

Developing Multi-Professional Student Placements in Primary Care – FAQs.



Wessex Primary Care Training Hubs

Supporting the Development of Our Future Primary Care Workforce

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healthcare

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Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

Contents

Introduction	2
Wessex Health Economy	3
Purpose of this document.	5
Frequently Asked Questions	5
What are the benefits to our practice from hosting a student?	5
What are the benefits to Mentors/Supervisors?	5
What are the advantages of a placement in primary care for a student?	6
What approval processes are needed to become a learning environment?	7
What is a “Learning Environment Audit”?	7
When we become an audited learning environment, does this mean we will always be required to host a student?	8
What are the mentorship/supervision/practice placement educator requirements for students?	8
How much will we get paid for hosting a student?	9
What is the process for claiming the placement tariff?	9
How many students would we be expected to host in a year?	9
Can we choose which type of healthcare student we would like to host?	10
Can we host more than one student?	10
How long are the student placements?	10
How should we structure a student placement in our practice?	11
What are the medical indemnity requirements for hosting a student?	11
What is a student allowed to do whilst on placement?	11
Can a student administer medicines whilst on placement?	11
Next steps	12

Introduction.

Building the Workforce – the New Deal for General Practice published in January 2015 set the vision for training hubs where groups of GP practices could offer inter-professional training to primary care staff, extending the skills base within general practice and developing a workforce which can meet the challenge of new ways of

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

working¹. In July 2015 the Primary Care Workforce Commission's report *The future of primary care: Creating teams for tomorrow*² recommended the need to develop a truly multi professional workforce in primary care consisting of nurses, pharmacists, paramedics, physiotherapists, and other allied health professionals (AHPs). The *General Practice Forward View*³ published in 2016 set out the plan to support and develop the wider workforce within primary care by investing in multi-disciplinary training hubs in every part of England.

HEE Wessex Primary Care Training Hubs (formally known as Community Education Provider Networks) is a multi-system network of community, primary care, and education providers within a specified geography. Across the Hampshire and Dorset STP area, HEE Wessex has developed four training hubs which provide sustainable development and upskilling for the non-medical workforce. The Hampshire and Dorset local training hubs are based around the existing GP education network offices in:

- Winchester (mid Wessex)
- Southampton and New Forest
- Portsmouth and Isle of Wight
- Dorset

Wessex Health Economy

Wessex Primary Care Training Hubs work in collaboration with several strategic partners. Figure 1 below shows the Clinical Commissioning Group (CCGs) footprints and Figure 2 shows the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) Footprint. The Dorset STP, CCG and Primary Care Workforce Centre has transformed into an Integrated Care System (ICS) called 'Our Dorset' and encompasses the whole county.

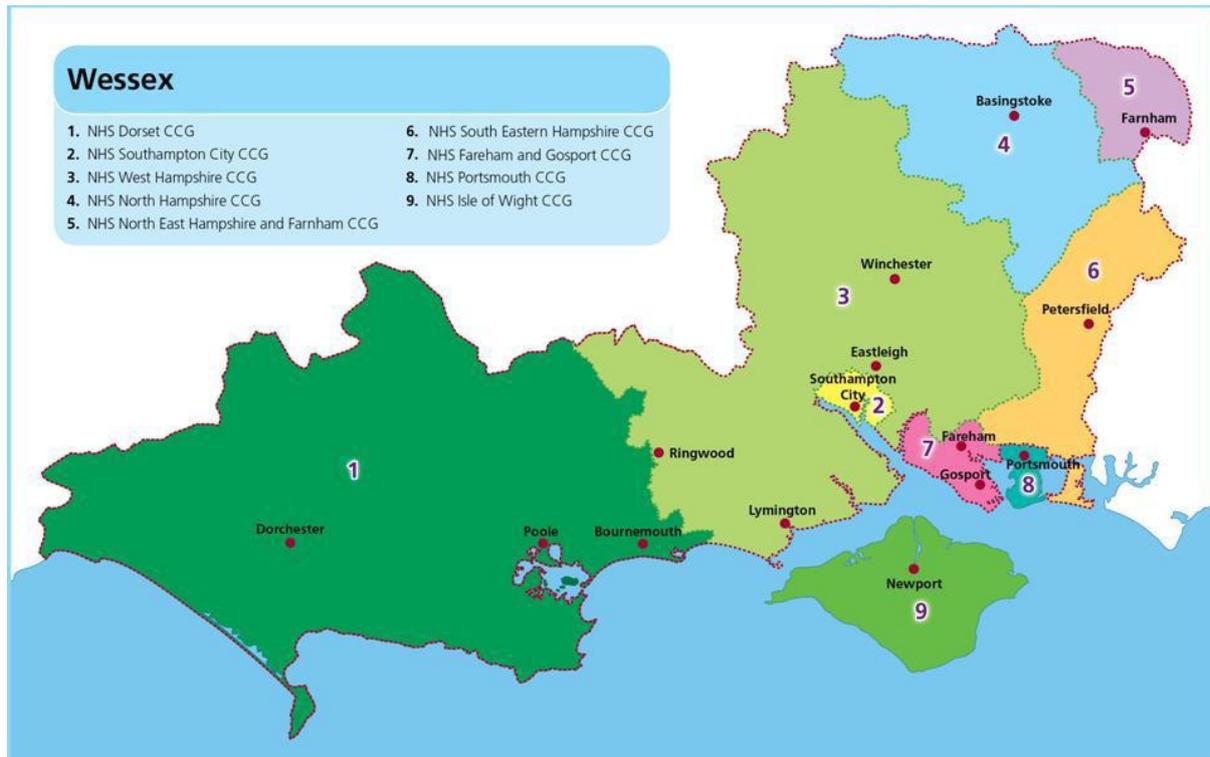
¹ NHS England and Health Education England (2015) *Building the Workforce – the New Deal for General Practice* Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/building-the-workforce-new-deal-gp.pdf> (Accessed 11th September 2018)

² Primary Care Workforce Commission (2015) *The future of primary care: Creating teams for tomorrow* Available at: <https://www.hee.nhs.uk/sites/default/files/documents/The%20Future%20of%20Primary%20Care%20report.pdf> (Accessed 11th September 2018)

³ NHS England (2016) *General Practice Forward View* Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf> (Accessed 11th September 2018)

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

Figure 1: Wessex CCG Footprints



Source: [NHS Wessex Clinical Networks](#)

Figure 2: Hampshire and Isle of Wight STP Footprint



Source: Hampshire and Isle of Wight STP

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

Purpose of this document.

The purpose of this document is to provide answers to frequently asked questions about hosting multi-professional healthcare students in primary care and becoming part of Wessex Primary Care Training Hubs.

Frequently Asked Questions.

What are the benefits to our practice from hosting a student?

- Students with primary care experience are more likely to consider a career in primary care.
- Hosting students is known to improve retention of existing staff
- Hosting students impacts positively on the whole team with an increase in critical thinking for all staff.
- Addition of learners to the practice team brings in diversity and differing skills sets
- Enables smaller practices to have a role in workforce development and education
- Opportunity to share students with neighbouring practices if the mentor/supervisor is part time
- Gives HCA's experience of teaching students, raising their profile as educators
- Students can act as a resource. For example, nursing students can support GPN's by undertaking designated tasks e.g. dressings, blood pressures, urinalysis, weights.
- Income from the placement tariff payable to the practice

What are the benefits to Mentors/Supervisors?

- The chance to teach best practice and share your skill set, ensuring that existing knowledge is imparted to the future workforce in community and primary care.
- Teaching and mentoring experience is empowering and a valuable addition to CV and skills set

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

- In nursing, qualified mentor/supervisor status with opportunity to qualify to the next level of sign off mentor/assessor
- Shared learning opportunities
- Up-skilled workforces and improved patient care and outcomes
- Development of management and leadership skills

What are the advantages of a placement in primary care for a student?

A placement in primary care provides:

- An opportunity for a student to increase their understanding of the complexities of primary care by experiencing working in a GP practice
- Gives the student an insight to the wide range of services provided to patients within the community setting
- Builds a knowledge base for students to gain a unique awareness to the diverse skill set within primary care for example specialist and advanced clinical practitioners, independent prescribers, health champions, reception sign-posting, telephone triage, minor illness clinics etc.
- Shared learning opportunities for multi-professional learning in the environment for example student physician's associates, student paramedics, HCA's, trainee nursing associates and medical students.
- Depending on the student's experience and what stage they are at in their educational pathway, a placement in primary care provides a chance for the student to gain confidence in 1:1 consultations and telephone interactions with patients (an opportunity which is very difficult to experience during other placements).
- Informs their future career choices to consider a role in primary care

General Practice is particularly suited to supporting the development of healthcare students due to the wide range of learning opportunities and types of patient contact that take place in this clinical setting.

What approval processes are needed to become a learning environment?

We understand that many practices are already approved for training doctors and medical students across Wessex. However, the regulating bodies for other types of students have their own regulations which must be met.

- The Nursing and Midwifery Council (NMC) requires that nurses involved in supporting student nurses are approved to specific NMC Standards.
- The Health and Care Professions Council (HCPC) require that placement providers meet specific HCPC Standards.
- The General Pharmaceutical Council (GPhC), depending on the type of learner, requires certain criteria to be met.
- At the time of writing, the Faculty of Physicians Associates (PA) have no national guidance on the approvals process to become a learning environment. However, the faculty expect individual Higher Education Institutes (HEIs) to develop a process in partnership with the placement provider that fits their local needs and meets the requirements of the Competence and Curriculum Framework (CCF). Wessex Primary Care Training Hubs are working closely with two local HEIs to develop and manage PA student learning environment requirements.

Across Wessex we have a single Learning Environment Audit (LEA) document which fulfils both the NMC and HCPC requirements and is recognised by all HEIs (including those providing Physician Associates programmes) across the region.

What is a “Learning Environment Audit”?

- A learning environment audit is undertaken every two years by a member of the Primary Care Training Hubs and/or university team in collaboration with the practice staff.
- The audit takes about 2 hours and involves a face to face meeting with the mentor/supervisor.
 - A Practice Placement Profile will need to be developed following the audit to provide a student with information about the practice which

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

they can access before the start of their placement. Wessex Primary Care Training Hubs can provide support with this.

- As well as assuring the quality of the learning environment the audit also includes an opportunity to discuss the potential learning opportunities and needs of the mentor/supervisor, and meets the NMC's criteria to be a mentor update.

When we become an audited learning environment, does this mean we will always be required to host a student?

You will not always be required to host a student, but we would encourage and support you to host students as regularly as possible.

What are the mentorship/supervision/practice placement educator requirements for students?

This will be dependent on the type of student being hosted.

The Health and Care Professions Council (HCPC) do not set specific requirements about the qualification and experience for practice educators (PEds). However, they expect that PEds *must have relevant knowledge, skills, and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register*⁴.

The HCPC also state that *Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme*⁵

The Nursing and Midwifery Council (NMC)^{6 7} reviews and maintain standards for nursing education and practice at both pre and post-registration levels. May 2018 saw the launch of new standards that set out the skills and knowledge the next generation of nurses need. These standards will start to be used in practice from September 2019.

⁴ Health and Care Professions Council (2017) *Standards of Education and Training. SET 5.6 p.8* Available at: http://www.hpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf (Accessed 8th October 2018)

⁵ Health and Care Professions Council (2017) *Standards of Education and Training. SET 5.7 p.8* Available at: http://www.hpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf (Accessed 8th October 2018)

⁶ Nursing and Midwifery Council (2018) *Standards for student supervision and assessment* Available at: <https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/> (Accessed 26th October 2018)

⁷ Nursing and Midwifery Council (2018) *Standards framework for nursing and midwifery education.* Available at : <https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/> (Accessed 26 October 2018).

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

The General Pharmaceutical Council (GPhC) stipulates requirements for pre-registration pharmacists which may be met external to the practice with the understanding that a registered pharmacist can support them to meet their competencies. Undergraduate pharmacy students will be required to meet objectives set by the education provider, an appropriate member of the practice team can undertake the supervision.

At the time of writing, there is no national guidance on mentorship for student PAs. However, the Faculty of Physicians Associates general overview is that student PAs should be supervised by someone who is medically qualified. This would involve a 20-30 minutes meeting at the end of each week to have a learning discussion on the weeks learning experience. It is expected that this learning experience will be with the whole range of practice medical and non-medical workforce.

How much will we get paid for hosting a student?

At the time of writing :-

- The non-medical placement tariff for student nurses, physiotherapists, paramedics and occupational therapists, is currently £84.11 per week pro rata
- The placement tariff for student physician associates working in Primary Care is approximately £13 per hour.
- The placement tariff for a pharmacy student will differ depending upon education provider or associated training scheme.
- If hosting a nursing associate apprentice there is no national placement tariff payable, however on a local level, Southampton Solent University have agreed to pay £3 an hour to practices directly to cover the supervisory aspects of their apprentices.

What is the process for claiming the placement tariff?

The process for claiming placement tariff is currently under review, but at the time of writing income from the placement tariff will be payable annually based on 9 months of actual placement activity and 3 months of planned placement activity across the NHS financial year. To receive payment the practice will need to submit an invoice to HEE Wessex.

How many students would we be expected to host in a year?

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

This will be discussed on an individual basis with practices depending on capacity and resources available.

Can we choose which type of healthcare student we would like to host?

We would encourage you to consider hosting a range of students to provide insight into the unique knowledge and skills that a multi-professional workforce could bring to your practice in the future.

Can we host more than one student?

If your mentors/supervisors and your practice have capacity to host more than one student at a time you are more than welcome to do this.

How long are the student placements?

The length of student placements is likely to vary according to the HEI's placement pattern and the course the student is studying. The curriculum and learning objectives for placements are provided by the university, and quality assured by the regulating bodies.

Student **nurse** placements can range from 3 weeks to a maximum of 12 weeks, however, most nursing placements span 6-8 weeks. There are also part time nursing courses that require a placement of 2 days per week over 11 weeks.

Placements for **nursing associate students** (via the apprenticeship route at Southampton Solent University) are in 1 block of 5 weeks and 1 block of 6 weeks in each academic year across the 2 year programme. These placements are based on a 30 hour week.

For **physiotherapy**, a student placement could range from 4 weeks to 8 weeks.

A **paramedic** or **pharmacy** student placement may be a single taster day or 1 day a week over 5 weeks.

Placements for student **physician associates** in primary care are dependent on the university.

Placements from the University of Portsmouth are planned to be in 3 blocks each year.

Year 1 will consist of 1 day a week for 11 weeks, 1 day a week for 7 weeks and 4 days a week for 3 weeks.

Year 2 placements will consist of 1 day a week for 15 weeks, 1 day a week for 3 weeks and 4 days a week for 5 weeks.

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

Placements from Bournemouth University are planned to be in 2 blocks in year 1 and 3 blocks in year 2.

Year 1 will consist of 4 days a week for 5 weeks and 4 days a week for 2 weeks.

Year 2 will consist of 4 days a week for 2 weeks, 4 days a week for 2 weeks and 4 days a week for 5 weeks

To find out more about information about student placements please contact your local Primary Care Training Hub learning environment lead (LEL) who will be happy to provide this information (details below)

How should we structure a student placement in our practice?

If your practice already trains medical students or doctors to become GPs, then you will already have developed your own ideas about how to structure a learner's working week.

Non-medical students also benefit from a similar range of learning opportunities. These include an effective induction, sitting-in with GPs, nurses, HCA's, receptionists and administrators as well as community based visits with health visitors, district nurses and pharmacists. Additionally, learners from different professional backgrounds benefit from interacting with each other especially around patient care. Students in primary care also benefit from visits to voluntary sector and social services especially if mapped to a patient pathway (e.g. Alzheimer's Café for dementia pathway)

A member of the Primary Care Training Hubs LEL team can assist you with timetabling if this is the first time you have hosted a student.

What are the medical indemnity requirements for hosting a student?

Please see Appendix 1.

What is a student allowed to do whilst on placement?

This will be largely determined by the type of student being hosted, and at what point they are at in their educational pathway. For further clarity please contact the student's personal tutor or your local Primary Care Training Hub LEL (details below)

Can a student administer medicines whilst on placement?

Students should not administer medication delivered intravenously, under a Patient Group Directive (PGD) or Exemptions. However, they can administer medicines

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

under Patient Specific Directions (PSDs) as long as they are deemed to be competent in the route of administration and have appropriate supervision.

Next steps.

If you would be interested in hosting a student or would simply like to find out more, please contact your local Primary Care Training Hub LEL who should be able to answer any further questions you have and support you as you take your next steps towards becoming a student training practice.

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Appendix 1 – Indemnity

To:-

GP trainers
Practice Managers
LMCs
CEPNs
HEIs

**Department of Education
and Quality**

St Chads Court
213 Hagley Road
Edgbaston
Birmingham
B16 9RG



14th November 2016

Dear Colleagues

Clinical Students indemnity while they are in GP placements

We understand there is a need for some clarification about indemnity cover requirements for pre-registration students from all clinical disciplines while they are in general practice placements. Clarification has previously been distributed for medical, nursing students and physician associates but this guidance has not previously been provided for other disciplines such as student pharmacists. This appendix sets out guidance which can apply to all clinical students.

Students are similar to all other learners when they are placed in hospital placements; they are covered under the NHS Indemnity arrangements for Clinical Negligence Claims Schemes⁸. However, clinical students when they are in general practice placements benefit from the individual indemnity within the practice from the supervising general practitioners. This is achieved by agreement that general practice effectively makes the students honorary members (similar to a work experience student), and students are therefore covered vicariously. We have contacted various indemnity organisations to verify the above and summarised their responses in the attached document.

We believe clinical students' placements in general practice can be arranged with confidence with regard to indemnity provision if general practice professionals take the following steps:

- GP and Nurse supervisors/mentors acting as supervisors have been through appropriate training that meets regulatory, university and HEE guidelines.

⁸ <http://www.nhs.uk/claims/Documents/NHS%20Indemnity.pdf>

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

- All clinical staff members of GP practices should be included in indemnity cover for their clinical work.
- GP practices should sign an appropriate training agreement with the relevant university which will clarify the competences expected of students.
- Ideally GP practices will also have their own local agreement, or honorary contract, between the student and practice setting out the responsibilities of each party.

The attached statements provide confirmation that practices indemnity providers will include students without individual notification of their presence in practices.

Yours Sincerely

Martin Wilkinson



**Director of Postgraduate GP Education
Chair English GP Deans
Health Education England (West Midlands)**

Karen Storey



**Primary Care Lead Nurse (Workforce)
Training Hub (CEPN) Lead
Health Education England (West Midlands)**

MDU statement on indemnity for students in HEE approved clinical learning environments

In the MDU's experience it is unlikely that a clinical negligence claim would be brought against a student as in most cases we anticipate they would be present as an observer or in a directly-supervised role with the supervising GP or nurse retaining responsibility for any patient contact. We would not expect students to make independent decisions about the diagnosis or the management of patients or to provide specific clinical advice to patients (unless in the presence of a supervising GP or nurse who could correct any misinformation provided).

A supervising GP or nurse has a duty of care to his or her patients and that duty of care is not diminished when allowing the involvement of a student, as the GP or nurse will retain professional responsibility for the consultation. In the event that a patient were to be harmed as a result of a student's involvement in their care it is most likely that any claim brought would name the supervising GP or nurse rather than the student nurse. Where MDU members (GPs or nurses) were involved in supervising a student nurse they could approach us in order to seek assistance in the usual way if a claim arose out of a patient contact they supervised.

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

MDU members do not need to notify us individually if they have students on placement at the practice or are otherwise involved in their education.

It is possible that a claim could be brought against a student directly or against the employing trust or training establishment. If a patient was harmed as a result of an act or omission of a student who, for example acted without supervision or against the express instruction of the supervising GP (or nurse), then the claim would not fall within the responsibility of the practice or its partners. Although this would be extremely unlikely, it is still advisable to consider the possibility. For this reason the MDU encourages all non-medical healthcare professionals and students who are able to do so to make their own indemnity arrangements where it is available. We do not offer individual membership to students (other than medical students) but, while stressing that we consider it very unlikely that a claim would be brought against an individual student on a general practice placement, it remains open to them to source individual indemnity cover to protect against that eventuality. We understand, for example, that indemnity for students may be available through organisations such as the RCN, Pharmacists' Defence Association, Chartered Society of Physiotherapy and the British Dietetic Association.

Medical Protection Society Statement

Further to our discussion a couple of weeks ago, I write regarding Medical Protection's underwriting position with regard to student indemnity.

Presently we offer membership for medical students and, as members, medical students can request assistance relating to non-claims matters such as regulatory or criminal investigations. However, medical students do not benefit from indemnity cover in their own right but only through the vicarious liability of indemnified and qualified supervising staff and any indemnity provided by their medical school.

Medical Protection considers the training and supervision of student health care professionals on a placement in general practice (i.e. not working in an employed capacity) to be part of the responsibility of the practice partners.

Members can request assistance from MPS for incidents arising where a student they are supervising was involved, whether that student is a medical student or a health care student of another discipline.

Members must ensure that they retain responsibility for clinical consultations, decisions and treatment, irrespective of the involvement of students, and that they should ensure that students are appropriately supervised by a recognised trainer at all times.

Please note that we do not require our members to inform us of their involvement in the training and supervision of students in their practice.

I hope this information assists you in your work at Health Education England.

Developing Multi-Professional Student Placements in Primary Care – FAQs – November 2018

MDDUS position on indemnity for healthcare students

This guidance applies to MDDUS members in a GP partner grade of membership.

We recognise that GP practices provide a rich learning environment for a wide range of student healthcare professionals, including medical students, student nurses and physician associate students.

Where a student on placement within a practice is acting in accordance with duties delegated to him or her, the GP partners may be held vicariously liable for negligent harm caused to patients.

GP partners who are members of MDDUS can look to us for assistance, including indemnity for claims that might be brought by a patient. Any indemnity is given through the vicarious liability of MDDUS GP partners and as such, any payments made by MDDUS will be proportionate to a head count of MDDUS members amongst the partners.

It should be noted that MDDUS would not indemnify individual students per se. It is possible that the student could be sued in his or her own right and may need to consider obtaining personal indemnity for complete peace of mind. Similarly, the university or employing Trust is likely to retain a degree of vicarious liability for the student nurse and MDDUS reserves the right to pursue any third party for a contribution if we consider it appropriate.