



# Health Education England

# 'Learning Set' for the 'Upskilled' Multi-professional Workforce in Primary Care

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#### Background

UK General Practice is evolving rapidly; current workforce demands is driving the emergence of 'upskilled' clinical workforce which may consist of nurse practitioners, practice nurses, paramedics, pharmacists and physiotherapists (Figure 1). These practitioners have extended their skills to do some of the tasks historically done by general practitioners (GPs) such as telephone triage, clinical consultations and home visits<sup>1</sup>.

Nurse

Practitioner

Pharmacist

in 'upskilled' roles

Practice

Nurse

#### **Evaluation and reflection**

Six sessions were facilitated by a GP between December 2017 and July 2018. The topic themes were: Making Sense of Triage, Putting Illness into Context, MSK: Examination Skills and Red Flags, Grumbling Matters of the Abdomen, Headaches and Dizzy Spells. Session feedback has been positive (see Figure 4).

As a result of this workforce shift, there is a need to support these practitioners in their emerging roles education skills through and development. Further, there is no centralised system to benchmark the quality of education and training for these practitioners. 2 Figure illustrates the key aims of this project to meet these gaps in Wessex.

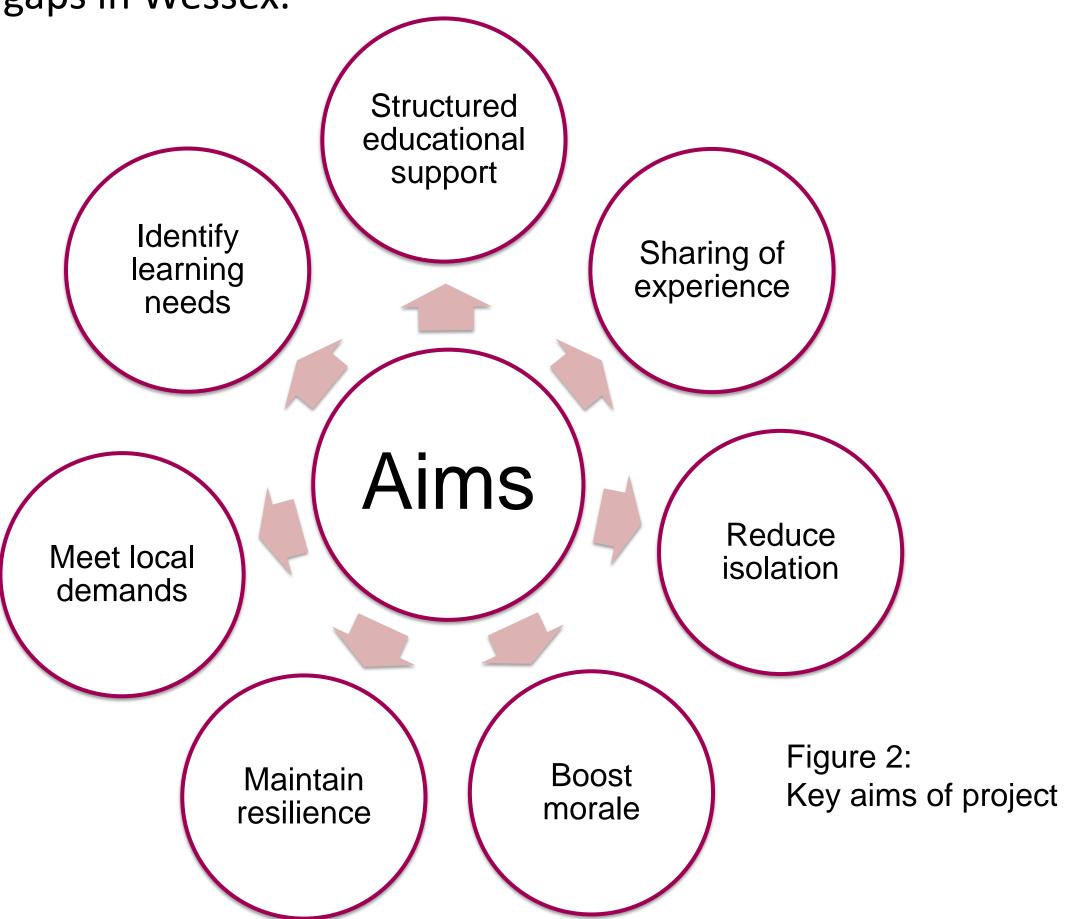


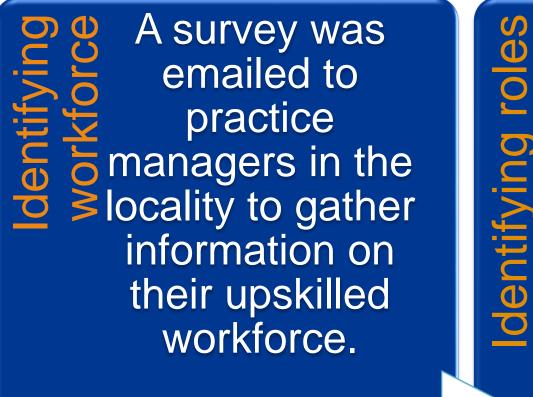


Figure 4: Quotes of feedback from the first learning set session titled 'Making Sense of Triage'.

A range of training for the primary care workforce is provided by various organisations. These tend to be topic-based and lecture-styled, often to fulfil a compulsory requirement. The learning set model provides a more flexible way of addressing the educational needs of these practitioners; it is grounded in a group learning approach and can be tailored to need. Set members can share ideas and experience in their respective roles, reflect on practice and develop new clinical skills.

### **Educational Support**

Practitioners in such extended roles were identified using a survey. Figure 3 outlines these initial stages of the project.



Those responding indicated that the main areas of 0 ldentifyir clinical work were in triage and same day consultations.



We also uncovered some 'unknown unknowns' during the sessions (nurses reporting being trained to examine the abdomen in a different way from medics).

It was difficult to identify the 'upskilled' workforce as they do not have a consistent title and information is not published on the GP surgeries' websites nor obtainable from regional primary care workforce data. Amongst the titles used are 'upskilled allied health professionals (AHPs)', 'extended role practitioners' and 'advanced practitioners'.

The challenges of running a multi-professional learning set are acknowledged in this project. Early on, there is a need to seek out and establish strong common ground in order for the group to be formed. Consistent attendance at sessions was difficult for members, often due to work reasons (e.g. permission) to be released from practice).

All participants reported the sessions to be 'good 'or 'excellent'. Significant recurring themes from the feedback were: participants enjoyed sharing ideas, and valued discussions in a safe, facilitated environment.

#### Conclusions

Figure 3: Initial stages of the project

We adapted the 'learning set' model which is widely used locally to facilitate continuing professional development. The content was guided by the group's learning needs, identified from feedback and discussions from each sessions. The learning set met every 6 weeks (this timing best matched survey feedback and participant availability) and sessions were facilitated by a GP.

The 'learning set' model can be a platform to facilitate multi-professional education for a changing primary care workforce, providing opportunities to network and share educational experience as well as clinical skills. Sessions can help participants develop their competence and confidence working in a primary care setting, and provide support to those who might be working in isolation.

#### Acknowledgments

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#### References

www.hee.nhs.uk

<sup>1</sup> Roland M, Barber N, Imison C, Howe A, Rubin G, Sorey K (2015) The Future of Primary Care: Creating Teams for Tomorrow. Available at: <u>https://www.hee.nhs.uk/sites/default/files/documents/WES\_The-future-of-primary-care.pdf</u> (accessed 28 December 2017)

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