiated by the COVID-19 pandemic clearly impacted upon all of the trainees' learning experiences.

The September 2020 trainees were also affected by the unfortunate departure of the lead nurse (A1) in the middle of the programme. The unfortunate hiatus that occurred between A1's departure and the appointment of her replacement (A2) has had a significant impact

upon the quality of their experience. Whilst these factors are 'real' and need to be acknowledged in the context of the evaluation, the trainees were asked if they could also qualify their thoughts on the programme, taking these issues into account.

The September 2019 cohort had consisted entirely of trainees who were newly qualified. However, in this September 2020 cohort there were both newly qualified trainees and new-to-general practice trainees. Some of the latter category had extensive previous clinical experience, although not in general practice. The decision to change the entry criteria was primarily a pragmatic one, however it did preclude any meaningful comparison between the experiences of the two cohorts.

It should also be noted here that there were also two points of entry onto the programme. The majority of the trainees were funded through the local CCGs, however there were a small number of trainees on the programme who were employed directly by an individual GP practice. This differentiation is important since the CCG-funded trainees were supernumerary and undertook rotation between two placements, whereas the GP-funded trainees were not supernumerary and did not rotate between placements.

4.1: Trainee focus groups

There were a number of key themes that emerged from the data. The timed series nature of the focus groups meant that the thematic analysis of the data was related to the time at which the focus group took place. Whilst there are issues that are raised and necessarily discussed 'out of sequence', the majority of the themes that have emerged from the focus group data follow a sequential pattern.

4.1.1: The Janus-headed GPN: Looking 'back to the future'

In the first focus group which took place within a month of the start of the programme, the trainees were asked about their previous experience, background and why they applied for the programme. They were also asked about their expectations prior to starting the programme and what they hoped to get out of the experience.

Figure 1:

Theme 1:	Sub-theme(s)
The Janus-headed GPN: Looking 'back to the future'	• Pathways into general practice • Choosing the VTS scheme • Trainee expectations

Pathways into general practice

As an introduction to the study, the trainees were asked about their thoughts on their undergraduate nurse education as preparation for general practice. When asked about pathways into general practice, the trainees identified a perceived lack of general practice-specific education and preparation in the undergraduate programme. This was remarked upon by several of the trainees. This trainee (S5) noted:

> *"When I was on placement as a student in general practice, I had no real idea what to expect and no real idea what the nurses did* [there]…"

A significant proportion of the trainees on the September 2020 were still newly qualified, having recently completed their degree courses. Despite the undoubted impact of the ATPS scheme on trainee placements, there was still, in 2020, a lack of attention being paid to general practice in undergraduate nursing programmes. For example, trainee (S8) noted that:

> *"It's almost as if it* [general practice] *didn't exist on my course… We didn't do much on it at all really at uni* [sic]…"

However, there was some good news. This trainee (S10) had participated in the ATPS GP student nurse placements, and explained how it helped her to get this far:

> *"I had a placement in general practice when I was a student, so I knew that it was possible… and had an idea what I needed to do to get there"*

Despite this, some of the issues raised were depressingly familiar. Notwithstanding the undoubted positive impact of both the ATPS and the GPN ready schemes, there was still an

antipathy to general practice as a suitable 'first post' job for a newly qualified nurse. As this trainee (S12) noted rather disconsolately:

> *"…When I was looking at general practice as a career option, I was told that it was rather unusual to do that, and I should go and get some experience elsewhere first"*

Another trainee (S11) agreed, going on to say:

> "*They said that's not the way* [to get a GPN job] *you usually have to go into secondary care first"*

The reality of this mind set is that enthusiastic would-be GPNs were being put off by the way in which they were viewed by general practice. At least two of the cohort had already applied for GPN posts prior to starting the programme:

> *"They always want you to have experience… so how do you get it… that's the problem"*

This trainee (S9) demonstrated a degree of tenacity that should have been better rewarded:

> *"Every single job asked for experience… I applied for eleven jobs in general practice over the summer and didn't even get an interview"*

Given the relaxation of the entry requirements, I wanted to understand the motivation of the new-to-general practice trainees for choosing general practice. I asked them how they had got to this point and about their expectations for the programme. When asked about their thoughts on 'going back into the classroom', some of them after a long time out of formal education, the views were mixed:

> *"I'm not sure it matters really… it's a bit like learning to drive a car… you don't actually start learning until you have passed your test…. "*

There was a hint (albeit a slight one) that some of the more experienced trainees felt a little bit undermined and defensive by the composition of the group:

> *"Remember I do have skills that I bring from my other job… I would like them to be recognised"*

Finally in this section, a priceless quote from one of the more experienced trainees (S10) from secondary care who said:

> *"I've done nearly 30 years working in secondary care now…* [but] *I got further and further away from the patients… I wanted to go back to looking after patients* [but] *with a good level of autonomy…"*

Choosing the VTS scheme

As part of their pathway into general practice, the trainees were asked why they had chosen to apply for the VTS programme. This first quote is a good point at which to begin this next section of the discussion:

> *"… I had a friend who did the course last year… she had nothing but positive things to say about it, so it was a no brainer* [sic] *really… I had to apply"* (S3)

This trainee (S8) had been looking for a while for a suitable GPN training programme. She noted that:

> *"There weren't any other courses like it* [the VTS] *that I could find when I looked… which didn't surprise me at all…"*

This trainee (S9) had had a similar experience:

> *"When I looked around for a course other areas like Nottingham do a course that's similar but its only 6 months and not supernumerary"*

She went on to say:

> *"Having more of these types of courses after qualification that we are doing* [sic] *has to be the way forward"*

Interestingly, this trainee was also looking for a preceptorship (in the truest sense of the word) programme as well as the training programme. Having chosen a career in general practice, she explained that nursing was a 'second career' and she felt that she would need some extra support after qualifying. She said:

> *"I found the whole idea* [of the VTS programme] *a really encouraging step forward… it seemed to me to be ideal for what I was looking for… I was looking for a formal preceptorship type* [sic] *programme for when I qualified"* (S12)

This trainee (S10) was clear that a formal programme of education for GPNs was long overdue. She was a more experienced, mature trainee and had significant experience working in secondary care prior to applying for the VTS. She said:

> *"While ever there are no proper training courses for GPNs other than the diplomas* [for managing long term conditions] *youngsters who are ambitious will not choose general practice"*

Trainee expectations of the programme

I wanted to place on record my thoughts on the trainees who had participated in the focus groups. Without exception, they presented themselves as thoughtful, articulate, enthusiastic, motivated, and committed to learning. When discussing their expectations at the start of the course, the trainees were both nervous and excited at the prospect of the course. This trainee said:

> *"From what I knew about it I expected it to be quite challenging… and it is* [laughs]*"*

These comments were mirrored by this trainee (S11), who said:

> *"I was really quite nervous to begin with… coming from a ward, it* [general practice nursing] *was all new to me and I felt a bit out of my depth to begin with"*

When asked what they wanted out of the course, there was a general agreement that the trainees wanted to be truly 'GPN ready'. This trainee (S14) replied:

> *"…. To build up my skills to be able to work as a practice nurse"*

This trainee (S13) summed it up rather nicely:

> *"I want to be able to hit the ground running when I get there…"*

This trainee (S11) argued that the course also needed to properly address *the expectations of the GPs and practice managers* as well as the trainees. As with many courses that have a

placement component, there is a need to manage the expectations of both trainees and the placement providers.

> *"I think on the initial meet and greet day* [sic] *we should have invited mentors and practice representative to chat with. I appreciate the covid difficulties wouldn't currently allow that, but I think it gives everyone an understanding of the expectations from the off…"*

This was also an early reference to the impact of the COVID-19 pandemic upon the course. Clearly the pandemic would go on to form a significant part of the discussions in the focus groups over the course of the year.

4.1.2: So far, so good… but why do I have to put my camera on?

The second focus group took place approximately 3 months after the start of the programme. The trainees had settled into the course and were getting to know each other. The fact that the programme was 'front loaded' with content meant that they had already experienced a wide variety of different sessions on different topics and from different lecturers. By this time, the trainees had also settled into their GP practices and were getting used to life as a GPN as well as a trainee.

Figure 2:

Theme 2:	Sub-theme(s) and issues
So far, so good… but why do I have to put my camera on?	• Course content • Living and learning online • Our WhatsApp group is great

Course content

When asked about their thoughts on the content of the programme, the trainees were uniformly complimentary about the course as a whole. This trainee (S5) was clear about the potential benefit of the course to her longer-term career aspirations. She noted:

> *"It just gives you everything within a year which is great for me… it's all there for me in one go"*

They were very positive in their views and appreciated that the various subjects were being taught by expert clinicians. They clearly valued the knowledge and experience of the lecturers. As this trainee (S6) noted:

> *"Everything that I was expecting was there… in particular I really liked the sessions on the individual long-term conditions"*

All of the trainees agreed that the clinically focused sessions were really important in the context of the training, as they seemed (to them) to encapsulate the nature of the GPN role.

> *"The various long-term conditions sessions were great… I learned a lot of really important stuff there"*

The trainees were also looking forward to the practical sessions. Learning the technical skills required for general practice was seen as an important aspect of the course. One of the more experienced nurses (S12) from secondary care said:

> *"I am a bit nervous about some of the practical skills on the programme and worry that I will find things like baby vaccs and imms* [sic] *quite difficult"*

She went on to say, with a slightly nervous laugh, that:

> *"I feel a bit like the proverbial fish out of water at the moment… that's not something I am used to* [laughs]*"*

Whilst recognising that the course was an *introduction* to general practice, there was some lively discussion over the relative amounts of time devoted to some of the topics. Although the trainees were initially reluctant to single out a particular session, when pressed, the mental health session did crop up in a number of the subsequent discussions. Once they had been given 'permission' to talk about specific sessions, this trainee (S8) was clear that more time should have been devoted to the management of mental health. She said:

> *"I feel like we would really benefit from another session or two on mental health at least… mental health is huge at the minute and more people having mental health problems and it's only going to increase…"*

This trainee (S9) articulated her worries over dealing with patients presenting with mental health issues in practice. She was clearly concerned about her ability, as a GPN, to manage this type of problem:

> *"I feel completely out of my depth dealing with mental health issues… I really wouldn't know what to do"*

The move to remote, telephone consultation and triage was another issue that clearly worried some of the trainees. Whilst they were taught the principles of consultation and history taking, the prospect of making clinical decisions over the telephone or virtually was a source of some anxiety. The consensus was that you need knowledge and experience to be able to decide how urgently someone needs to be seen. The quotes below are representative of the discussion that took place:

> *"What are we supposed to do if we can't see the patient face to face...?"* (S4)

Confidence was a recurrent theme here:

> *"I don't feel confident enough to make those sort of decisions yet… I need to have the patient in front of me"* (S5)

Some of the surgeries were trialling the use of video messaging:

> *"I need to be able to see them in the flesh… I don't really trust* [the] *technology… I'm not sure that they* [the patients] *do either"* (S10)

There was a perceived need therefore, for some specific training for remote consultation:

> *"We could really have done with some practice on doing telephone consultations… it's just not the same as face to face"*

When asked to highlight the session(s) that needed the most 'tweaking', there was one session in particular that appeared to be a significant cause of stress to the trainees. There seemed to be a disproportionate focus upon the importance of the cytology training. When asked about this, it appeared to be one of the qualifications that the GPs considered to be essential for a 'fully functioning' GPN.

"I wanted to learn everything that I will need to be a 'proper' general practice nurse… stuff like smears [sic] *and long-term conditions and so on…"*

This was one of the only sessions not delivered 'in house' being delivered by the North of England Pathology and Screening Education Centre (NEPSEC). It should be made clear at this point that as it is *nationally accredited* training it had to be externally commissioned and therefore was beyond the control of SY&B PCWTH. The issue seemed to be the delay in the trainees getting the required 'certification' needed to carry out smear tests independently. This trainee (S7) was clearly unhappy:

"I don't want to speak out of turn, but it [the NEPSEC cytology course] *was awful… a real source of stress to us all"*

It was clear that the trainees were concerned about the quality of the training being offered and were proactive in contacting A1 to express their anxieties. One trainee (S8) said:

"NEPSEC [the cytology course] *was a nightmare they really need to do something about that urgently… we have let A1 know and she said she is going to sort it"*

This trainee (S!3) was slightly more sanguine in her views on the training. She said:

"I think it's just one of those things I suppose… the NHS outsources training to folk who are not part of the NHS… they are in it for the money, so they cut corners…"

Living and learning online

The traditional view is that being in a classroom promotes discussion, engagement, interaction, and a quality trainee learning experience, whereas online learning does not. Clearly, there are some significant challenges to maintaining trainee engagement in an online format. The use of the camera is one of the more contentious aspects of online learning. Some of the trainees were either unwilling or unable to switch on their cameras. These comments summed it up:

"I don't like putting the camera on really… it seems a bit intrusive somehow" (S9)

And again, this trainee (S7) was slightly embarrassed to admit that:

"… I find it a bit off putting seeing myself on the zoom screen… it's not very flattering"

From a teaching and learning (pedagogical) perspective, the ability to pick up upon trainees' and teachers' non-verbal cues and body language is crucial to effective learning. When asked about the enforced move to online learning, there were mixed views. Some of the trainees clearly preferred being together in the classroom.

There was a lively discussion related to engagement with the programme and to feeling socially isolated. This trainee (S5) was honest, if slightly 'tongue in cheek' in her views regarding learning online:

> *"I much prefer face to face teaching… I can't concentrate online… I've no will power… my phone's generally out in five minutes checking for messages …"*

Similarly, this trainee (S9) missed the human contact and collegiate interaction that they got from being in the classroom. She said:

> *"I miss seeing real human faces when we are online… I hate talking to a computer screen… it's more difficult to discuss things properly on zoom"*

The trainees discussed the pros and cons of delivering sessions online. For some, being at home was an unexpected benefit of learning online:

> *"It was nice not to have to get up early… I could sit in my jammies* [sic] *and learn with a nice cup of coffee"*

Some of the content easily translated from the classroom to online delivery. However they felt that some of the sessions did not work well online. For example:

> *"We had a mental health study day the other week which didn't really work very well online… which was a real shame…"* (S13)

The other casualty of the move to online learning was the ability to develop a 'traditional' community of practice. As ever, the trainees proved to be very resourceful and adopted one of the more popular social media platforms as their primary mode of communication.

"Our WhatsApp group was great…"

The use of social media during the lockdown was the subject of a prolonged discussion. One of the unanticipated consequences of the move to online learning was a robust community

of practice facilitated through the WhatsApp platform. Most of the trainees already use social media as their primary channel of communication on a day-to-day basis, and the continued use of messaging was key to providing 'peer to peer' support during the pandemic.

> *"I think that we've really got to know each other… as a group we've bonded… we stick together because we've had to, and we know that we can ask anything on the WhatsApp"* (S11)

As this trainee (S4) noted, their online community of practice helped to prevent COVID-induced social isolation from becoming too overwhelming:

> *"WhatsApp has been a life saver on the course during COVID… if I have a question or a problem, I can post a message, and someone will get back to me with an answer… you don't feel like you're on your own"*

During the period of time in which the cytology session was a cause of stress and anxiety, social media yet again came to the fore:

> *"WhatsApp has been super helpful to me, especially when everyone was really stressing… updating re problems* [sic] *doing smears…"* (S14)

As the trainees got to know each other, they also seemed to take on different roles within the group. This quote, from one of the younger trainees (S8) was illuminating in this regard:

> *"If I've got a problem, I know S11 will sort it for me… it's just a vibe she gives off… an air of authority… which comes with experience and confidence"*

The significance of this quote should not be underestimated. The original premise of the VTS may have been to encourage newly qualified nurses to consider general practice, however this second cohort consisted of trainees with a wide range of experience and from a variety of different backgrounds:

> *"We are all doing the same course… there's* [sic] *no differences here… we're all the same I think that's really good…"* (S14)

The mixture of newly qualified graduate nurses and nurses from secondary care seems to have been valued by the trainees and contributed to the strength of the trainees' community of practice. The idea of learning with and from each other and having something to contribute to a common purpose was positively commented upon by a number of the trainees. When asked for their views on the composition of the cohort, this trainee (S6) said:

> *"On the training days we can all learn from each other… on training days we've all been able to speak to each other and we learn from the more experienced ones, but they can still learn from us… as we are fresh out of uni with all the up-to-date knowledge…"*

Overall, the mixture of experience and background in the cohort was positively viewed by the majority of the trainees in the discussion. This trainee (S13) summed up the views of the cohort nicely:

> *"I think… we are all from different areas and none of us have done general practice before and we are all being trained the same to do the same job… that's got to be a good thing hasn't it?"*

This trainee (S5) also valued the diversity within the cohort. The combination of trainees with different levels of experience was appreciated.

> *"We have nurses on this course like me who are straight out of uni or others who have been qualified years… which is great"*

She went on to say:

> *"Even experienced nurses coming from secondary care need to develop the skills… they need a course like this as the skills are completely different…"*

4.1.3: It's a jungle out there: dealing with the arcane world of general practice

The next focus group took place just after the start of the second of the trainees' placements, just over halfway through the programme. One topic dominated the conversation inevitably. The discussion of the trainees' experiences on placement highlighted a number of issues that preoccupied the trainees for most of the session.

Theme 3:	Sub-theme(s)
It's a jungle out there: dealing with the arcane world of general practice	• Being on placement • Support on placement • Things I wish I'd known earlier

Being on placement

In addition to the regular study days, the CCG trainees were also placed in two different GP practices, each placement for a period of six months. In terms of putting theory into practice, the ability to practise the skills learned during the study days was key to the success of the programme:

> *"It's a brilliant place to work where I am now… I get to put what I've learned into practice straight away…"* (S12)

The trainees coming from secondary care found some of the more arcane clinical skills used in general practice a little 'out of their comfort zone', so the ability to practise the new technical skills that they had learned in a timely fashion, was seen as important:

> *"Once I did something I was able to put into practice straight away… I was a bit nervous about things like baby vaccinations which were quite difficult to begin with"* (S11)

The CCG-funded trainees were supernumerary whilst on placement. When asked for their views, the majority of trainees were positive in their comments. As this CCG trainee (S7) noted:

> *"Being supernumerary was a really positive thing for me… had I been employed in the usual way I think I would have struggled to cope with all the work…"*

Similarly, this trainee (S8) was clear that she would have found the prospect of working full time and studying in her own time difficult to deal with:

> *"Dealing with the ad hoc nature of education and training whilst still trying to work would have been a real struggle…"*

The size of the practice was another issue highlighted by the trainees:

> *"I'm in a practice now that's a* [training] *hub and has a very good teaching ethic but practices with a smaller team… they may struggle to support their trainees… I am very lucky"* (S10)

This trainee outlined, in her words, what 'the world before VTS' was like. It was clear that, in terms of both time and money, there had been a significant cost implication in professional development for some GPNs:

> *"When I was on placement there was a nurse there… she had to go and pay for all the courses herself… it was taking her ages… she couldn't even do smears* [at the time]" (S4)

This trainee agreed. She had been on a general practice placement as a trainee nurse, and described the experiences of a GPN friend of hers:

> *"I'm not sure how she coped, because she did her modules* [long term conditions] *in her own time… the practice wouldn't give her any time at all… I don't know why she stayed to be honest"* (S9)

When asked about the experiences of the first placement, the trainees opinions were split. The idea of the rotation was to give the trainees experience of different types of practice, but the upheaval involved in moving from one practice placement to another was not always welcome:

> *"I was lucky… I stayed with my training practice, so it was not like I was going somewhere completely new… this meant that I didn't have to prove myself all over again"* (S15)

She went on to say:

> *"You get to realise how close the team is… you get to know the team… and you work together"*

This trainee (S16) had similar views:

"I've got to know the staff and I really like the practice, so I wanted to stay… but I do understand why I couldn't"

Some of the newly qualified nurses argued that what they really wanted was to be settled in a team. The constant upheaval of different placements as a trainee nurse over the three years of the undergraduate programme had taken its toll. This trainee (S17) voiced the opinion that:

"It was like being a student all over again… I settled into the team… and it was great… when the time came to move it was like… oh no not again… spare me… I've just settled in and really don't want the insecurity of moving and having to fit into yet another new team…"

As you would expect, the success of the rotations depended largely upon the trainees' experiences in their first placement. The trainees that had negative experiences with their first practice were more likely to be looking forward to moving. This trainee (S17) was placed in a small GP practice. She explained the challenges that she had faced:

"I was on my own a lot of the time… the other nurses were all really busy and the GP stayed upstairs… he didn't come down because he didn't want to catch COVID…"

Clearly, the impact of COVID was never far away from the discussion. The COVID vaccination programme also affected the quality of the trainees' experience:

"Covid, Covid, Covid… that's all we did to begin with… think it is going well now but with a lot of challenges" (S11)

The nature of the practice inevitably impacted upon the trainees. If the practice was a COVID hub, then other clinical activity was inevitably limited:

"My practice is a [COVID vaccination] *hub, therefore often 3 days per week are taken with Covid…"* (S17)

The CCG-funded trainees seemed to fare better in their experience with COVID vaccinations:

"I think… because we are not supposed to be counted in the numbers… the team were clear that we dedicate our time on our learning rather than covid vaccinations… which is what I have been doing…" (S5)

The trainee (S8) had a similar experience:

"I'm lucky I haven't done one covid jab as there are other nurses there doing it… while I focus on the learning of [sic] *the course…"*

Support on placement

When asked, the trainees reported that they felt, in the main, very well-supported by the practice team they were placed with and were provided with the opportunity to practice the skills that they had learned. This trainee (S16) was extremely complimentary over both her preceptor/mentor and the general practice team as a whole.

"The whole team were great and really supportive… C1 [my preceptor] *was a really good example of what I imagined a 'good' GPN to be… she was both extremely knowledgeable and approachable… happy to share her knowledge too…"*

She went on to say:

"Working in the team taught me a lot… I ran my own clinics but felt that I could still ask questions if I needed to… she never made me feel silly for asking for help"

Another issue that arose during the discussions was that of clinical supervision. The need for appropriate clinical supervision was highlighted by this trainee (S6):

"It would be good to have more clinical supervision... I had to build up good relationships with colleagues… so I could always ask if you [sic] *didn't know things…"*

When pressed further, she went on to say:

"I am not sure what would have happened without those relationships… I would have really struggled I think…"

This trainee (S17) agreed:

> *"… there seems to be a shortage of trained clinical supervisors locally… I didn't get much 'proper' clinical supervision… discussing cases and so on… it was hard going at times"*

Agreeing with the comments made above, this trainee (S12) was clear that clinical supervision also needed to be ongoing, even after the VTS has finished:

> *"We all need appropriate support in clinical practice during this first year… but it needs to continue afterwards… one year isn't enough really… not for me anyway"*

This trainee (S7) agreed:

> *"The need for clinical supervision is even greater after the first year as you lose the protected* [supernumerary status] *time and are expected to stand on your own two feet…"*

This trainee (S11) looked at the issue from a different perspective. When asked about the barriers to formal clinical supervision for GPNs, she said:

> *"The GPs don't see it* [GPN education and training] *as a priority, but it means that there will be no real support for me after the foundation year which is a real shame"*

Things I wish I'd known earlier…

The culture of general practice, in particular some of more the arcane processes involved for applying for a GPN post, was a source of some discomfort amongst the trainees. A number of the trainees had already had job interviews during the course and had started working in their new practices. The interviews had taken place before the end of the programme, which informed the discussions that subsequently took place. One of the trainees (S9) had applied for a job at the practice where she was currently on placement:

> *"So this is what happened to me… I was interviewed for a job going at my practice and at the end I was asked what I expected in terms of salary… it came out of the blue and honestly I had no idea what to say…"*

The idea that you had to negotiate your own salary was not something that any of the trainees had actively considered. She went on to say:

> *"I found the conversation really quite awkward… actually… what is too much and what is too little? Who do you ask?"*

The ability to negotiate your own salary was not a skill that many of the trainees had considered or acquired. The whole concept of Agenda for Change (AfC) was to standardise the pay rates for each level (band) of clinical practice. After the interview she spoke to a more experienced nurse friend about what she should do:

> *"I was advised by a friend to ask for more than a hospital band five* [the standard AfC band for newly qualified nurses] *due the responsibility involved…"*

The issue seemed to be that there was no consistency in the 'going rate' for a new GPN. The trainees began to discuss the factors that would affect what they were going to be paid in the future:

> *"I've heard it… they say… you've not got your cytology training… so we can only offer you this* [amount] *per hour…"* (S8)

This trainee (S17) neatly summarised the issue:

> *"Becoming more aware of the contractual issues in becoming a GPN is vital… forewarned is most definitely forearmed here"*

The discussion was then widened to include the perceived inconsistency in terms and conditions as well as pay. As well as a lack of uniformity in GPN pay between different practices, there appeared to be some variation in the application of sick pay, holidays, and maternity pay rates.

> *"One of the nurses at my practice is pregnant… and is really unhappy by what she's being paid on maternity leave… there's no agreement on that either"* (S14)

This trainee (S10) agreed:

> *"Sick pay and holidays aren't standard either… it's not transparent at all"*

The discussion then turned to the previous cohort's experiences after their course had finished. This is representative of the conversations that took place:

> *"There's a big thread going on, on the WhatsApp group about how poor their terms and conditions are at six months in…"* (S9)

This trainee (S4) went on to say that:

> *"I know they are all really unhappy with the pay they are getting… so if you want to preempt that from happening then there needs to be some discussion either about pay or negotiating a better deal for yourself"*

Some of the more forward-thinking practices were making efforts to address these cultural anomalies, with varying degrees of success. For example:

> *"So… I hear that* D1 [a local GP practice] *have developed a pay scale for practice nurses which is interesting… apparently it doesn't match up with the AfC* [NHS pay scale] *but you do get a pay rise every year but things like prescribing are still important in getting more money…"* (S17)

This trainee (S11) had a good understanding of the current situation. She was a mature trainee and was aware that the culture in general practice might be difficult to navigate for some of the younger trainees:

> *"There are vast differences between the different GPs and the surgeries… but there are some forward thinking GPs out there… you just have to find them and work for them… which is easier said than done I appreciate"*

She went on to say:

> *"I'm old enough and experienced enough to know that I will not accept unfair terms and conditions… I have a clear idea of what I would like… so it's about them being reasonable and I know you have to negotiate but I won't be messed about…"*

One of the other issues that arose during the discussions was the tension between the contractual hours required by the trainees and what was being offered by the GPs. Traditionally, the GPN role was seen as a part time job, undertaken by more mature,

experienced nurses with children, who wanted 'family friendly' hours. However, the younger, newly qualified nurses predominantly wanted full time hours. This tension was a cause of some disgruntlement on behalf of the younger trainees:

> *"I wanted full time hours really… the part time hours on offer are not ideal but at least there is plenty of overtime"* (S6)

This trainee (S13) agreed:

> *"Most GPs only want part time hours which doesn't suit everyone… I have rent to pay so I need a full-time job"*

In summary, the VTS raised a number of issues relating to contractual issues. The nurses' terms and conditions of employment all seemed to be different, and from the perspective of the VTS, this trainee (S8) said somewhat wearily:

> *"There needs to be some proper discussion about pay and conditions right from the start… it shouldn't be left to us to sort out"*

4.1.4: So long, and thanks for all the fish…

The final focus group took place at the end of the programme. Most of the trainees had successfully completed the programme and were looking forward to starting their new jobs. Some had already accepted job offers during the programme and had already started in their new posts.

Given the small number of the September 2019 cohort that responded to the recruitment emails, the pragmatic decision was taken to incorporate their focus group findings into this section. In both of these focus groups, the participants were asked to look back at the programme and then asked to look forwards in terms of 'what next'?

Figure 4:

Theme 4:	Sub-theme(s)
So long, and thanks for all the fish…	• Reflections on the course: Janus headed trainees (revisited) • The need for a career pathway for GPNs • A sustainable programme of education

Reflections on the course: Janus headed trainees (revisited)

When asked to look back on the course as a whole, there was a real sense of 'mixed emotions' apparent in the discussion. The first issue raised related to the impact of both the COVID pandemic and the hiatus following the departure of A1*. A certain amount of disillusionment appeared to have set in during the latter part of the course, and two of the trainees had left the programme:

> *"We lost two of the group* [during the hiatus] *one of them is doing PIPS now* [an assessment for disability benefits] *and the other went back to their hospital… they got fed up towards* [sic] *the end of the course"*

The combination of the enforced move to online learning caused by COVID and the hiatus following A1's departure had caused problems with communication. This trainee noted that the lines of communication between the trainee cohort and 'headquarters' appeared to have broken down when A1 left.

> *"Communication went straight out of the window, we had to really push to get the final bits… to be put in"* (S5)

This trainee (S16) had decided that she would not continue with the proposed second year. She was clearly saddened by what had happened:

> *"I'm afraid it* [the enforced hiatus] *has all rather dampened my experience… I'm not proceeding with the offer of year two on that basis… which is a shame…"*

Taking the COVID pandemic and A1's departure out of the equation, views on the course were extremely, uniformly positive:

> *I really appreciate being offered the first year and I have learnt a great deal… I have learned so much…"* (S17)

Then this:

> *"I been asked* [about the VTS] *by two former colleagues who are on the course this year and have been very favourable in my opinions…"*

She then went on to say:

"[As S1 said] … *if you are heading into primary care... this is such a great course… there is no doubt about that at all"*

As an entrée to the GPN role, the VTS was seen as an excellent introduction to general practice. This trainee (S2) said:

"If you're definite that you want to be a practice nurse, I think this course is brilliant to be perfectly honest, I mean I don't think there's anyone here that's not got a job straight away…"

She went on to say:

"I'd say that we are much, much better prepared to "hit the ground running" for a job in primary care than we would have been any other way"

Clearly the course was 'a hit' with the trainees. However, I was keen to know if there was anything missing from the programme. When asked, two of the trainees mentioned the need for more of the 'softer' non-technical skills to be included. When asked to clarify what they meant, they mentioned *leadership, supervision,* and *practice education*. This trainee (S1) was clear that these non-technical skills needed to be at least addressed in the programme:

"I think that [in the future] *there is a need for other skills to be looked at other than the clinical skills needed for a treatment room nurse…"*

When asked to think more laterally, the trainees came up with a number of topics that would need attention in the future. For example, this trainee (S7) was thinking about future educational needs:

"We will need more practice educators as well, as the number of relatively inexperienced GPNs like us increases we will need more practice-based education and support"

Clinical supervision was another issue that had already arisen during the previous group discussions. This trainee (S10) had already noted the shortage of clinical supervisors from her own experiences:

"…There seems to be a chronic shortage of trained clinical supervisors locally… clinical supervision clearly needs to be ongoing… we are going to need more clinical supervisors but where will they come from?"

The barriers to formal clinical supervision for GPNs are longstanding and immersed in the culture of general practice:

"We know that the GPs don't see it [GPN education and training] *as a priority… which is a real shame"* (S3)

The need for a career pathway for GPNs

However, the idiosyncrasies of the culture in general practice meant that GPN education, training and clinical supervision were still sources of both irritation and confusion. There seemed to be a rather short-sighted and rather irrational assumption that the general practices wouldn't fund the education and the training GPNs needed, because the GPNs would leave once they had obtained the qualifications.

"It becomes a vicious cycle where certain surgeries… are not very forward thinking they just think nurses come to get the courses and then leave… "

As this trainee (S2) noted:

"The issue is that without the training you can't progress to get the salary you deserve because surgeries don't want to pay for those courses because they think that you will leave when you get them…"

The tension between general practice as a business and the perceived cost of education and training was a real barrier to career progression:

"Some surgeries do not want to pay for nurses to go on [these] *courses because they get the courses, but then the surgery won't increase their salary… then they leave… it kind of becomes a self-fulfilling prophesy"* (S5)

As this trainee (S3) noted ruefully, it then becomes a self-fulfilling prophesy:

"It kind of reinforces the idea that nurses aren't going to stay with the surgery they work for because they want more money… so they aren't going to put them through the courses"

In summary, this trainee (S4) noted:

"I don't get a sense of a 'universal' career pathway [for GPNs] *at all… I think that the lack of consistency in attitudes across general practice is a huge barrier… this is what is preventing any sort of career progression…"*

There did seem to be some hint of a disagreement at times:

"There are a lot of opportunities out there… you have to go and get them yourself"

The impact of the VTS on career development was discussed at length. The trainees were worried that in spite of the clear benefits of the VTS programme, the barriers would remain. This trainee (S9) was worried and said:

"I just feel that this is going to be an issue throughout our careers… it's nice to have done this course… [and] *got* [our] *cytology training are we at the end of it not going to be able to progress because we can't go on other courses? I just don't know…"*

The tension between the GPs as 'business' people and the needs of the workforce was a recurrent theme:

"Often nurses get to a particular stage in their development and want more which doesn't always fit with the business plan… so they have to move to another practice to continue their development which seems a bit short-sighted to me" (S9)

The issue seemed to be that everything revolved around the needs of the practice rather than any professional development needs. The culture still seemed to accept the concept of moving from one practice to another for professional advancement:

"We don't have a massive hierarchy in my practice… we have an appraisal scheme [for the nurses] *… if nurses leave the turnover is often through them looking for career progression"* (S3)

Although expressed in a rather convoluted way, this trainee clearly understood some of the key barriers to progression:

> *"It's still the old-fashioned view in GP land that you train these nurses, and then they leave… they* [GPs] *are not backing them up with the pay… they deserve to be paid properly* [or] *they will leave and someone else will pay them if they won't…"* (S6)

This trainee (S4) agreed. She said:

> *"How are they going to bring in and keep youngsters like me? It's got to be down to the GPs and the practice managers to change the way they think…"*

There did appear to be evidence of a (belated) realisation, by general practice, of the scale of the problem.

> *"The penny still hasn't quite dropped yet… the practice where I am is just figuring out* [the reason] *why they are not retaining people… and that momentum for running it as business has been overwhelming everything…"*

It was clear that the various general practices had very different cultures. The most important factor seemed to be the attitudes of the GPs themselves. If the practice was a training practice or had already participated in the ATPS and GPN ready schemes, the GP partners seemed to be more 'in tune' with the GPNs' developmental needs. A number of potential solutions to the problem were discussed:

> *"We need to stop the poaching that we all know goes on… the stupid merry go round of nurses moving from one practice to another needs to stop … it just feeds into the whole thing of GPs wanting experienced practice nurses who can hit the ground running"*

This trainee (S12) viewed the VTS as a way to address the gaps in the general practice workforce. She was clear of the benefit, not just to her as a trainee, but the wider primary care workforce:

> *"Doing this… you ask them what skills they need from their workforce and then match us up with that… it's a really great initiative"*

This trainee (S5) argued that the VTS rotations should be used more creatively by the Primary Care Networks (PCNs) and went on to say that:

> *"Succession planning is the key to retaining GPNs… the rotations for the VTS should open up the prospect of more GPN posts being shared across the PCNs or the* [GP] *federations… this would mean that… nurses can stay where they are and still develop themselves further…"*

The idea of a wider, CCG-funded GPN programme was broached by a few of the trainees. This trainee suggested that all neophyte GPNs could be employed centrally. She argued that this would address a significant proportion of the idiosyncrasies inherent in GPN employment:

> *"If the GPNs were all employed by the CCGs or the PCNs say… they could all get the development that they need and have a bit more choice about where they went to when they had finished…"* (S13)

Whether or not it was as a result of the COVID pandemic, there seemed to be a widespread perception that professional development for GPNs had been 'put on the back burner'. This trainee (S17) was concerned about her future prospects for education and training:

> *"Our manager feels that the nurses have been short-changed with training… she's really trying to push that for us when we start"*

The consensus on social media was that this was the case across the 'patch':

> *"I have heard from several people on our WhatsApp group that they're not being allowed to take their training further and they feel stuck where they are…"*

The reality of the problem was outlined by one of the trainees. She had accepted a job at a practice in Sheffield and at the interview she was asked where she saw herself in five years' time. She told them she wanted to be an advanced practitioner:

> *"I said that I wanted to be an ACP…* [they said] *the problem is that if I want to be an ACP and they don't want an ACP then… I would have to leave and go elsewhere"*

When asked about the future of the GPN role and their thoughts on a career in general practice, the trainees were both articulate and thoughtful in their views. One trainee (S14) said:

> *"The way that things are going much of the treatment room work will end up being devolved to the health care assistants in the future…"*

She went on to elaborate:

> *"So… nurses will need to take on more complex patients and their role will become more supervisory in nature…"*

There was agreement that this was a likely scenario in the future:

> *"I agree… we are going to be doing more and more supervision* [and] *managing the nurse associates and health care assistants…"*

Other trainees discussed their own career aspirations now they had completed this first year:

> *"I want to be an ANP* [advanced nurse practitioner] *… in the future I see a career for me in advancing the role of the GPN"*

Similarly this trainee (S15) said:

> *"A career in general practice? Yes of course… I have watched the ACPs working autonomously and seeing their own patients… prescribing medications… referring to the hospital… it's what I want to do"*

On a rather cynical note however, this trainee (S11) noted that:

> *GPs are certainly very keen to offload stuff onto us nurses… but whether that translates into a career pathway is a different story…"*

When asked about a potential second year, the trainees were typically thoughtful as a group:

> *What should be in the second year? Non-clinical things such as leadership and innovation certainly… time for reflection and more involvement with the other health professions in general practice… education is still very uniprofessional…"*

In summary, here are two important thoughts:

First, this:

> *"We really needed a proper course for GPNs like they have for the doctors… I want a career not just a job but couldn't see how I was ever going to progress until now…"*

And then, this:

> *"The GPs still want us to do what they want us to do… but it* [the VTS] *has begun to change things… we need to change the culture of general practice but that is easier said than done"*

4.2: Practice Nurse Educator (PNE) interviews

In addition to the trainees' perspectives, the study sought to examine the views of the practice educators (PNEs) employed by the hub (PCWTH). The purpose of interviewing the practice educators (P1-P3) was to get an alternative, educators' view of the programme from the perspective of the people responsible for its delivery. The PNEs work with the current lead nurse (A2) for PCWTH to organise the programme and also delivered some of the content.

4.2.1: Crisis, what crisis?

When asked about the VTS programme, the workforce crisis in general practice was seen as the primary driver for the course. The need to attract newly qualified, younger nurses into general practice rather than relying upon the tried and tested 'poaching' approach to recruitment was clear from the outset.

Figure 5:

Theme 1:	Sub-theme(s)
Crisis, what crisis?	• Addressing the workforce 'crisis' • The urgent need for 'new blood'… • The culture of general practice (revisited)

Addressing the workforce 'crisis'

In terms of the perceived demand for the VTS, the well-documented workforce crisis in primary care was clearly at the forefront of everybody's mind:

> *"I mean… general practice nursing has grown organically over the last 30 years and a pipeline was never established to replace leavers... so now we've got the situation where we've got a much high level of retirement risk than before…"*

Whilst being slightly tongue in cheek, this PNE (P2) noted that:

> *"General practice nursing has grown organically over the last few years and as we all know the proverbial nursing pipeline was never established to replace those of us who are retiring as quickly as we can…"*

This was contrasted with the current clinical situation that the GPNs were facing:

> *"The problem we've got is people are living longer, all the various multi-morbidities… the extending roles of nurses… so we've got to actually increase the pipeline and we've got to do it at pace and scale… this is where the VTS came in…"*

Clearly the use of the phrase 'workforce pipeline' as a concept had become commonplace in general practice, as this PNE (P3) noted that:

> *"We all know that there is a huge workforce crisis in general practice and by doing the VTS… this is hopefully going to start to fill up the metaphorical workforce pipeline with some brand new GPNs… but we have got to sort out the system first if we are going to be able to keep them…"*

The next issue was this:

> *"So, for me, the huge sort of dilemma is how do we get the pipeline open and get people well-trained and in post quickly… chronic disease management in general practice is starting to break down now…"* (P2)

She went on to say:

> *"So… at a strategic level… succession planning is the key here… the merry go round of GPNs moving from one practice to another needs to stop as it's so counter-productive…*

it just feeds into the whole thing of GPS wanting experienced practice nurses who can hit the ground running"

P3 agreed. She said that:

"I would say [that there are some] *practices that have been completely unengaged* [sic] *with the whole process… these practices just think it's somebody else's job to train their workforce… they don't think it's their job… there are a large number of practices like that…"*

The urgent need for 'new blood'…

When asked to reflect specifically upon the inception of the VTS programme, this PNE (P2) looked back to the ATPS and GPN ready schemes for inspiration. She said:

"We realised very quickly that even somebody who's newly qualified and come through the ATPS scheme would still need to have some more training before they start…"

Part of the issue, as P2 noted, was that the stereotypical view of the GPN persisted even in 2021:

"We've got to use the VTS [as a tool] *to encourage the younger generation… I think we've still got this 'out of date' idea of what practice nurses are… we think of the 'old school' nurses coming away from the wards because they've got children… but so many things have changed now… we have to encourage the younger nurses"*

When asked to elaborate, she said:

"This is where the VTS comes in… it is the first part of the process…"

She went on to say:

"We need to remember [that] *the younger ones will want a proper full-time career and if they don't get one… they will leave, and we will lose them before they've started…"*

When the programme was being set up, the response from general practice was not always encouraging. Whilst most seemed to 'get it', there seemed to be some confusion over the

nature of the offer. For example, this was the response of a practice manager to receiving the proposal. When he spoke to the team, he apparently said:

> *"… You know we can't take on a newly qualified nurse because they need at least a year's preceptorship... by the time they've done that they even more won't want* (sic) *to come out into general practice…"*

Clearly, there still seemed to be a lot of misinformation 'out there', which inhibited the wider understanding of the programme:

> *"And then also, I think, because of the preceptorship, I think practices were scared of taking on a newly qualified nurse* [to begin with] *because they didn't really understand what preceptorship actually was and what it meant… "*

The culture in general practice (revisited)

Part of the success (or failure) of the VTS therefore would hinge upon its ability to (continue to) change the entrenched culture that still exists within general practice.

> *"I mean… the conventional view is that general practice is going to have to adapt and quickly… there's going to be a much bigger demand for good practice nurses in the future… particularly the more highly skilled ones"* (P3)

She went on to say that:

> *"It's* [general practice] *now becoming more attractive on all sorts of different levels… I think that the younger dynamic nurses really do like the idea of the independence they will get…"*

Aside from filling the large number of vacant GPN posts, this PNE was clear that bringing in the newly qualified trainees would reinvigorate the role and make it their own:

> *"I think they* [newly qualified nurses] *will bring a different outlook with different skills… I'd hope that we'd help them to develop as they need and retain them… I know it's been said before but it's growing your own and that's the way to do it…"* (P2)

By increasing the training infrastructure, she also argued that there may be a 'knock on' effect upon retention *as well as* recruitment.

> *"By developing the VTS, we are hopefully increasing the* [training] *capacity within primary care… part of it* [the VTS] *is that we hope that it doesn't just improve the supply of our future nurses but improve the retention of the existing nurses as well… make them want to stay"*

Interestingly, there was also evidence that the more experienced nurses were not being put off by the band 5 AfC salary on offer by the programme:

> *"I just think there are just so many nurses who are desperate to come out of secondary care and they want to come into primary care… we were wondering whether the fact that it was a real basic newly qualified wage would make a huge difference to who would apply…"* (P1)

It didn't. She went on to say:

> *I think what it goes to show is the fact that people are so desperate to get out* [of secondary care] *that they're prepared to take quite a pay cut … whether that's a good thing or a bad thing I don't know"*

One of the major cross-cutting themes was the complete absence of coherence in almost everything related to general practice. From roles to hours to wages to maternity pay to job descriptions, the infrastructure of general practice appeared to be organised on a largely ad hoc, piecemeal basis. The culture of general practice meant that each GP practice did what was best for them, without necessarily considering the wider picture. For example:

> *"Each GP has an idea what they want out of a GPN… it will depend upon their workload… some want chronic illness some want treatment room nurses some want more advanced practice skills there is a lack of consistency and it's not very helpful"*

The areas of general practice that the GPs themselves were getting paid for impacted upon the nature of the GPN role, and therefore the content of the programme. The ability of the PNEs to second guess what specific tasks would earn the GPs money 'this year' was a constant source of frustration:

> *We sit there sometimes* [as a team of educators] *… do they actually need to know about 'ear care'? Is that not a health care assistant job now?"* (P3)

Then she asked another series of rhetorical questions:

> *"Actually, is it even going to be offered before long because they don't get payment* for it*? Nobody really wants to do ear care anymore… So are they going to do it?*

4.2.2: Reflections upon the nature of practice education…

Figure 6:

Theme 2:	Sub-theme(s)
Reflections upon the nature of practice education…	• Walking a tightrope… • Online learning and trainee engagement • Do we really need an exam?

Walking a tightrope…

In terms of the 'validity' of the programme, this respondent was clear that the programme did exactly what it was supposed to do. There was, however, some evidence of anxiety over the balance between the breadth and depth of the course.

There was a clearly articulated tension between covering everything that the trainees might need to know, and covering the key topics in sufficient detail:

> *"I know that it gives them a really good underpinning for a career in general practice… but it's difficult… isn't it? When you've been doing something for a very long time, and then when you bring it back to the real basics… "*(P3)

She went on to say:

> *"I keep thinking or we're not giving them quite enough, but actually were only there just to give them a taster of all the different things that is involved in working in general practice …"*

This theme was echoed in this quote. Unlike the trainees, P2 argued that the move to open the VTS up to more experienced new-to-general practice nurses made the delivery of the course more difficult and diluted the quality:

"Sometimes I think it's very difficult to deliver [the VTS] *because you have everyone at different levels and that's got increasingly so as we've expanded who we bring in…"*

She went on to say:

"You know, it used to be all newly qualifieds [sic] *and so they all came in at a similar level… we've kind of got people have been qualified for over ten years and you've got people who've been in post for a few months…"*

When asked what they might change:

"I think… the nuts and bolts of what we do in the first year… they are the fundamentals of practice nursing as far as I can tell, so I don't know how you would change that massively other than to use lots more different other [sic] *professionals… we're slowly making links with and actually just diversifying who's talking to them…"*

Online learning and trainee engagement

One of the unintended consequences of the COVID-19 pandemic was the enforced shift to online learning. As the trainees themselves reported, learning online was far from ideal, and the PNEs also reported that there were challenges in the delivery of the programme. The challenges of mastering digital technology and learning at home all impacted not just on the trainees' experiences but the experiences of the PNEs. Trainee engagement was one of the recurring issues identified in the interviews. As this first quote illustrated, there were more questions raised than easy answers given:

"What do we do if they say they can't put the camera on? How do we know what they are doing?" (P3)

She went on to answer her own question:

"They could be doing the ironing or watching Jeremy Kyle for all I know…"

The reality of teaching online was also an issue:

"When you are in the classroom you can see the body language… you can tell who is 'there' and who isn't and deal with it there and then… it's so much easier face to face"

The vagaries of modern technology were also a constant source of irritation:

> *"Sometimes the wi-fi wouldn't work and it was so frustrating… your screen would freeze, or you would sound like a dalek… aaaaargh it drove me nuts* [laughs]*"*

She (P2) went on to say that:

> *"The IT glitches would break up the flow of the session…"*

There was also an agreement with the trainees that some of the content did not suit the zoom format, and did not easily transfer to online delivery:

> *Some of the sessions we did online didn't really work… but what could we do?*

Do we really need an exam?

There seemed to be sense in which the PNEs did not feel properly equipped to deal with these situations. As an experienced 'full-time' educationalist, I had also found the transition to online learning difficult. From my perspective as an educator, I was also interested to understand more about the pedagogical development of the course.

The VTS programme was conceived as a one-year course without any formal assessment, other than the 'stand-alone' NEPSEC cytology training, and the NHS Vaccination & Immunisation training.

> *"To be honest with you…* [if it was me] *I would not have wanted an assignment or an exam…"* (P3)

When asked whether there was anything to be gained by providing the trainees with a qualification (either formal or informal), the PNEs were generally indifferent towards the idea. The consensus seemed to be that a formal qualification was not necessary, and that in some way, an assessment might actually be counterproductive:

> *"We don't want to put them off applying… I don't think I would have applied if there had been an exam"*

Similarly, this PNE was of the opinion that a formal assessment was not necessary. The nature of the programme meant that assessment would be taking place 'on the job' and that the trainees' competence would be monitored as part of the preceptorship package.

> *"We did think about it but … it's a practical, 'nuts and bolts' introduction to general practice and there didn't seem to be any real need for an exam or anything like that… it would have been overkill"* (P3)

She went on to say:

> *"Like I've said… the chronic disease stuff in it* [the VTS] *is just scratching the surface… it's just a taster so it would be difficult to assess"*

When pressed on issues such as the 'transferability' of the VTS to other work contexts, the PNEs similarly did not seem to have too many concerns. This PNE (P3) was certain that the trainees would be able to 'take it with them' when they moved on to a new post:

> *"When I look at a nurse's CV, I look to see what they've done… what experience they've had and what skills they've learned on the job… not what qualifications they've got…"*

I was concerned that the lack of any external validation or ratification for the course would simply feed into the inconsistency and localism associated with general practice. When posed, the question generated a number of responses about the nature of the assessment in the programme.

For example, P2 noted:

> *"The trainees are all supervised by experienced practice nurses while they're on their placements so that seemed to be more use to them than doing an essay"*

There was some formal assessment contained within the programme:

> *"You do have to do some level of competency in it… so you have to do competencies for the 'Vacc 'n' Imms'* [sic] (NHS vaccinations and immunisations qualification) *because that's a government thing that you have to do…"*

As a final thought, she said:

"You also have to do various assessments for your smears [sic] *and you come out with qualifications for each of those things you see…"*

I was interested to know how the PNEs saw the VTS fitting into any future career pathway. They planned to run a second, follow up year to the VTS but a combination of circumstances (e.g. COVID-19) had conspired to make it much more challenging to implement than had been originally envisaged.

Here, there was also some acknowledgement of the challenges that the trainees faced at the moment:

"I know that peer support is really important for the trainees… but trying to get people to join in is difficult... people have lives and families and don't want to join a zoom meeting in the evening… they are often studying in their own time as it is"

The (thorny) topic of a career pathway was never far away from anyone's thoughts…

4.2.3: It'll never be a proper career you know…

Figure 7:

Theme 3:	Sub-theme(s)
It'll never be a proper career you know…	• The 'difficult' second year • What do we actually want? • Who's going to pay for it?

The 'difficult' second year

In this first, VTS year the GPNs were supernumerary, and their salary paid for them. One of the ongoing issues was the development of a viable, sustainable second year. This would provide the trainees with clinical supervision and support during their transitionary second year. However, the trainees would be working full time and were no longer supernumerary. The PNEs were finding it difficult to get 'buy in' for the second year from the GPs:

"At least half of the nurses this time round were employed by the CCG… and have had to go out and find a job… and the jobs they're going into… some are in practices that

don't really understand what the scheme's about in the first place and weren't involved in it… so they don't really understand why the second year is so important" (P3)

She went on to say:

"The GPs don't see it [the second year] *as a priority, so there is no real support after the foundation year which is a shame"*

They were clear that there was a real need for a second year despite the antipathy from the GPs towards the idea:

"The need for clinical supervision is even greater after the first year… suddenly they will lose their protected time and will be expected to stand on their own two feet" (P2)

This comment was somewhat scathing about some of the trainees as well:

"I think that the nurses don't understand the benefit either… they really don't understand what it's about at all… so we've got to do better at really explaining it to them…"

She went on to say that:

"Helping them understand… that in the first year they have so much to learn, and it is very, very intense and then they all suddenly… you suddenly diversify [sic] *massively in what you need to know and what you need to be able to do…"*

And this:

"So… the second year would be great if we could develop that and really help them with supervision and revalidation and how their career pathways would look like… that sort of thing…"

Unfortunately, the perceived aversion to the second year was exacerbated by the excessive workload of the GPNs during and following COVID-19. This PNE gave the example of the practice in which she worked:

"In my practice for example… it's just getting so desperate… the amount of work you know it's bonkers… it's absolutely bonkers and I think people are just really, really flagging… our manager is desperate for people not to leave…" (P3)

However, the significance of the second year as the next stage to establishing a formal career structure for GPNs cannot be overstated. The need for a viable career in general practice nursing, as opposed to a job in general practice nursing was clearly evident, particularly for the younger, newly qualified trainees. Some of the comments here may be seen as rather apocalyptic in tone, but illustrated the importance and significance placed upon the VTS programme. For example:

"It is clear to me that the VTS is the key to the whole thing… it's absolutely vital" (P1)

She went on to say that:

"If we can't get this properly funded… we've got no chance… we simply can't afford to let it fail… if it fails, we all fail"

What do we actually want?

The establishment of a career pathway for GPNs was much, much more complicated than at first glance. This neatly illustrates one of the potential dilemmas inherent in the pursuit of a career:

"… I do worry that… if we are not careful, we will run out very quickly of your 'basic treatment room nurse'… who can do things like leg ulcers really well" (P3)

The worries expressed are real and do need to be addressed. However, for the GPN role to thrive and survive, there is a clear need to provide the neophyte GPNs who have chosen general practice with a career pathway and associated educational opportunities equivalent to those provided for other specialities and professions.

"I think that's another reason why we needed to do the second year because we have talked a lot [with the trainees] *about career development… but there isn't any really"* (P2)

She went on to say that:

Someone said to me… it struck me at the time… they said it'll never be a proper career you know… the GPs won't have it"

The GPs may not end up having much say in the matter though. The move to new roles and new ways of working was already beginning to have an impact:

"Increasingly they [GPNs] *are not going to defined by a simple job title…* [but] *defined by their skillset(s)… we're seeing more and more blurring of the boundaries..."* (P1)

There was a recognition of the size of the challenge ahead, and that COVID had accelerated the process:

"All of this is happening quicker [sic] *since COVID… which is why we need the infrastructure you mentioned to support them…"*

The blurring of occupational and professional boundaries is now a key issue in general practice, as new roles such as the physician associate are becoming more widespread. There is a concerted move by Health Education England (HEE) to 'push' the advanced practice nurse (APN) role as a panacea for any GP shortages.

As part of this, a scheme, similar to the GPN ready programme (the ACP ready scheme) was being offered for GPs to employ an advanced practice nurse trainee:

"So, the contribution [the ATPS and the GPN ready scheme] *to practice nursing over the last few years has been to improve the quality of what is done in primary care… but we may need to look at things very differently… I've looked at the 'ACP ready' stuff and IMHO it's exactly what we need"* (P1)

However, not everyone was convinced of the need for the APN role. This PNE was clear that the emphasis on the APN role may be detrimental to the wider development of the GPN role in the long term:

"When I've interviewed nurses for jobs… when I've spoken to the VTS nurses… there's this kind of desperation to be an ANP or ACP or whatever they're calling it now at… it's not the be all and end all you know…" (P3)

She went on to clarify her concerns:

I think there's a massive thing about what exactly we're expecting of somebody and what they're expecting to look like… I am not an ANP, and I have no desire to be one…"

Behind the obvious antipathy, there did seem to be a logical, thoughtful, and practical alternative to the APN role. The rush to access the ACP ready funds had rather 'clouded the issue'. Many of the local GPs are heavily reliant upon the 'QOF' (Quality and Outcomes Framework) income derived from chronic disease management, the bulk of which work is undertaken by experienced GPNs.

"People don't seem to recognise the value of just being a good general practice nurse who specialises… I think as a career if we could push nurses to become specialists in… you know diabetes or asthma or sexual health or whatever it is..."

The idea of recognising specialisation as a viable career pathway for GPNs makes logical sense. The rush to develop the ACP role in response to the GP shortage effectively precludes other options from being seriously considered. Unfortunately however, this quote from P3 falls into the populist, 'Daily Mail' narrative of the ACPs as 'cut price' doctors:

"As far as I can see when I talked to people basically [it] *ends up with them being a cheap doctor where they just end up prescribing antibiotics for chest infections…"*

When asked to clarify what she meant, P3 went on to say:

"We need to allow them to properly experience the opportunity to become specialists in a generalist [laughs] *way* [sic] *to be like GPs but not to copy GPs…"*

So, who's going to pay for it?

The VTS had been relatively straightforward to 'sell' to the GPs as it would equip the trainees with the skills to function as a fully competent GPN and crucially, at no cost to them. This had always been one of the sticking points in the recruitment of inexperienced, newly graduated nurses into general practice. However, the challenges to resourcing the second year illustrate the uphill task facing the development of a sustainable career structure with associated education and training. Linking the absence of a formal training programme for GPNs with the lack of a career structure, one of the respondents argued that:

> *"We really needed to provide a proper course for GPNs like they have for the doctors… they* [the trainees] *will want a proper career not just a job… things will have to change and quickly"* (P1)

She then added this coda:

> *"But then… who's going to pay for it?"*

This statement clearly articulated the issues that the VTS faced going forwards:

> *"The business model for general practice is broken… while ever they need to make a profit nothing will really change… it can't"* (P2)

The challenge with the establishment of a career pathway is therefore to find a sustainable way of funding the infrastructure necessary to support one. Currently the rather antiquated 'independent business' model for general practice means that GPs remain reluctant to invest their own money in education and training for their nursing staff.

This respondent agreed:

> *"At the moment there is no sense of a career pathway… while ever GPs still rule the roost… what they say goes"* (P1)

She went on to say that:

> *"They decide who does what and when they do, and it has to be in their* [financial] *interests… rather than the interests of the nurses"*

The consequences of this approach were plain to see, and the PNEs reinforced what many of the trainees had said in the focus groups:

> *"Often we find that… nurses get to a particular stage in their development and want more* [out of the role] *which doesn't always fit with the GPs business plan…"* (P2)

And then this:

> *"So they have to make a choice… to stay or move to another practice to continue their development which has always seemed a bit short-sighted to me"*

The subject of pay and conditions for GPNs was another major cross-cutting theme for everyone. The absence of Agenda for Change (AfC) in general practice seemed to be a cause of considerable angst for all of the participants:

> *"Because there's no set pay scale for practice nurses; they've* [the GPs] *got to think like if she's now got this qualification… do we have to pay them more…?"* (P3)

Then:

> *"… So do we have to pay the other nurses more too?"*

If the GPs were going to be reluctant to pay for any further education and training, the obvious next question to ask was… *if not them, then who will provide the funding for the VTS?* When asked about the resourcing of the programme, the role of the CCGs (clinical commissioning groups) was a topic of much discussion. It was apparent that the routes for obtaining funding were often complex and rather obscure.

For example, the CCGs, HEE, and the South Yorkshire & Bassetlaw ICS all held various 'pots of money' with different priorities and competing agendas. As this PNE (P2) put it:

> *"The first cohort that we did, it was literally just only allowed to be newly qualified nurses… that was down to funding… I think it was health education England and NHS England this time"*

The local CCGs were also funding some of the trainee places. The worry was that the CCGs would withdraw their funding for the programme:

> *"We're leaving in our droves, but I don't know how long it can carry on you know… I don't think the CCG thing will carry on for much longer… "*

She (P3) went on to say:

> *"I think… no I know… they know it evaluates well but they're just stretched in so many directions on what it is that they're supposed to be providing…"*

When pressed further:

> *"I think the difficulty is that you can access it* [the VTS] *from two different ways* [through the CCGs and through individual GP practices] *which means that the CCG now goes… "if you can access it* [elsewhere] *why would we be funding nurses when actually the practices should all be doing that for themselves if they want a nurse, why are we paying for that?"*

The constant competition for a finite amount of funding was never far away from the PNEs thoughts. There was an underlying concern that the whole VTS could unravel quite quickly of the CCGs withdrew their support. The consequences could be potentially very damaging to the whole 'raison d'etre' of the VTS programme:

> *"So if we're not careful, we risk losing a whole load of people coming on the course and therefore coming into practice nursing…"*

What about you then?

As a finale to each interview, I wanted to know more about the PNEs themselves, and to understand some of the challenges that they faced:

> *"I only get one day a week to do all my practice educator stuff… there's a lot to pack in and it's difficult sometimes to balance things…"* (P3)

I asked if she would like more time to do the practice educator role:

> *"Not at the moment… I want to stay clinical and there wouldn't be any time left to do it anyway* [the PNE role]*"*

Their concerns were understandable:

> *"I sometimes feel like I'm out on a limb… I don't have no time to do anything properly and I'm not even a trained teacher… it's a big responsibility you know"* (P2)

There were some positives, as this PNE noted:

> *"The trainees like it that we are still clinical… it gives us street cred"* (P2)

As a final thought, this would seem to be the crux of the issue:

"How they look at nursing and bringing in new staff now… clearly needs a complete rethink after it [the VTS] *to be able to retain these new staff* [sic] *it's down to the practices changing how they think in bringing on* [sic] *new staff and training them…"*

I should say at this point that I am no great admirer of the bearded, oleaginous Virgin boss, particularly with regard to the disreputable [sic] activities of Virgin [Health] Care. However, this epithet allegedly attributed to him 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: Discussion of the findings:

There were three overarching themes that emerged from the framework analysis and subsequent synthesis of both the focus group and interview data sets:

Figure 8:

Overarching theme 1:
Addressing the workforce crisis in general practice: '**the need for the VTS'**

Figure 9:

Overarching theme 2:
Online learning and developing a community of practice: '**shaping GPN education for the future'**

Figure 10:

Overarching theme 3:
The culture of general practice: '**changing the mindset'**

5.1: Addressing the workforce crisis: the need for the VTS

The need to attract 'new blood' into general practice nursing has never been more critical. If this process is to be successful; once recruited, new graduates must also be provided with the necessary infrastructure to support their ongoing professional development.

It is argued here that the process must always start within the undergraduate programme. There is still a perceived lack of general practice-related content in undergraduate nursing programmes.

Inevitably, HEIs focus their attention primarily upon secondary care placements. In addition, it may be that the current placement tariffs are still not seen as attractive enough by GPs and practice managers, and the addition of a trainee nurse into a small 'tightly knit' team significantly increases the team's overall workload.

In spite of all this, the ATPS scheme has enabled trainee nurses to appreciate that general practice could be an attractive prospect as a first post destination. Continuing partnership working between local HEIs such as Sheffield Hallam University (SHU), PCWTH and the PCNs is therefore a key tenet of the success of the VTS. The opportunity for formalising educational links between the HEIs and their clinical partners in primary care is enhanced by the establishment of the new Primary Care Education and Training Centre. This centre is being developed by PCWTH and is an integral part of the 'grand plan' for the future of primary care in South Yorkshire.

"GPs still want experienced practice nurses who can hit the ground running…"

It may be useful therefore to provide some background and to contextualise the development of the VTS programme. The success of the South Yorkshire ATPS scheme led to the development of the 'GPN Ready' scheme. As part of this scheme, GPs were incentivised to recruit a newly qualified nurse, and to provide them with the education and training to become competent GPNs.

Although both the APTS and GPN Ready schemes evaluated very positively, they were not able to provide the numbers of new GPNs required to address the continuing shortfall in GPN numbers across SY&B.

Despite the undoubted, continuing success of the ATPS trainee nurse placement scheme, the number of newly qualified nurses accessing general practice as their first post destination remains stubbornly low. In addition, those nurses that did obtain jobs in general practice were not always able to access GPN education and training.

Unlike the well-established and well-resourced GP training schemes run by Health Education Yorkshire & Humber, there has been no tradition of formalised education and training for GPNs. GPN education and training has been ad hoc and provided by, and for the benefit of, general practice. Collectively, these anomalies led firstly to the development of both a national response (NTHI) and a local response (ATPS) in the Yorkshire & Humber region. There was an urgent need for a co-ordinated strategy for workforce development in general practice (Lewis & Kelly 2017).

The experiences of the ATPS and GPN ready schemes ensured that the development of a GPN training programme similar to the GP training programme became a priority for the SY&B Primary Care Workforce Training Hub (PCWTH). Initially the University of Sheffield were commissioned to provide a year-long preceptorship programme to complement the GPN ready scheme.

Whilst the original preceptorship programme provided the trainees with some of the core technical skills for the role, it did not appear to address some of the wider challenges in employing newly qualified nurses in general practice. Specifically, these challenges included releasing the trainees for study time and the provision of clinical supervision.

Having learned from the perceived shortcomings of the University of Sheffield preceptorship scheme, SY&B PCWTH brought together the elements of (1) a formal training programme and (2) organised practice placements for the trainees. The other crucial difference was that the VTS was fully funded. This meant that the CCG-funded trainees could be supernumerary, as their salaries are paid for the duration of the programme by the local CCGs. Unfortunately, this did not apply to the GP-funded trainees, as they were already employed by the GP practice. They were however released one day a week by the practice to attend the programme.

In spite of this disparity, it is clear that by removing the financial burden for the programme from the GPs, one of the main challenges to developing a programme for newly qualified nurses working in general practice was overcome.

5.2: Online learning and developing a community of practice: shaping GPN education for the future

The findings from this evaluation provide clear, qualitative evidence of the effectiveness of the programme in preparing both new graduate and 'new to general practice' nurses to work as GPNs. It should be emphasised from the outset that the focus group data clearly demonstrated an overwhelmingly positive perception of the VTS programme by the participants:

"I think this course is brilliant …"

The consensus from both the trainee focus group data and from the semi-structured interviews with the educators is that the VTS is absolutely 'fit for purpose' as it possibly can be in that it provides a high-quality, balanced, and comprehensive introduction to general practice nursing. Importantly, it enables the new GPNs to 'hit the ground running' with the skillset required for the role.

"It gives you everything you need within a year…"

From a pedagogical perspective, the consensus is also that the programme provides a reasonable and appropriate balance between theory and practice, between technical and non-technical skills. Crucially, from an employment perspective, it addresses those key areas of general practice nursing for which GPs traditionally require GP nurses to have experience (e.g. cytology screening).

It also provides the trainees with an introduction to the key tenets of chronic disease management, which is a vital component of the senior GPN role and a key QOF requirement for income generation. The conclusion is that the VTS contributes significantly to the successful employment of new graduate nurses in general practice.

Overall, the trainees were very satisfied with the content of the programme. However, one session that did prompt some group discussion was the mental health session. This session

was designed to give the trainees a very brief introduction to mental health assessment and referral pathways. However, the sheer scale of mental health problems amongst the population, exacerbated by COVID-19 meant that the trainees were concerned over their ability to address these problems within the context of a routine clinic appointment. Unfortunately, this anxiety was aggravated by the need to deliver the session online rather than face to face. The trainees identified this session as one that did not 'work' online, despite their acknowledgement of the undoubted skill and expertise of the facilitator.

The whole issue of 'remote or online working' as outlined above, affected both the trainees' learning environment and their work environment. From a course content and delivery perspective, the enforced move to online learning significantly affected both cohorts of the VTS. The issues raised by the participants in the study are consistent with other trainees' experiences in this regard.

The challenges in managing (1) the use of information technology, (2) trainee engagement and (3) developing a community of practice were all identified by the participants as detrimental to their learning experience.

However, the move from regular, face-to-face clinical consultation to remote, telephone consultation also raised concerns with the trainees. The skills required to take a history and make clinical decisions remotely are undoubtedly similar, but subtly different to those required for a face-to-face consultation. There was a feeling that the opportunity to learn and to practice remote consultation skills was something that needed to be added to the curriculum.

The continuing presence of COVID-19 means that further investment into this aspect of the programme is essential for future cohorts who may continue to be subjected to COVID-related social restrictions.

"It's more difficult to discuss things properly on zoom"

One of the unanticipated positive consequences of the move to online learning was the development of an online community of practice using social media. The widespread use of social media by 'millennial' and 'Gen Z' trainees meant that they were all much more

comfortable with this type of group communication than previous generations (Lewis et al 2018).

"WhatsApp has been a life saver…"

Whilst not directly substituting for face to face, human contact, the ubiquity of WhatsApp in particular, enabled the trainees to keep in touch with each other and form bonds, albeit online. Paradoxically, it may be argued that the use of WhatsApp has actually made it easier for the trainees to stay in touch and communicate with each other in 'real time'. They would often message each other if they had a question or a worry over some aspect of the course.

Unfortunately, the majority of local GPs don't appear to see the resourcing of a second, follow on year as a priority, particularly during the current COVID-19 pandemic. All of the participants voiced their completely understandable concerns that opportunities for regular clinical supervision and professional development would disappear once they (the trainees) lose their supernumerary status.

As we know, the current situation in primary care means that providing face to face professional development and clinical supervision is becoming increasingly challenging. This is exacerbated by the COVID situation. Developing a robust, online strategy to provide a community of practice which will support regular clinical supervision is vital. The creative use of WhatsApp by the trainees has shown that an online forum does work for the trainees as a way of maintaining a community of practice.

In this context, the 'ECHO' project was mentioned by one of the participants during a focus group session. ECHO, which stands for 'Extension of Community Healthcare Outcomes', is essentially an online tele-mentoring network which enables the development and maintenance of an online community of practice, in which the participants are able to share best practice and support each other. As a potential solution for a second year, and for future clinical supervision, project ECHO itself would appear to have limited merit. The use of online clinical supervision, as part of an online community of practice is the logical means by which the second year may be resourced, at least in the short term.

5.3: Cultural change within general practice: changing the mindset

It is acknowledged that the prospects for new graduates in primary care nursing now are significantly better than they were six years ago. There is some evidence of a slow, subtle change in the attitudes of both GPs and GPNs towards the idea of new graduate nurses working as a first post in a general practice setting.

This change in attitudes is being accelerated by the fact that there remains an acute, and growing shortage of suitably qualified and experienced general practice staff to deal with an ever-increasing workload, particularly in a post-COVID clinical landscape.

Having spent time in general practice as trainees and experienced the GPN role, newly qualified nurses now seriously consider general practice as a first post destination. The evidence from this study is that general practice is seen as an attractive proposition by both new graduate nurses and new-to-general practice nurses alike. This attractiveness needs to be capitalised upon by the PCNs and the ICS and may be used as leverage to secure a future pipeline of dynamic, innovative GPNs into general practice.

"They always want you to have previous experience… that's the problem"

However, when newly qualified nurses do apply for a post in general practice, the default position from general practice is still to recruit experienced nurses wherever possible. The independent business model of sub-contracting GP services to the NHS has been in existence since the beginning of the NHS in 1948. Over the years there have been a number of attempts to update and modify the organisation and delivery of primary care. For example, the publication in 2004, of the Quality and Outcomes Framework (QOF) placed an emphasis upon the management of long-term conditions.

The substantial level of financial recompense attached to the QOF targets provided a significant disincentive for general practice to invest in new graduate nurses. From the perspective of general practice, teams would only consider recruiting senior, more experienced nurses with expertise in the management and surveillance of long-term conditions such as diabetes.

There is some evidence from the ATPS evaluation (Lewis & Kelly 2017a/b) that the entrenched attitude of only recruiting experienced nurses into general practice is gradually being

reversed. There is an acceptance, albeit a reluctant one, that recruiting experienced GPNs is no longer either desirable, or more importantly sustainable.

If general practice is to be actively encouraged to recruit new graduate nurses as GPNs, providing and resourcing a post-qualification professional development framework for GPNs is therefore key.

However as we know, GPN education and training has historically been extremely ad hoc and also variable in quality, content, and delivery. The need to provide a properly resourced, quality assured, 'formal' programme of education and training for GPNs has long been recognised but has proved difficult to 'get off the ground'.

As a consequence, any professional development initiative(s) for new GPNs will need to demonstrate a clear 'cost benefit' to general practice. The need therefore to be able to demonstrate that the VTS programme 'works', and that the benefits of the programme outweigh any costs, is a vital part of sustaining this cultural shift in the medium to long term.

The evidence provided by this study and previous evaluations would indicate that there are the beginnings of a shift in attitudes towards nursing in general practice. There is a need to embed the slow but steady move from ***"why should we*** **[pay to]** ***educate our GPNs?"*** to ***"why shouldn't we*** **[pay to]** ***educate our GPNs?"*** that started with the ATPS. This process of cultural change has taken time, patience, and a great deal of persistence.

It is anticipated that the undoubted success of the VTS programme in providing new graduate nurses with the skill set to work in general practice will help general practice to understand that investing in education and training is a cost-effective way of developing the team.

"It would be good to have some more clinical supervision"

There are still many issues that need to be addressed, however. It is imperative that the VTS is presented as the first stage of a formal career pathway for GPNs. Clinical supervision, practice education and peer support sessions were all identified by the trainees as aspects of their professional development that were missing. The concern is that if the VTS is not fully embedded in the first instance, the GPN career pathway may lack the supportive infrastructure to be sustainable in the long term.

“There needs to be some major discussion about pay and conditions”

Although not directly related to the VTS itself, one of the major themes raised by the trainees was the somewhat arcane culture of general practice. The inconsistency in the way that general practice is organised is a constant source of frustration. For example, when the NHS Whitley pay scale was replaced by the NHS Agenda for Change (AfC) in 2004, a majority of GPs chose not to adopt it.

This means that, unlike their colleagues in secondary care, GPNs still do not have a nationally recognised pay scale, and consequently have to negotiate their own pay, terms, and conditions on an individual basis.

GPs therefore face the predicament of how to determine ‘fair’ pay, terms, conditions, and other benefits such as annual leave, sick pay, and maternity pay, whilst still remaining solvent. The participants were clear that this situation was untenable and needed to be addressed in some way by the VTS programme.

As a short-term ‘fix’, the focus group participants were clear that these issues needed to be taught as part of the VTS programme, as the trainees were not at all prepared for the need to negotiate their own terms and conditions at interview. In the longer term, the inconsistency in the way in which terms and conditions are negotiated and applied needs to be addressed.

In addition to addressing GPN terms and conditions, the development and provision of a *financially sustainable* career infrastructure for GPNs is an important aspect of the wider strategic imperative for general practice nursing in the twenty first century. If new graduate nurses are to be encouraged to remain within general practice beyond their first post, the next stages in their career development after the VTS need to be mapped out and agreed as a matter of urgency.

However, a number of the trainees expressed a fear that further professional development post-VTS would remain difficult to access, since general practice would have now got exactly what it wanted – a competent, fully functioning GPN. They were worried that there would be no incentive to fund any further professional development, other than very selectively, if it was in the interests of individual practices.

This would appear to be based upon a number of assumptions made by general practice, often without much empirical evidence. General practice, on the whole, remains reluctant to fund GPNs to undertake professional development as they assume that they will have to pay them a higher salary. The presumption is that, if they do not increase the GPN's salary, the GPN will leave and move to a practice that will pay them better. As a result of this train of assumptions and misunderstandings, the situation often becomes a self-fulfilling prophesy.

As we know, the development of a GPN career pathway has been a victim of the numerous challenges already outlined in this report and elsewhere. As small to medium sized businesses, the needs of the individual practice will always 'trump' the wider needs of the GPN workforce, and this is one of the reasons for the continuing 'merry go round' of experienced GPNs moving from one practice to another in order to develop their career.

All the evidence (e.g. Crossman 2008; Lewis & Kelly 2017; Lewis et al 2018) would suggest that providing appropriate, timely professional development means that general practice staff are more likely to express high levels of job satisfaction, and to therefore more likely to stay in their current post.

"But who's going to pay for it all?"

The question arises therefore as to how a career framework will be funded in the medium to long-term. It is acknowledged that the current funding streams for primary care are 'fragile' and largely dependent upon macro-level strategic imperatives.

For example, HEE are fully committed to supporting and financing the 'advanced practice' agenda. The period of transition, in which the local Clinical Commissioning Groups (CCGs) are being subsumed into the 'new' SY&B ICS in 2022, may generate uncertainty over sources of funding.

The fear expressed by the PNEs was that the ICS may take the opportunity to rationalise funding streams and save money when the CCGs cease to exist in 2022. The incorrect assumption may be that the injection of new GPNs into the system from the VTS to date may be sufficient to ameliorate the local GPN workforce crisis, at least in the short term.

When published in 2016, the *General Practice Forward View* (GPFV) was intended to raise the profile of general practice nursing as a first post destination and career by improving access to training. However, whilst the GPFV did indeed include funding for professional development for nurses in primary care, it also prioritised funding for newly created roles such as the Physician Associate (PA) and Nursing Associate (NA).

Both the trainees and the practice educators were agreement, expressing the understandable concern that the VTS may become an unwitting victim of competing priorities for limited amounts of funding. For example, under the terms of the recent Additional Roles Reimbursement Scheme (ARRS), PCNs have been provided with funding for 26,000 additional roles such as 'community paramedics' and 'nursing associates'.

If GPN infrastructure is not forthcoming in the near future, there is a risk that GPNs may become 'squeezed out' by these new, additional roles. For example, it may be argued (not by me) that the NAs will be able to take on the majority of the 'treatment room' work for less money, the PAs will be able to carry out chronic disease monitoring, and the community paramedics will be able to carry out home visits, manage minor illnesses and injuries.

The (again) understandable concern is that the perceived urgency for recruiting and developing GPNs will diminish with the impetus provided by, and the funding provided for, these new roles. The introduction of these new roles and new ways of working into general practice may therefore be seen as a realistic threat to a substantive, formalised GPN career pathway.

The 'novelty' of these new roles may serve to divert attention and vital resources away from GPN development. It also makes securing the continued funding of the VTS an absolutely crucial part of the development of the GPN role, both locally and nationally.

"If the VTS fails, the likelihood of any further development is *significantly* diminished…"

However, whilst these are valid concerns, the SY&B ICS *five-year plan* 2019-2024 explicitly identifies the 'primary care workforce' as one of its key priorities. The ICS works with both Health Education England (HEE) and NHS Improvement (NHSI) to develop the health and social care workforce, and this work has been significantly accelerated in light of the COVID pandemic. The ICS manifesto states that they are committed to supporting the development

of ‘pipelines’ to secure the workforce of the future, whilst upskilling the existing GPN workforce.

In addition, there was much discussion of the role that the local Primary Care Networks (PCNs) might play in the longer-term resourcing of a GPN career pathway, following on from the VTS. Following their launch in 2019, the PCNs prompted the wholesale reorganisation of general practice into GP networks. The number of single- and double-handed practices has fallen significantly in recent times, and the incorporation of these smaller practices into a larger network with the infrastructure to support it may be considered to be a very positive step forward.

It was acknowledged by all of the participants in the focus groups that, under the current GP business model, it is difficult for smaller GP practices to fully accommodate the developmental needs of the whole GPN team. The economy of scale presented by the PCNs would, for example, enable the development of rotational posts. This would mean that GPNs working for smaller practices would not need to move jobs to access professional development opportunities. In addition, GPNs would be able to gain wider experience in aspects of general practice not readily available in their home practices.

If the PCNs (or the ICS) committed to sharing GPN posts, supporting GPN rotations, and resourcing ongoing professional development, anticipatory workforce planning for GPNs would be much more predictable and straightforward. Doing this would enable the ‘workforce pipeline’ principle to be extended from the SHU undergraduate nursing programme, through the VTS scheme and onto the next stage(s) of GPN development. In addition to improving GPN retention, this would also enable the seamless recruitment of GPNs into the phases of a new career pathway. By supporting the VTS in this way, the PCNs would also ensure that the VTS became firmly embedded into the culture of general practice.

However, once the VTS is fully embedded into general practice, the mapping and development of the different pathways to career endpoints such as practice management, practice education and advanced clinical practice needs to begin as soon as possible. Although this may be seen as a longer-term aspiration, the process should not be delayed.

This process would enable the VTS to 'join up the dots' and become a link to other PCWTH initiatives such as the 'ACP ready' scheme, funded by HEE. This scheme supports the education and training of aspiring ACPs in general practice to access the MSc (level 7) education that they need for their role.

5.4: Summary and future thoughts

Embedding the VTS into general practice culture is key to its long-term future and to the future of the GPN role…

From the findings of this evaluation, SY&B PCWTH needs to continue to work with stakeholders such as the ICS and the local PCNs to develop a GPN career pathway, building upon the VTS as the first stage of the process. The success of the VTS should be used as leverage to secure future funding.

The prospects for securing financial support and 'buy in' from the stakeholders, the ICS, the various PCNs and the individual GP practices are as good as they possibly can be, COVID notwithstanding. This assessment is based upon the success of the ATPS undergraduate training scheme, the GPN ready scheme and now the VTS programme. There is clearly an appetite for general practice in both new graduate nurses and more experienced secondary care nurses.

This study has clearly outlined the strategic importance of the VTS programme to the future of GPN education and training in South Yorkshire. However, many of the challenges faced by GPNs are longer-term and require wholesale organisational and cultural change to the way in which primary care is delivered. Some of the organisational reorganisation in general practice is taking place, accelerated by the COVID pandemic however many challenges still remain.

In the long-term, the need for (1) a dedicated funding stream for GPN education and training, (2) standardisation of GPN terms and conditions in line with either AfC or BMA minimum, and (3) the need for partnership working between the local PCNs, the ICS, HEE and the local HEIs are some of the key challenges that will need to be addressed in the near future.

5.5: Postscript

Things have moved on significantly since this piece of work was carried out. At the time of writing, a number of the issues raised by the trainees have been addressed for future cohorts, and the short-term funding of the programme is now secure.

In addition, the programme has now been recognised nationally for its innovation. It recently won the Preceptorship of the Year (under 1,500 Nursing staff) Award in the Nursing Times Workforce Summit Awards.

6: Key recommendations:

- To recognise that the VTS programme is an essential component of the future development of the GPN workforce; as such it needs proactively financially 'future proofing' as a matter of urgency
- To recognise that the CCG funded supernumerary posts provide a unique opportunity for recruiting new practice nurses to the profession. To provide consistency in recruitment to posts across the region, this needs to be funded sustainably through the SY&B ICS
- To fully embed the VTS programme into the culture of general practice nursing. This is vital to ensure both its sustainability and the longer-term future development of the GPN role
- To use the VTS programme as a foundation upon which to build a career pathway for nurses working in primary care
- To explore educational options and develop links with other GPN initiatives and HEIs nationally
- To develop an online platform for the programme, providing an area for both communication and resources
- To integrate the use of a recognised clinical supervision model into the VTS programme
- To incorporate the recommendations from this evaluation into future delivery. For example, to ensure the provision of further training in areas such as negotiating skills and mental health assessment/management

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