

# Towards a culture of supporting professional development for primary care professionals:

## A key component of successfully implementing the Primary Health Care Strategy

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### Introduction

The establishment of primary health organisations (PHOs) is well underway with a majority of New Zealanders now enrolled. Further implementation of the strategy will be dependent on a stable, well-developed, well-trained and well-supported workforce. Effective ongoing professional development is central to successful recruitment and retention of a skilled workforce, and necessary for the provision of good quality primary health care.

### Professional development for the primary care workforce: the past

It is well accepted that secondary care health professionals and, in particular, nurses and doctors, must have appropriate vocational training in the years immediately following graduation and effective ongoing professional development throughout their careers. Responsibility for ongoing education is undertaken not only at individual level through the membership and standard setting of professional colleges,<sup>1,2,3,4,5</sup> but also at employer level, with the provision of financial assistance and study leave.

The development of vocational training and ongoing professional development for primary health care professionals has been different. Vocational training for general practi-

tioners is now established, but effective ongoing professional development remains difficult to achieve in a fee-for-service funded small business environment.

Nurses have been working in general practices for nearly 30 years, but as a group, practice nurses have lacked career structure, and have had little incentive to undertake ongoing professional development, although many have built up a considerable body of experiential knowledge. They now have a professional body,<sup>6</sup> standards for practice and some skill-based training, including local, nurse-led IPA education groups. However, the employer/employee relationship with general practitioners in an individual, fee-for-service funding model has not served nurses' vocational or practice needs well.<sup>7</sup>

Improved vocational education within disciplines has largely come from the different professional groups, working to improve provision, support and access to ongoing education and development.<sup>8</sup> Many tertiary education institutions can and do provide a range of uni-disciplinary postgraduate education for primary health care professionals, and they have the capacity to further these in accordance with both new and existing needs of the primary care workforce.

However to date, no one organisation or group of individuals has been able to carry any overall responsibility for integrated primary care workforce professional development.

Other barriers to further progress have been fragmentation of the workforce, lack of education-designated funding, no career advancement as a result of undertaking education, and increasing clinical, administration and accountability pressures in the workplace.

### Professional development for the primary care workforce: the current issues

With the advent of identified primary care development, and new organisation and funding arrangements, there is the potential to invest in human capital, that is the primary care workforce. Just as in secondary care, training and development of primary health care workers needs to be regarded as a core investment rather than a cost, if best practice and quality standards of care are to be achieved and maintained.<sup>9</sup>

Primary care careers are the poor cousin to secondary careers in terms of structure, study assistance, and protected time for ongoing professional development. Yet the responsibilities are as great, or greater. Patient volumes are high and the di-

versity of presenting problems and health promotion issues is broader than in secondary care.

Not only do primary care practitioners need new, updated and improved skills, they also need to learn to work together in new ways with increased collaboration and effective teamwork.<sup>10</sup> The nature of primary care is changing and old isolated ways of working need to be replaced by new collaborative models. The focus is on the patient as the centre of care and particularly those groups of patients who are most in need of effective care to improve their health outcomes. Individual practitioners now cannot provide all the care available and necessary; teams have the potential to bring patients much better care.<sup>11</sup>

## **Interprofessional development for the primary care workforce: Supporting interdisciplinary working and increased collaboration**

For both nurses and doctors, vocational training and continuing education opportunities have been largely uni-disciplinary. While initial promotion and development of professional development by the different professional groups has been, and still is, important, this 'separate development' has not necessarily been an appropriate preparation for a primary care workforce now expected to work collaboratively in interdisciplinary teams.

Effective collaboration requires professionals from different disciplines to value each other's work, to communicate well and to work together to overcome difficulties. Internationally, interdisciplinary education has been shown to increase learning satisfaction and to result in improved collaborative working, especially where the learning is workplace related.<sup>12,13,14,15</sup> Integrated programmes of study and professional development (including a range of knowledge, skills and values-based education) are also necessary to develop vision and leadership for improved and innovative ways of working; short, task-re-

lated updates and conferences on their own are not sufficient.<sup>16</sup>

An interface between the health and education sectors is seen by the Health Workforce Advisory Committee (HWAC) as pivotal in order to enhance professional development in the primary care sector. A specific recommendation is to *'...strengthen working links with local and regional education and training providers to ensure health workforce education is aligned with health service delivery.'*<sup>17</sup>

Closer liaison between postgraduate education funders and providers and the health workforce, has the potential to greatly strengthen and expand interdisciplinary education and professional development. Education providers have the ability to bring health professionals of different disciplines together in ways which honour the important differences between disciplines yet consolidate common ground and forge new ways of learning and working together.

Those who have undertaken such interdisciplinary study (usually experienced practitioners with a strong commitment to primary care) report increased understanding of their own, and each other's roles within workplace teams.<sup>18</sup>

## **Professional development for the primary care workforce: who is responsible?**

In their recommendations to the Minister of Health in 2003, HWAC emphasised the need for District Health Boards (DHBs) and District Health Board New Zealand (DHBNZ) to assume a role in leading workforce development.

Currently capitation payments to primary care providers include a modest provision for professional development of primary care professional development, but this money is not ring fenced for education. The current contract template between DHBs and PHOs does not specify a con-

tractual requirement for the provision of professional development although it states that it could be used as a quality requirement.<sup>19</sup> Rural health professionals can make a special case to apply for limited funding for professional development.<sup>19</sup> Generally, contract reporting requirements do not specifically include professional development; therefore there is no re-

sponsibility for DHBs to contractually support professional education or to audit uptake.

In contrast, doctors, nurses and other health professionals employed in secondary care have access to profes-

sional development funds and study time linked to performance through their employment contracts;<sup>20</sup> and this provision for staff is mandatory in the Certification requirements which all health and disability residential services must attain before October 1, 2004.<sup>21</sup>

Independent of DHBs, the Clinical Training Agency (CTA) holds a national budget for the provision of training for health professionals, but to date most of this funding has been tied closely to clinically focussed uni-disciplinary training mainly for medical staff, and mainly those employed in secondary care settings.<sup>22</sup> With some important exceptions (e.g. support for first year nurses in clinical practice, specialist post-graduate courses in child health and mental health, general practitioner registrar training, and some nurse practitioner training<sup>23</sup>), little has been accessible to support generalist primary care education. Interdisciplinary post-graduate education, or ongoing professional development for primary care sector, has generally not been eligible for CTA funding.

Incomes in the primary care sector lag well behind those of the secondary sector, and dedicated funding for professional development is important to recruit and retain health

## **Training and development of primary health care workers needs to be regarded as a core investment rather than a cost**

professionals in the sector. Current salaries for practice nurses make the personal financing of professional development extremely difficult. Primary care doctors are in a somewhat better position than primary care nurses to financially fund the direct costs of their own professional development, but funding for indirect costs (such as providing locum cover) and dedicated time for study within working hours is just as difficult to achieve. For both groups, tangible career advantages such as promotion, increased job opportunities and financial reward, are difficult to identify.

### **Professional development for the primary care nursing workforce; a special case**

Nurses constitute the largest professional group working in primary care;<sup>12</sup> yet their potential to work autonomously and effectively in multidisciplinary teams within the workforce is as yet unrealised. While there is a clear need to address ongoing professional development for the workforce as a whole, nursing needs are particularly acute. Further improvement and enhancement of nursing skills brings benefits, not only to nurses but to all health professionals and support staff working in primary care, as well as fostering innovation for improved delivery of patient care.

The new working environment, with a move towards population health and emphasis on a wider range of services in primary care, increases the need for well-trained primary health care nurses.<sup>22,24</sup> Practice nurses are now recognised in the legislation as providers and the current requirements for PHO reporting to the DHB requires numbers of nurse consultations,<sup>19</sup> but the roles of nurses currently working in primary care are diverse. Some work largely 'under direction' (practice nurses) whilst others work more independently (Plunket and public health nurses).

The concept of primary health care nursing has been considered,<sup>25</sup> but needs further development with clarification of the appropriate capabili-

ties, responsibilities, competencies, areas of practice, educational and career frameworks, remuneration and suitable employment arrangements. It has been acknowledged that *'...primary health care nursing will be crucial to the implementation of the Strategy'*, and there has been expressed intention to *'address this at the national level'*.<sup>11</sup>

The Ministry of Health (MOH) have begun by providing two national initiatives; a nursing innovations fund which is currently supporting eleven nursing innovations projects and by the provision of funds for nursing scholarships to attend clinically focused post graduate papers with some courses leading to nurse practitioner status.

However, while useful for a number, these uni-disciplinary initiatives have not so far met the needs of the majority of nurses currently working in primary care.<sup>22</sup>

Many nurses, especially practice nurses currently in general practice, do not wish to become independent nurse practitioners or attain a clinical masters degree. They want educational support to enable them to gain the knowledge required that will enable them to firstly be recognised as a fundamental group in the primary health care workforce providing a unique service in line with the overall vision of the Primary Health Care Strategy. This may mean undertaking uni-disciplinary and vocationally-based courses as well as engaging in interdisciplinary postgraduate education with doctors and other primary care health professionals. Nurses want to develop skills in governance to effectively work in PHO and DHB boards.<sup>26,27</sup> They want to explore new interdisciplinary ways of working with patients and family focusing on holistic needs, care over the lifespan and care of those with long-term illnesses.<sup>28</sup> Some of these new ways will be

through nurse-led initiatives;<sup>29</sup> some within traditional general practice teams,<sup>30,31,32</sup> and some within wider primary care interdisciplinary teams.<sup>33,34,35</sup>

### **Conclusion**

To ensure there is quality primary health care delivery in accordance with the Primary Health Care Strategy, there must be a commitment to ongoing professional development for

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all primary care health professionals, at individual and team levels. However, commitment must also come from health funders to support effective professional development. Clear expectations for workforce development, and earmarked financial

support for health professionals is necessary; it is the role of the health funders to provide this lead. The MOH and CTA, DHBs and PHOs now have a responsibility for interdisciplinary and collaborative primary health care workforce development; investment is needed to ensure quality care from well-trained, up-to-date primary health care professionals.

Existing education providers are keen to work with funders and health professionals to support primary health care professional development. Aligning the vision of the Primary Care Strategy in relation to the expanded and integrated role of practice nurses with the strategic direction of the CTA would help target primary care nurse workforce development across a number of funding boundaries.

The new focus on population health, interdisciplinary team care and enhanced nursing roles have created demands on the existing workforce which are not currently being effectively addressed by funders of health care. Health care practitioners are keen to work within the Primary Health Care Strategy, and many acknowledge the need for enhanced skills to implement

these changes. Enhanced professional development has the capacity to create innovation and vision, solve many of the retention and recruitment issues currently facing primary care, and improve and sustain high quality patient care. If funders ignore this need, the integrity of the workforce will be compromised and also the vision of the Primary Health Care Strategy.

It is the responsibility of each of the funding stakeholders to respond to the challenge of these key questions and formally report to the primary care workforce:

- How will integrated professional development for the existing pri-

mary care workforce be improved and supported?

- How will interdisciplinary learning and teamwork be further developed?
- How will links between education providers and health care funders be strengthened and maintained?
- How will new and existing primary care and practice nurses be trained and supported to assume expanded roles?

### Acknowledgements

We acknowledge the wise advice of our colleagues in preparing this paper and in particular Gill Reagan, Nurse Team Leader, Newtown Union

Health Service, Wellington; Jill Lowrey, Practice Nurse, Johnsonville Medical Centre, Wellington; Rosemary Minto, Director of Pinnacle PHO; Chair of NZ College of Practice Nurses NZNO; Tony Dowell, Professor, Department of General Practice, Wellington School of Medicine and Health Sciences, Otago University; Pamela Hyde, National Director of General Practice Education Programme, Stage 1, Royal NZ College of General Practitioners.

This article has been jointly published with the journal of the New Zealand Nurses Organisation, *Kai Tiaki Nursing New Zealand*. It appeared in the July issue of their journal.

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