Be trained to do the job you do: our campaign for better education

Fran Robinson reports on the PCRS-UK campaign for better education



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PCRS-UK has launched a campaign to raise awareness of the importance of continuing education and training in supporting primary healthcare professionals to deliver high value, patient centred respiratory care.

Education of the workforce is a core objective of the Society and our educational strategy is taking on an exciting new focus with the launch of the Primary Care Respiratory Academy, set up with our educational partner Cogora. In parallel, our new website will make it easier to search for educational resources and information. There is also the educational support we offer via our respiratory leaders programme, national conference and network of nearly 50 affiliated local groups.

There are many reasons why the requirement for education and training should be at the forefront of clinicians', commissioning bodies' and employers' minds.

Continued pressure on NHS budgets and increasing demand means that helping busy clinicians to get the respiratory education and updates they need has never been more important. In addition many NHS staff are rapidly approaching retirement age and, as new less experienced staff are recruited to primary care, they need to be properly trained.

The job description of nurses in general practice is expanding rapidly with many now undertaking roles traditionally the reserve of GPs. However we are aware that in some situations staff are taking on routine reviews for long term conditions for which they have not been trained. We are looking to persuade employers of the need to provide training for these healthcare professionals to assure the quality and competency of the care they provide.

This concern is shared by the Queen's Nursing Institute. They recently conducted a survey of the general practice nursing workforce which revealed that more than four in ten nurses do not feel their nursing team has the right number of appropriately qualified and trained staff to meet the needs of patients.1 Many nurses said they needed extensive training, study and practice in unfamiliar areas, such as chronic disease management, including COPD and spirometry. Having specialist knowledge of areas such as chronic disease management, meeting high patient expectations and keeping up with constantly evolving guidelines were seen as challenges. Nearly half of respondents said they had to take unpaid leave to undertake CPD.

Our education campaign theme, "Better education of healthcare professionals equals better care", highlights how training and education improves patient outcomes.

The second theme of the campaign, "Be trained to do the job you do", is designed to empower health professionals to seek the training they need. It is also intended to raise the awareness of those in an employers' role, such as GP partners, that they are responsible for ensuring that all their staff have the time and funding they need to keep themselves up to date.

Jane Scullion, a Respiratory Nurse Consultant and a Trustee of PCRS-UK and Education for Health, says we need to target those in primary care who need upskilling and to ensure that all healthcare professionals delivering respiratory care are getting the basics right.

"There are a whole host of healthcare professionals out there who are just getting on with the job on a

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day-to-day basis and don't get many updates and don't even access online learning. I go in to practices and give talks and a surprising number of clinicians, for example, have never heard of the National Review of Asthma Deaths and its recommendations for improving care.2"

"Other nurses I come across have not received updates about the new medication that is available and have not handled the new devices, they worry about breathlessness and there are always issues about spirometry and whether they have they got the diagnosis right."

Jane says there is a need to give out a positive message about the difference that well trained health professionals can have on improving patient outcomes.

The importance of respiratory education

Dr Steve Holmes, Education Lead for PCRS-UK, GP trainer, Associate Postgraduate Dean for Health Education England (South West), Clinical Respiratory Lead for Somerset CCG and a Trustee of Education for Health, says: "If, as a GP, you think you know everything there is to know about a condition and have all the skills you need, then you are lost as a clinician because you've always got to be adapting, moving forward and thinking about and changing what you do."

When considering respiratory education Steve suggests GPs and other clinicians involved in respiratory care need to ask themselves: "Do I have the knowledge to manage respiratory disease, do I know about the currently available preparations and inhalers, and do I have the skills to help my patients to use their medication appropriately?"

Steve suggests a harder area to teach is the fundamental attitudes we have to certain diseases. He explains: "As a medical educator, when I'm training young doctors and other healthcare professionals, I concentrate on this aspect quite a bit. If someone tells me that the

only effective treatment for COPD is it to stop smoking and it's the patient's fault they have got the condition in the first place – that to me is a view from the 1980s. A healthcare professional who has been well trained in respiratory care would know that there are many effective interventions for COPD (influenza immunisation, inhaler therapy, pneumococcal vaccination, pulmonary rehabilitation, smoking cessation, CHD prevention, effective management of acute exacerbations). So it is important that we promote a more active clinical model to our fellow clinicians."

Steve says after reflecting on their clinical role, clinicians need to determine what is the best value education and training they can do in the limited time that is available either at work or during private study time. "Education isn't just about going to a meeting, it's a professional way of life. One of the things that ticks my boxes is seeing people grow personally in terms of their reflection, their learning and their expertise and inspiring the people we look after to do better," he says.

Education should inspire change and innovation

When making the case to Clinical Commissioning Groups (CCGs) and GP federations of the need to educate the workforce, the training organisation, Education for Health focuses on the argument that education creates an inquiring mind that can result in the service development changes that will improve patient care.

Chief Executive, Monica Fletcher, says: "With limited funds and time, education for education's sake is difficult to justify. So we encourage CCGs and other NHS commissioners to consider education as a tool for levering service change. We want education to inspire people to implement evidence based guidelines, best practice, change and innovation because these are the elements that improve patient outcomes and also help CCGs meet the priorities of NHS England's Five Year Forward View.3"

"If people don't have the tools or skills to implement best practice then it will be far more difficult to effect change. Unfortunately that is one of the reasons why one-day educational updates are not a substitute for longer courses that concentrate on how to apply the learning to practice. Education for Health accredited educational programmes and modules do just that, as they spend significant time focusing on implementing the knowledge and best practice back in the workplace."

PCRS-UK recognises that there is a different role between longer, accredited courses and one day updates of the kind that will be provided by our new Primary Care Respiratory Academy. Our education campaign highlights the need for healthcare professionals to have better access to both updates and accredited longer courses.

Monica says nurses should not be afraid to make a case directly to the CCG for funds to go on the courses they need. Nurses can use the PCRS-UK skills checklist as a starting point for determining their training needs see https://www.pcrs-uk.org/resource/Professional-development/nurse-skills-document.

Education improves nursing care

Gail Plester, nurse practitioner at the Revel Surgery, Brinklow and author of the A-Z Handbook for Nurses in General Practice, recently completed the Education for Health ARTP (Association for Respiratory Technology and Respirology) spirometry interpretation course because she felt this was an area in which she lacked confidence.

Gail has diplomas in asthma, paediatric asthma, COPD, diabetes and coronary heart disease under her belt and is an independent prescriber. She spends about 50 per cent of her time looking after respiratory patients in her practice.

"As I worked through the course I found that although I had a wealth of experience and understanding of respiratory disease there was just so much more that opened up for me

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knowledge-wise. The course gave me total confidence in interpretation of spirometry and this has made such a difference in my practice."

"It means I am now able to provide the care my patients need and no longer have to go to the senior partner for help with interpreting my spirometry. I feel more confident emailing respiratory consultants to ask their opinion about the more complex patients and the feedback has been very positive," she says.

Gail's new skills and confidence are enabling her to improve outcomes for patients. She explains: "Since doing the course I have persuaded my practice to install the latest spirometry machine and I'm the one that runs it. The information gleaned from it is much more advanced than the machine we had before. I feel more self-assured in diagnosing patients and only a few of the more complex cases now have to go to the hospital for further tests."

CCG-wide education makes a difference

The Berkshire West Federation of CCGs has invested in COPD education and training to upskill all the practice nurses in their 55 practices with the aim of standardising and improving the care of patients.

A joint needs assessment identified COPD as a priority for improvement. However a practice nurse survey found that despite many years of nursing experience, many had not had any recent respiratory updates or training.

So the CCG paid for Education for Health to run local COPD diploma and spirometry courses, updates for nurses who had already done the diploma and updates in care planning and self-management for healthcare assistants. In addition nurses from the community respiratory team have been going into practices to share expertise by reviewing patients on a one-to-one basis with practice nurses.

The medicines optimisation team have provided respiratory updates for GPs covering inhaler technique and the latest medication.

Allwin Mercer, Clinical Lead Nurse and Long Term Conditions Lead for North and West Reading CCG says: "We have been working to meet the educational needs of nurses at every level. Regular updates have covered the latest guidelines, medication and inhalers in order to remove variances and standardise care across all of our practices.

"We've sought to improve the quality of care for patients by identifying those who have undiagnosed COPD, those who may not be on the most appropriate medication, or who are missing out on pulmonary rehabilitation or at risk of a hospital admission. The nurses have really welcomed the extra training. They say they are now enjoying their work more and feel better supported.

"The CCG has been very forward thinking in supporting the nurse training because they recognise that nurses are a very important part of the workforce," says Allwin. The CCG is now running training and updates for asthma care.

Although she is an experienced practitioner Allwin is currently undergoing ARTP spirometry training herself because she feels the need for a refresher. "You can be quite skilled but still find there is always something new that you can learn from a course, an update or a conference. You should never stop learning – that's why it's called continuing professional development," she says.

References

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