

Evidence Brief: Primary Care

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Key publications – the big picture

[Integration of Primary and Community Care Committee report: 'Patients at the centre: Integrating primary and community care'](#)

Source: House of Lords Library

Publication date: April 2024

Integrating primary and community care services has been identified as necessary in order to address increased demand and the rise in the number of people with complex health issues. In 2023, the House of Lords Integration of Primary and Community Care Committee considered how successfully these services were being integrated. This briefing summarises the committee's conclusions and recommendations and the government's response.

[Rethinking access to general practice: it's not all about supply](#)

Source: The Health Foundation

Publication date: March 2024

This long read is the first in a series of outputs from a collaboration between the Health Foundation and researchers at The Healthcare Improvement Studies Institute. The project draws on the candidacy framework to inform a more holistic understanding of general practice access issues.

[Making care close to home a reality](#)

Source: The King's Fund

Publication date: February 2024

The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable. Despite successive governments repeating a vision of health and care services focused on communities rather than hospitals, that vision is very far from being achieved. This research explored the underlying factors that have prevented change, and what might need to be done to achieve the vision; we analysed published evidence and national

datasets, and interviewed stakeholders across the health and care system. We found that to achieve the vision, political and other national leaders will need to completely shift their focus away from hospitals towards primary and community health and care – and all policies and strategies must align to that focus. This report is not about closing hospitals or moving existing services from one location to another, although the latter option may sometimes be appropriate. Rather, it is about a wholesale shift in the focus towards primary and community health and care across the domains of leadership, culture and implementation.

[Long-term trends in GP consultation rates](#)

Source: Midlands Decision Support Network

Publication date: February 2024

GP practice consultations are, by some distance, the most common interaction between the NHS and the population it serves. During these consultations, patient's acute conditions are diagnosed and treated, their long-term conditions are managed, preventative interventions are delivered, and referrals to secondary care are made. Patient satisfaction with access to GP practice consultations is a long-standing problem, but this issue has become more acute since the COVID-19 pandemic. Most consultation appointments are booked by telephone, but in a recent survey, 50% of patients reported difficulties getting through to their GP practice by telephone, up from 30% in 2018.

[Literature review personalised care, social prescribing and community strengthening](#)

Author(s): Dr Brian Fisher

Source: The Health Creation Alliance

Publication date: December 2023

Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what

matters' to them and their individual strengths and needs. This happens within a system that makes the most of the expertise, capacity and potential of people, families and communities in delivering better outcomes and experiences. 1 Personalised Care is one of the five major shifts set out in the NHS Long-Term Plan. It has six components, including personal budgets, care and support planning, shared decision-making, support for self-management and social prescribing. Social prescribing is a way to connect people with valuable community supports and social capital. This review was commissioned by In Control Partnerships on behalf of the Leadership for Personalised Care programme, to help leaders make a case for change by investing in new ways of working. It has looked in-depth at the literature on personalised care in general, on social prescribing, and on community strengthening approaches, which support the personalised care agenda.

[The contribution of at scale primary care to system working](#)

Source: NHS Providers

Publication date: October 2023

Working at scale within general practice is not new. In recent years, many practices have adopted different models, including super-practices, GP federations, primary care networks (PCNs) or through integration with other NHS providers such as trusts. Although there are many different approaches to delivering primary care at scale, common aims include: efficiencies, new ways of working above the provision of core general practice to improve quality or integrate care, and collaboration with other practices and healthcare providers to improve patient care or share resources.

[A vision for community pharmacy](#)

Source: Nuffield Trust

Publication date: September 2023

Community pharmacy needs to adapt to meet the needs of a changing population at a time of unprecedented challenge for health and care in England. The Nuffield Trust and The King's Fund were commissioned by Community Pharmacy England to develop a vision for the direction of community pharmacy and to describe the actions needed to turn that vision into reality. Our report outlines that vision, warning that it cannot be delivered without changes to the law, as well as additional funding beyond what was announced in a recent pharmacy funding boost.

[Community Pharmacy Workforce survey](#)

Source: NHS England Workforce Training and Education

Publication date: August 2023

The Community Pharmacy Workforce Survey is an annual survey that strengthens the visibility of pharmacy workforce data within the community pharmacy sector.

[Fit for the Future: A modern and sustainable NHS providing accessible and personalised care for all](#)

Source: Tony Blair Institute for Global Change

Publication date: July 2023

Our [Future of Britain](#) initiative sets out a policy agenda for a new era of invention and innovation, based on radical-yet-practical ideas and genuine reforms that embrace the tech revolution. The solutions developed by our experts will transform public services and deliver a greener, healthier, more prosperous UK.

[NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

[A vision for the future of primary care](#)

Source: National Voices

Publication date: June 2023

Primary care services are the front door to the NHS – they are the first port of call when we feel unwell and the main coordinator of care when we need ongoing support. When primary care is working well, people feel welcomed, listened to and reassured. Every day we hear about ways in which primary care professionals have made a difference to people living with mental and physical health conditions and disability.

['Pay for Quality Improvement' schemes: Financially incentivising Quality Improvement Activity in Primary Care](#)

Source: PruComm

Publication date: May 2023

Financially incentivising quality improvement (QI) activity is a novel approach that was introduced into the English general practice Quality and Outcomes Framework (QOF) in 2019. It was not fully implemented until 2022/3 because QOF income was protected during the COVID-19 pandemic. The key novelty is that practices receive financial reward for carrying out quality improvement activities, rather than for delivering specific processes of care or clinical outcomes. In practice, quality improvement in the QOF means that practices are financially incentivised for carrying out Plan-Do-Study-Act cycles according to guidance on topics set by NHS England. There is no requirement for general practices to demonstrate that any improvement activity led to a change in clinical practice or outcome to receive the reward.

[Delivery plan for recovering access to primary care](#)

Source: NHS England

Publication date: May 2023

Our commitment to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care.

[Fit for the Future: GP Pressures 2023](#)

Source: Royal College of General Practitioners

Publication date: March 2023

This report focuses on the urgent action needed to reduce current immense pressures and prevent another winter like this in England. Our Fit for the Future: a new plan for GPs & their patients document, published last year, sets out in more detail the longer term challenges and solutions, such as the need to go above and beyond the promise to secure 6,000 extra full-time equivalent GPs and our wider vision for the future of general practice.

[Stressed out and burned out: the global primary care crisis](#)

Source: The Commonwealth Fund

Publication date: November 2022

For at least the past two decades, the United States and other countries around the world have been bracing for a shortage of physicians, a problem that has reached crisis proportions in recent years.¹ Physician burnout during the COVID-19 pandemic has only exacerbated the shortage: at a time when regular health care has been disrupted and the prevalence of behavioral and mental health conditions has spiked, people's access to basic primary care has been severely compromised.² This brief presents the first findings from the 2022 Commonwealth Fund International Health Policy Survey of Primary Care Physicians to explore the effects of the pandemic on the primary care workforce across nations. Conducted in 10 high-income countries, we compare changes in physician workload, stress, emotional distress, burnout, quality of care delivered, and physicians' career plans. We also examine differences in these measures by age, categorizing "younger physicians" as under age 55 — roughly the average age of U.S. physicians — and "older physicians" as age 55 and older.³

[Primary care networks: three years on](#)

Author(s): Julie Swift

Source: NHS Confederation

Publication date: November 2022

This report considers the progress of PCNs since they were established in July 2019. It outlines factors that contribute to a 'strong PCN,' setting out recommendations for integrated care systems (ICSs) and policy makers to realise this, with a focus on specific asks for the PCN contract 2023/24. The report is informed by ongoing engagement with approximately 200 PCN clinical directors and managers, as well as leaders in wider primary care organisations such as GP federations.

[Job crafting and flexible working in general practice](#)

Author(s): Bevan et al.

Source: Institute for Employment Studies

Publication date: October 2022

Although there is evidence of new and innovative approaches to flexible job design and flexible working patterns in the NHS as whole (a promise contained in the NHS people plan), there are few examples of how this can be applied within general practice.

[Projections: General practice workforce in England](#)

Source: The Health Foundation

Publication date: June 2022

Workforce shortages represented the single biggest challenge facing the NHS in England well before COVID-19. General practice has consistently faced workforce pressures that are likely to have been exacerbated by the pandemic. This work presents analysis of long-term workforce supply and demand in the NHS in England to 2030/31, focusing on patient care staff in general practice (GPs, general practice nurses and other patient care staff). This analysis has been produced as part of the REAL Centre's substantive upcoming report on NHS workforce projections.

[Next steps for integrating primary care: Fuller stocktake report](#)

Source: NHS England

Publication date: May 2022

This is the final report of the stocktake undertaken by Dr Claire Fuller, Chief Executive-designate Surrey Heartlands Integrated Care System and GP on integrated primary care, looking at what is working well, why it's working well and how we can accelerate the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems.

[Experiences of racial discrimination and harassment in London Primary Care](#)

Source: NHS England and NHS Improvement and Health Education England

Publication date: March 2022

Everyone in the NHS deserves to work in an environment that is safe, welcoming, and free of discrimination. 90% of NHS consultations take place in primary care¹, and, post pandemic, the workforce is under more pressure than ever before. It is essential that we support the workforce because a motivated and valued workforce helps deliver higher quality patient care and more sustainable services². Part of feeling valued is working in a supportive environment free from discrimination and harassment.

[Integrating additional roles into primary care networks](#)

Source: The King's Fund

Publication date: March 2022

- The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. The aim of the scheme is to support the recruitment of 26,000 additional staff into general practice.
- This represents a huge scale of ambition and requires the implementation of significant and complex change across

general practice. While primary care networks (PCNs) have swiftly recruited to these roles, they are not being implemented and integrated into primary care teams effectively.

- Our research focused on four roles — social prescribing link workers; first contact physiotherapists; paramedics and pharmacists — to examine the issues related to the implementation of these roles, looking at the experiences of working in these roles and of the people managing them.
- We found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. Successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

[At your service: a proposal to reform general practice and enable digital healthcare at scale](#)

Source: Policy Exchange

Publication date: March 2022

General practice has always been the foundation and gateway to the NHS. However the problems are mounting up: a stretched and increasingly burnt-out workforce, no systematic reporting or analysis of activity and demand, fragmentation with secondary care, and confusing and dated contracting and reimbursement mechanisms. The status quo is increasingly unacceptable to both patients and GPs. There is now a consensus that changes are needed, including to the small-scale independent contractor model, to ensure that primary care can thrive in the future.

Policy Exchange has set out a pragmatic proposal for reform.

Addressing issues around integration, workforce, digital transformation and scaled provision, we argue that a new model

of general practice is required to better meet the needs of patients and the taxpayer – so it feels increasingly at their service.

[Briefing: Measuring the economic value of community nursing](#)

Source: HFMA

Publication date: February 2022

NHS community services are an essential part of national ambitions to support people to manage their conditions, prevent ill health and deliver care closer to home. Community nurses are central to the care delivered for many people, across a broad range of conditions and needs. If further proof were needed of the importance of the community sector, the response to Covid-19 has been underpinned by a robust offering by the sector, allowing earlier discharge from acute settings and managing a range of complex conditions which would previously have been unheard of to manage outside of hospital. Community staff, and community nurses, have risen to the challenge and demonstrated their value.

[Under pressure: an analysis of primary care pressures facing integrated care systems at launch](#)

Source: Future Health

Publication date: 2022

This report identifies 16 of 42 regions where primary and secondary care services are under high levels of pressure going into this winter. The research finds widespread variation in access to services including a nearly four-fold variation in the proportion of patients waiting three weeks or more for a GP appointment. Analysis from nine different NHS data sources including appointment access, waiting times and ratios of staff to patients is used to look at relative pressures between new integrated care systems, established in July 2022 and now responsible for regionally managing health services..

[Digital and remote care: the inverse care law with a 21st century twist?](#)

Source: Nuffield Trust

Publication date: February 2022

The pandemic has brought significant changes to how people access primary care services, including the rise of online bookings and remote consultations. Are they changes in the right direction? In this long read, Charlotte Paddison discusses whether the shift towards digital primary care risks making access easier for people with less need and harder for those more likely to be in poorer health – and describes the actions that would help in getting access right.

[New workforce standards for district nursing launched](#)

Source: The Queen's Nursing Institute

Publication date: February 2022

New Standards identify red lines to support safe staffing amid growing workforce pressures.

Case Studies

[Flexible shift patterns in a community district nursing team](#)

Source: NHS Employers

Publication date: May 2024

Read how Midlands Partnership University NHS Foundation Trust successfully piloted an extended shift pattern scheme for its community nursing teams.

[How Coventry and Warwickshire ICS boosts support and local jobs for underrepresented groups](#)

Source: NHS Employers

Publication date: March 2024

The ICS has introduced a number of different employability support channels to attract, recruit and retain local people.

[Supporting integrated working through blended roles](#)

Source: NHS Employers

Publication date: May 2023

Read how Greater Manchester ICS integrated their workforce by developing blended roles within their communities.

[A collaboration to support learners and educators](#)

Source: NHS Employers

Publication date: 2023

Team Leeds Hearts and Minds is a citywide collaboration to create the conditions for a flourishing integrated health and care system.

[General practice Case Studies](#)

Source: NHS England

Publication date: 2022

The case studies here demonstrate some positive examples of the NHS delivering improved high quality care in a number of different settings across the country.

They provide some context and background to the challenges being faced by the NHS and the solutions developed to ensure better, cost effective outcomes for patients and the public.

[Under pressures: an analysis of primary care pressures facing Integrated Care Systems at launch](#)

Source: Future Health

Publication date: 2022

See p. 42 for the following case studies:

- Primary and secondary care waiting list management – University Hospitals of Coventry and Warwickshire NHS Trust
- Workforce deployment – Primary Care dieticians supporting older people in North Yorkshire
- New models of care – Frimley NHS Foundation Trust Virtual Frailty Community Ward

- New models of care – Mental health – Hampshire, Southampton and Isle of Wight Integrate Care Board
- Utilisation of data to deliver improved population health – Bristol, North Somerset and Gloucestershire Integrated Health system – Heart Failure

[Recognising the Armed Forces in a primary care setting](#)

Source: NHS Employers

Publication date: December 2022

A primary care provider in Portsmouth is making good on its pledge to support the local Armed Forces community while championing military employees.

[How new ways of working in primary care are boosting patient experiences in York](#)

Source: NHS England

Dr Abbie Brooks, GP with Park View Surgery, York, part of the Priory Medical Group, explains how online patient triage and a range of consultation options are providing a better experience for patients and staff across the group.

[Multi-professional team-working: the experiences and lessons from COVID-19](#)

Source: Academy of Medical Royal Colleges

Publication date: October 2021

The report focuses on what lessons we have learned about the enablers for and barriers to effective multi-professional team-working. Drawing on interviews with workers across different specialties, healthcare settings and regions, it explores five key themes that have shaped experiences of multi-professional team-working during the pandemic. These areas should form the backbone of future work to 'reset' team-working after the pandemic, since they offer opportunities to improve and embed collaboration and integration across occupational groups. If the

system can address these issues, we can fully realise the benefits of a multi-professional workforce for patient care.

See the following primary care related case studies:

- Case Study 3: Enhanced visibility of podiatrists in Greater Glasgow and Clyde and Lanarkshire Health Board (p. 15)
- Case Study 8: Remote consultations for highly specialised services, University Hospital Southampton NHS FT (p. 28)
- Case Study 9: Parish nursing for vulnerable patients, The Steeple Church, Dundee (p. 34)

[CapitalNurse programme: Supporting nursing workforce challenges](#)

Source: NHS Employers

Publication date: January 2020

Find out how nurse leaders, academics and workforce colleagues have worked together as 'CapitalNurse' to meet nursing workforce challenges.

[Integrated care in action – primary care](#)

Source: NHS Long Term Plan

Publication date: March 2019

For many people, their first point of contact with the health service is through primary care (such as GPs, pharmacy, dentistry and eye health). There are almost four times as many patient contacts with these services compared to hospitals. This case study shows how integrated care systems are redesigning primary care services.

[Clinical pharmacists in general practice: The Old School Surgery, Bristol](#)

Source: NHS Long Term Plan

Publication date: March 2019

This video case study explains the role of clinical pharmacists in general practice, clarifying when and why patients might see a clinical pharmacist.

[Musculoskeletal \(MSK\) First Contact Practitioners: The Deepings Practice](#)

Source: NHS Long Term Plan

Publication date: March 2019

GP Dr Majid Akram and physiotherapist Phil Richards discuss how the successful implementation of a new musculoskeletal (MSK) first contact practitioner role at The Deepings Practice in South Lincolnshire has resulted in better outcomes for patients and helped to reduce GP workload.

[Paramedic-led home visiting service in Wokingham](#)

Source: NHS Long Term Plan

Publication date: March 2019

A group of GP practices in Wokingham, Berkshire are to provide a better and more responsive service for their patients. Their teams of health professionals are working with other health and care services to manage the many different needs of their patients. This includes a service where patients that need an urgent home visit are quickly seen by a paramedic to understand what further support or treatment is needed with patients with the most complex needs are seen by their GP. These prompt home visits have increased the number of patients that can be managed at home, reducing the number of people needing to go to hospital with one patient saying: "I was happy to be seen so quickly and the paramedic assured me there was no concern." GPs have more time to spend with patients with complex needs and closer working an earlier involvement in social services and community teams means patients get a better service, specific to their needs.

[Improving care for patients with long term conditions](#)

Source: NHS Long Term Plan

Publication date: March 2019

David, a patient at New Court Surgery, described how access to GP online services such as his GP record and online test results,

helps him to better manage his health. Staff at the surgery also explain how access to GP online services is revolutionising and improving care for patients with long term medical conditions, including those who, like David, have diabetes.

[Integrated care for children's health in London](#)

Source: NHS Long Term Plan

Publication date: March 2019

Our health and care system needs to adapt to the changing care needs of children and young people. One in ten if our children suffer mental health problems, which can affect them for life if they don't get the right support early. In North West London they have set up GP child health hubs which brings together primary care, mental health and acute community services to look at all the aspects of a child's health and wellbeing. The result is better care for children and their families.

[Healthier Fleetwood: transforming care for patients](#) January 2019, NHS Long Term Plan

GP practices in Fleetwood, Lancashire are working in partnership with local residents, charities and other health services to change the way they provide care from simply managing people's illnesses towards helping people improve their lifestyles and preventing illnesses from developing. The Healthier Fleetwood scheme is based in the local Health and Wellbeing Centre puts on events such as free sports lessons, a Harmony and Health singing group and mental health support classes to support local people to make life changes to support their long-term health and wellbeing.

eLearning

[New roles in Primary Care Toolkit](#)

Source: NHS England eLearning for Healthcare

The New Roles in Primary Care National Toolkit has been developed to enable Primary and Community Care Training Hubs to work collaboratively with Primary Care Networks (PCNs) towards the development of the Primary Care workforce, as outlined in the GP Contract. The GP contract states that New Roles will be essential in securing the 26,000 extra staff under the Additional Roles Reimbursement Scheme (ARRS). Training Hubs will support future workforce planning as one of their core functions. Training Hubs are designed to meet the educational needs of the multidisciplinary primary care team and bring together NHS organisations, community providers and local authorities. This resource will allow Training Hubs to work with their PCNs and support workforce planning, providing a valuable resource for systems developing their primary care workforce.

The Star for workforce redesign

More resources and tools are available in the "Primary Care" section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Primary and dental care and oral health**” filter

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advanced Practice

[Advanced Clinical Practitioners in Primary Care in the UK: A Qualitative Study of Workforce Transformation](#)

Author(s): Evans et al.

Source: International Journal of Environmental Research and Public Health 17(12)

Publication date: 2020

Escalating costs and changing population demographics are putting pressure on primary care systems to meet ever more complex healthcare needs. Non-medical 'advanced clinical practitioner' (ACP) roles are increasingly being introduced to support service transformation. This paper reports the findings of a qualitative evaluation of nursing ACP roles across General Practices in one region of the UK. Data collection involved telephone interviews with 26 participants from 3 different stakeholder groups based in 9 practice sites: ACPs (n = 9), general practitioners (n = 8) and practice managers (n = 9). The data was analysed thematically. The study found a high degree of acceptance of the ACP role and affirmation of the important contribution of ACPs to patient care. However, significant variations in ACP education, skills and experience led to a bespoke approach to their deployment, impeding system-wide innovation and creating challenges for recruitment and ongoing professional development. In addition, a context of high workforce pressures and high service demand were causing stress and there was a need for greater mentorship and workplace support. System wide changes to ACP education and support are required to enable ACPs to realise their full potential in primary care in the UK.

[Successfully developing advanced practitioner roles: policy and practice mechanisms](#) Full text available with NHS OpenAthens account*

Author(s): Officer et al.

Source: Journal of Health Organisation and Management 33(1)

Publication date: 2019

Purpose: The purpose of this paper is to lay out how advanced practitioner development occurs in New Zealand primary health care settings. The paper specifically focuses on mechanisms occurring across policy creation and in practice leading to successful role development.

Design/methodology/approach: The authors applied a realist approach involving interviews, document review and field log observations to create refined theories explaining how successful development occurs. Findings: Three final mechanisms were found to influence successful advanced practitioner role development: engagement in planning and integrating roles; establishing opportunities as part of a well-defined career pathway; and championing role uptake and work to full scopes of practice. Research limitations/implications: This research focuses on one snapshot in time only; it illustrates the importance of actively managing health workforce change.

Future investigations should involve the continued and systematic evaluation of advanced practitioner development.

Practical implications: The successful development of advanced practitioner roles in a complex system necessitates recognising how to trigger mechanisms occurring at times well beyond their introduction. Social implications: Potential candidates for new roles should expect roadblocks in their development journey.

Successfully situating these roles into practice through having a sustainable and stable workforce supply provides patients with access to a wider range of services. Originality/value: This is the first time a realist evaluation has been undertaken, in New Zealand, of similar programmes operating across multiple sites.

The paper brings insights into the process of developing new health programmes within an already established system.

[Holistic health care: Patients' experiences of health care provided by an Advanced Practice Nurse](#)

Author(s): Eriksson et al.

Source: International Journal of Nursing Practice 24(1)

Publication date: 2017

Introduction: Advanced Practice Nurse (APN) is a fairly new role in the Swedish health care system. Aim: To describe patients' experiences of health care provided by an APN in primary health care. Methods: An inductive, descriptive qualitative approach with qualitative open-ended interviews was chosen to obtain descriptions from 10 participants regarding their experiences of health care provided by an APN. The data were collected during the spring 2012, and a qualitative approach was used for analyze. Results: The APNs had knowledge and skills to provide safe and secure individual and holistic health care with high quality, and a respectful and flexible approach. The APNs conveyed trust and safety and provided health care that satisfied the patients' needs of accessibility and appropriateness in level of care. Conclusion: The APNs way of providing health care and promoting health seems beneficial in many ways for the patients. The individual and holistic approach that characterizes the health care provided by the APNs is a key aspect in the prevailing change of health care practice. The transfer of care and the increasing number of older adults, often with a variety of complex health problems, call for development of the new role in this context.

[Quality of primary care by advanced practice nurses: a systematic review](#)

Author(s): Swan et al.

Source: International Journal of Quality in Health Care 27(9) pp. 396-404

Publication date: October 2015

Purpose: To conduct a systematic review of randomized controlled trials (RCTs) of the safety and effectiveness of primary care provided by advanced practice nurses (APNs) and evaluate the potential of their deployment to help alleviate primary care shortages. Data sources: PubMed, Medline and the Cumulative Index to Nursing and Allied Health Literature. Study selection: RCTs and their follow-up reports that compared outcomes of care provided to adults by APNs and physicians in equivalent primary care provider roles were selected for inclusion. Data extraction: Ten articles (seven RCTs, plus two economic evaluations and one 2-year follow-up study of included RCTs) met inclusion criteria. Data were extracted regarding study design, setting and outcomes across four common categories. Results of data synthesis: The seven RCTs include data for 10 911 patients who presented for ongoing primary care (four RCTs) or same-day consultations for acute conditions (three RCTs) in the primary care setting. Study follow-up ranged from 1 day to 2 years. APN groups demonstrated equal or better outcomes than physician groups for physiologic measures, patient satisfaction and cost. APNs generally had longer consultations compared with physicians; however, two studies reported that APN patients required fewer consultations over time. Conclusion: There were few differences in primary care provided by APNs and physicians; for some measures APN care was superior. While studies are needed to assess longer term outcomes, these data suggest that the APN workforce is well-positioned to provide safe and effective primary care.

Allied Health Professionals (AHPs)

[Implementing community paramedicine: A known player in a new role. A narrative review](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Spelten, Evelien;Thomas, Brodie;van Vuuren, Julia;Hardman, Ruth;Burns, David;O'Meara, Peter and Reynolds, Louise

Publication Date: // ,2024

Journal: Australasian Emergency Care 27(1), pp. 21-25

Abstract: BACKGROUND: Community Paramedicine is a model of care which is effective and accepted by health professionals and the community. Community paramedicine delivers low acuity primary care to disadvantaged communities and addresses service gaps. We aimed to identify successful implementation of community paramedicine models and signalled opportunities and challenges., METHODS: A narrative review was conducted. We identified 14 literature reviews from four databases EMBASE, CINAHL, PubMed, Cochrane. The results from the thematic analysis were structured along the quadruple aim for healthcare redesign framework., RESULTS: The reviews supported acceptability of the model. Patients are satisfied and there is evidence of cost reduction. Long term evidence of the positive effects of community paramedicine on patient, community health and the health system are lacking. Equally, there is unfamiliarity about the role and how it is part of an integrated health model., CONCLUSIONS: Community paramedicine could alleviate current stresses in the healthcare system and uses an available workforce of registered paramedics. To facilitate integration, we need more evidence on long-term effects for patients and the system. In addition, the unfamiliarity with the model needs to be addressed to enhance the uptake of the model. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.

[Dietetic Workforce Capacity Assessment for Public Health Nutrition and Community Nutrition](#)

Author(s): El-Kour et al.

Source: Journal of the Academy of Nutrition and Dietetics 121(7) pp. 1379-1391

Publication date: 2020

Worldwide, there is a continued rise in malnutrition and noncommunicable disease, along with rapidly changing dietary patterns, demographics, and climate and persistent economic inequality and instability. These trends have led to a national and global focus on nutrition-specific and nutrition-sensitive interventions to improve population health. A well-trained public health and community nutrition workforce is critical to manage and contribute to these efforts. The study describes the current public health and community nutrition workforce and factors influencing registered dietitian nutritionists (RDNs) to work in these settings and characterizes RDN preparedness, training, and competency in public health and community nutrition. The study was comprised of a cross-sectional, online survey of mostly US RDNs working in public health/community nutrition and semistructured telephone interviews with US-based and global public health and community nutrition experts. RStudio version 1.1.442 was used to manage and descriptively analyze survey data. Thematic analysis was conducted to evaluate expert interviews. Survey participants (n = 316) were primarily women (98%) and White (84%) with the RDN credential (91%) and advanced degrees (65%). Most reported that non-RDNs are performing nutrition-related duties at their organizations. Respondents generally rated themselves as better prepared to perform community nutrition vs public health functions. Interviews were conducted with 7 US-based experts and 5 international experts. Experts reported that non-RDNs often fill nutrition-related positions in public health, and RDNs should more actively pursue emerging public health opportunities. Experts suggested that RDNs are more desirable job candidates

if they have advanced public health degrees or prior experience in public health or community nutrition and that dietetic training programs need to more rigorously incorporate public health training and experience. Significant opportunity exists to improve the preparedness and training of the current dietetic workforce to increase capacity and meet emerging needs in public health and community nutrition.

[Integrating dietitians into primary health care: benefits for patients, dietitians and the general practice team](#)

Author(s): Beckingsale et al.

Source: Journal of Primary Health Care 8(4) pp. 372-380

Publication date: 2016

INTRODUCTION: Dietetic service delivery in primary health care is an emerging area of dietetic practice in New Zealand. **AIM:** This paper aims to describe the dietetic services being delivered in this setting and dietitians' perceptions of the factors that have an effect on their ability to deliver an optimal service. **METHODS:** Individual, qualitative, semi-structured, face-to-face interviews were conducted with 12 primary healthcare dietitians from a range of age, ethnicity and professional backgrounds. Interviews were audio-recorded, transcribed verbatim and analysed using inductive thematic analysis. **RESULTS:** Participants were delivering a range of services including: providing nutrition care directly to patients, helping to upskill other primary health care professionals in nutrition, and delivering health promotion initiatives to their local community. Three key factors were identified that participants perceived as having an effect on their ability to deliver effective dietetic services in primary health care: being part of a multidisciplinary general practice team, having flexible service delivery contracts appropriate for the setting and that supported integration, and having an adequate level of dietetic experience. **DISCUSSION:** Dietitians working in primary health care recognise the importance of being well integrated into a multidisciplinary general practice team. This enables them

to deliver more collaborative and coordinated nutrition care alongside their colleagues, to benefit patient care. Establishing flexible dietetic service delivery contracts, which support integration and take into account funding and workforce capacity requirements, may help ensure that the unique skill set of a dietitian is utilised to best effect.

[Community paramedicine model of care: an observational, ethnographic case study](#)

Author(s): O'Meara et al.

Source: BMC Medical Health Services Research 16(39)

Publication date: 2016

Background: Community paramedicine programs have emerged throughout North America and beyond in response to demographic changes and health system reform. Our aim was to identify and analyse how community paramedics create and maintain new role boundaries and identities in terms of flexibility and permeability and through this develop and frame a coherent community paramedicine model of care that distinguish the model from other innovations in paramedic service delivery. **Methods:** Using an observational ethnographic case study approach, we collected data through interviews, focus groups and field observations. We then applied a combination of thematic analysis techniques and boundary theory to develop a community paramedicine model of care. **Results:** A model of care that distinguishes community paramedicine from other paramedic service innovations emerged that follows the mnemonic RESPIGHT: Response to emergencies; Engaging with communities; Situated practice; Primary health care; Integration with health, aged care and social services; Governance and leadership; Higher education; Treatment and transport options. **Conclusions:** Community engagement and situated practice distinguish community paramedicine models of care from other paramedicine and out-of-hospital health care models. Successful

community paramedicine programs are integrated with health, aged care and social services and benefit from strong governance and paramedic leadership.

[Exploring interprofessional collaboration during the integration of diabetes teams into primary care](#)

Author(s): Gucciardi et al.

Source: BMC Family Practice 17(12)

Publication date: 2016

Background: Specialised diabetes teams, specifically certified nurse and dietitian diabetes educator teams, are being integrated part-time into primary care to provide better care and support for Canadians living with diabetes. This practice model is being implemented throughout Canada in an effort to increase patient access to diabetes education, self-management training, and support. Interprofessional collaboration can have positive effects on both health processes and patient health outcomes, but few studies have explored how health professionals are introduced to and transition into this kind of interprofessional work. Method: Data from 18 interviews with diabetes educators, 16 primary care physicians, 23 educators' reflective journals, and 10 quarterly debriefing sessions were coded and analysed using a directed content analysis approach, facilitated by NVIVO software. Results: Four major themes emerged related to challenges faced, strategies adopted, and benefits observed during this transition into interprofessional collaboration between diabetes educators and primary care physicians: (a) negotiating space, place, and role; (b) fostering working relationships; (c) performing collectively; and (d) enhancing knowledge exchange. Conclusions: Our findings provide insight into how healthcare professionals who have not traditionally worked together in primary care are collaborating to integrate health services essential for diabetes management. Based on the experiences and personal reflections of participants, establishing new ways of working requires negotiating space and place to practice, role

clarification, and frequent and effective modes of formal and informal communication to nurture the development of trust and mutual respect, which are vital to success.

[Acceptability of physiotherapists as primary care practitioners and advanced practice physiotherapists for care of patients with musculoskeletal disorders: a survey of a university community within the province of Quebec](#)

Author(s): Desjardnis-Charbonneau et al.

Source: BMC Musculoskeletal Disorders 17(400)

Publication date: 2016

Background: Musculoskeletal (MSK) disorders represent a great burden on the health care system. The use of physiotherapists in their autonomous roles and in advanced practice roles may help increase access to care. Thus, the aim of this survey was to assess the perceptions of a university community sample within the province of Quebec about physiotherapists as primary care practitioners and advanced practice physiotherapists (APPs) for the treatment of patients with musculoskeletal disorders. Methods: An electronic survey was sent in February 2014 via a web platform to members of the Laval University community (Québec City, Canada). The survey included questions about knowledge and perceptions on current physiotherapists' autonomous role in primary care and on APP future model of care for patients with MSK disorders. Survey results were synthesized with descriptive statistics. Differences in responses according to demographics, personal characteristics and previous physiotherapy care experience were evaluated using Chi-Square tests. Results: A total of 513 participants completed the online survey (1 % response rate). The majority of respondents were women (74 %) and aged 18 to 24 (39 % of all respondent). About 90 % of respondents believed that physiotherapists were skilled and competent and 91 % answered that they had trust in physiotherapists for the treatment of MSK disorders in primary care. A total of 90 % of respondents

supported the idea of introducing APPs for the treatment of patients with MSK disorders. Over 90 % of respondents were in favour of the delegation of medical acts such as: communicating a medical diagnosis, ordering imaging tests, triaging surgical candidates or prescribing medication such as NSAIDs.

Conclusions: Respondents are satisfied and have confidence in physiotherapists as primary care practitioners; they also support the intended new roles of the APPs in the health care system.

Caution should be taken in generalizing these results from this particular sample. These results need to be corroborated in the general population.

Career pathways and development

[Developing a 'national module' for nurses considering a career in general practice: addressing the workforce crisis in primary care](#)

Abstract only*

Author(s): Robin Lewis

Source: Practice Nursing 35(4)

Publication date: April 2024

The age profile of GPNs means that the pool of experienced GPNs available to recruit is rapidly shrinking. This article looks at potential solutions to the workforce crisis affecting practice nursing. If the predicted workforce crisis in primary care is to be avoided, there is a clear need to increase the number of student nurses considering a career in general practice. Initiatives such as the NHS England national module, described here, are integral to this process. Of the HEIs nationally that responded to a tender from NHS England, SHU was one of seven HEIs awarded a contract to deliver the module. The SHU module uses a blended approach to learning and provides learners with an insight into general practice and the role of the general practice nurse. It is unique in that it is delivered in partnership with the South Yorkshire Primary Care Workforce and Training Hub and is designed to create a workforce 'pipeline' of new graduate

nurses who will be equipped to access a regional career pathway for general practice nurses.

[General practice nurse trainees' perspectives on general practice nursing as a career choice: qualitative findings from a vocational training scheme in the United Kingdom \(UK\)](#)

Item Type: Journal Article

Authors: Lewis, Robin

Publication Date: // ,2023

Journal: BMC Primary Care 24(216)

Abstract: BACKGROUND: There is a shortage of general practice nurses worldwide to deal with an ever-increasing workload, and the need to attract new staff into general practice nursing is therefore vital. As part of this, a one-year Vocational Training Scheme (VTS) for new to general practice nurses was developed in 2020 by the South Yorkshire Primary Care Workforce and Training Hub. METHODS: The aim of the study was to examine the VTS trainees' views on general practice nursing as a career. A pragmatic, convenience sample of trainees was recruited. Of the 21 trainees, 17 agreed to take part in the study. Data were collected from the trainees using a series of four regular, timed, online focus groups designed to follow the trainees' trajectory on the programme over a twelve-month period. The data were analysed using framework analysis. RESULTS: The timed nature of the focus groups meant that the analysis of the data was linked to the trainees' trajectory over the course of the year. Three themes were generated from the data: 'pathways into general practice'; 'learning to be a GPN'; and 'the future GPN'. In theme one, the trainees talked of the difficulties in accessing general practice as a new graduate, specifically the need for prior experience and how to get it. In the second, the transition to being a general practice nurse was discussed, and the expectation of being able to 'hit the ground running' once in post. The new graduate participants were also concerned over the opportunities for clinical supervision and support in the role

after the programme. Finally, the participants expressed concern over future opportunities for professional development and the prospects for a long-term career in general practice. CONCLUSION: To address the worldwide workforce 'crisis' in general practice nursing, sustainable career pathways are needed to encourage new graduate nurses to consider working in general practice. Starting at university, changing the culture and providing the necessary infrastructure to support ongoing professional development in general practice nursing are key to its success. Abstract]

[Work satisfaction and future career intentions of experienced nurses transitioning to primary health care employment](#)

Author(s): Ahsley et al.

Source: Journal of Nursing Management 26(6)

Publication date: 2018

Aim: To explore registered nurses' reflections on transitioning from acute to primary health care employment, and future career intentions. Background: Reforms in primary health care have resulted in increasing demands for a skilled primary health care nursing workforce. To meet shortfalls, acute care nurses are being recruited to primary health care employment, yet little is known about levels of satisfaction and future career intentions. Method: A sequential mixed methods study consisting of a survey and semi-structured interviews with nurses who transition to primary health care. Results: Most reported positive experiences, valuing work/life balance, role diversity and patient/family interactions. Limited orientation and support, loss of acute skills and inequitable remuneration were reported negatively. Many respondents indicated an intention to stay in primary health care (87.3%) and nursing (92.6%) for the foreseeable future, whilst others indicated they may leave primary health care as soon as convenient (29.6%). Conclusion: Our findings provide guidance to managers in seeking strategies to recruit and retain nurses in primary health

care employment. Implications for nursing management: To maximize recruitment and retention, managers must consider factors influencing job satisfaction amongst transitioning nurses, and the impact that nurses' past experiences may have on future career intentions in primary health care.

[Job satisfaction and career intentions of registered nurses in primary health care: an integrative review](#)

Author(s): Halcomb et al.

Source: BMC Primary Care 19(136)

Publication date: 2018

Background: There has been a significant growth of the international primary health care (PHC) nursing workforce in recent decades in response to health system reform. However, there has been limited attention paid to strategic workforce growth and evaluation of workforce issues in this setting. Understanding issues like job satisfaction and career intentions are essential to building capacity and skill mix within the workforce. This review sought to explore the literature around job satisfaction and career intentions of registered nurses working in PHC. Methods: An integrative review was conducted. Electronic databases including: CINAHL, MEDLINE, Scopus and Web of Science, and reference lists of journal publications were searched for peer-reviewed literature published between 2000 and 2016 related to registered nurse job satisfaction and career intentions. Study quality was appraised, before thematic analysis was undertaken to synthesise the findings. Results: Twenty papers were included in this review. Levels of job satisfaction reported were variable between studies. A range of factors impacted on job satisfaction. Whilst there was agreement on the impact of some factors, there was a lack of consistency between studies on other factors. Four of the six studies which reported career intentions identified that nearly half of their participants intended to leave their current position. Conclusion: This review identifies gaps in our understanding of job satisfaction and

career intentions in PHC nurses. With the growth of the PHC nursing workforce internationally, there is a need for robust, longitudinal workforce research to ensure that employment in this setting is satisfying and that skilled nurses are retained.

[Factors associated with junior doctors' decisions to apply for general practice training programmes in the UK: secondary analysis of data from the UKMED project](#)

Author(s): Gale et al.

Source: BMC Medicine 15(220)

Publication date: 2017

Background: The UK, like many high-income countries, is experiencing a worsening shortfall of general practitioners (GPs) alongside an increasing demand for their services. At the same time, factors influencing junior doctors' decisions to apply for GP training are only partially understood and research in this area has been hampered by the difficulties in connecting the datasets that map the journey from student to qualified GP. The UK Medical Education Database (UKMED) has been established to ameliorate this problem by linking institutional data across the spectrum of medical education from school to specialty training. Our study aimed to use UKMED to investigate which demographic and educational factors are associated with junior doctors' decisions to apply for GP training. Methods: Study data, provided by the UKMED Development Group and accessed remotely, contained longitudinal educational and sociodemographic information on all doctors who entered UK medical schools in the 2007/2008 academic year and who made first-time specialty training applications in 2015. We used multivariable logistic regression models to investigate two binary outcomes, namely (1) application to GP training, possibly alongside applications to other specialties, and (2) application solely to GP training. Results: Of 7634 doctors in the sample, 43% applied to GP training possibly alongside other specialties and 26% applied solely to GP training. The odds of applying to

GP training were associated with particular demographic factors (being female, non-white or secondary educated in the UK increased the odds of application) and educational factors (non-graduate entry, intercalation and above-median academic performance during medical school all decreased the odds of application). After adjusting for these factors, both the medical school and the foundation school attended were independently associated with the odds of applying to GP training. Conclusions: Our findings suggest that the supply and demand imbalance in UK primary care might be improved by (1) efforts to attract greater numbers of female, non-white and UK secondary-educated students into medical schools, and (2) targeting resources at medical and foundation schools that deliver doctors likely to fill significant gaps in the workforce. Further research is required to better understand inter-school differences and to develop strategies to improve recruitment of GP trainees.

[Career planning for the non-clinical workforce – an opportunity to develop a sustainable workforce in primary care](#) Abstract only*

Author(s): Tavabie and Simms

Source: Education for Primary Care 28(2)

Publication date: May 2016

Many health and social care systems worldwide have been developing a variety of navigator and signposting roles to help patients negotiate care through increasingly complex systems and multiple provider agencies. This UK project aims to explore, through a combination of job description review and workshops of stakeholders, the common competencies and features of non-clinical roles. The information is collated to develop common job descriptions at four key levels. These form the basis for a career pathway supported by portfolio-based educational programmes, embracing Apprenticeship Training Programmes. The programmes have the potential to support recruitment and retention of an increasingly skilled workforce to move between traditional health and social care provider boundaries. This offers

the opportunity to release clinicians from significant administrative workload and support patients in an integrated care system.

[Australian academic primary health-care careers: a scoping survey](#) Abstract only*

Author(s): Barton et al.

Source: Australian Journal of Primary Health 22(2) pp. 167-173

Publication date: 2014

This study was undertaken to provide a snapshot of the academic primary health-care workforce in Australia and to provide some insight into research capacity in academic primary health care following changes to funding for this sector. A convenience sample of individuals self-identifying as working within academic primary health care (n = 405) completed an anonymous online survey. Respondents were identified from several academic primary health-care mailing lists. The survey explored workforce demographics, clarity of career pathways, career trajectories and enablers/barriers to 'getting in' and 'getting on'. A mix of early career (41%), mid-career (25%) and senior academics (35%) responded. Early career academics tended to be female and younger than mid-career and senior academics, who tended to be male and working in 'balanced' (teaching and research) roles and listing medicine as their disciplinary background. Almost three-quarters (74%) indicated career pathways were either 'completely' or 'somewhat unclear', irrespective of gender and disciplinary backgrounds. Just over half (51%) had a permanent position. Males were more likely to have permanent positions, as were those with a medical background. Less than half (43%) reported having a mentor, and of the 57% without a mentor, more than two-thirds (69%) would like one. These results suggest a lack of clarity in career paths, uncertainty in employment and a large number of temporary (contract) or casual positions represent barriers to sustainable careers in academic primary health care, especially for women

who are from non-medicine backgrounds. Professional development or a mentoring program for primary health-care academics was desired and may address some of the issues identified by survey respondents.

Dental

[NHS orthodontic services in Wales: orthodontic workforce distribution and primary care commissioned activity in 2021](#)

Item Type: Journal Article

Authors: Lewis, Benjamin R. K.; Spencer, Meryl E.; Merrett, Sarah J.; Yaqoob, Nasreen A. and Mhani, Nizar A.

Publication Date: // ,2022

Journal: British Dental Journal

Abstract: Objectives 1) To ascertain the volume of primary care orthodontic activity commissioned within Wales and compare this to the 12-year-old population; and 2) To ascertain the orthodontic workforce undertaking NHS orthodontic provision within Wales and their distribution. Methods Information was gathered between September and November 2021 from multiple sources within Wales, including: Freedom of Information requests; Welsh Government statistics; orthodontic professional networks; orthodontic provider websites; health boards (HBs); and directors of primary care/contracting/commissioning. Results The HBs had varying levels of orthodontic need and commissioned activity with a significant amount of cross border activity in South Wales. Overall, it indicated that Wales was only commissioning orthodontic activity to meet 76% of the annual orthodontic need. Overall, 97.9% of commissioned primary care orthodontic activity was being used to provide treatment for 9,500 patients per year. Furthermore, 112 GDC-registered clinicians provide NHS orthodontic care within Wales - 52 orthodontic specialists; 32 orthodontic therapists; 24 DwSIs; and 4 orthodontic trainees (StR 1-3). NHS orthodontic care is provided at 47 sites within Wales - 32 sites in the GDS/Specialist Practice, 6 sites within the CDS

and 9 secondary care settings. Conclusions NHS commissioned primary care orthodontic activity within Wales is 76% of the potential orthodontic annual need. Primary care orthodontic services are efficient with 97.9% of commissioned activity being used to provide treatment. In total, 112 GDC-registered clinicians provide NHS orthodontic care across 47 sites within Wales, with 29.5% of clinicians working at multiple sites. The distribution of the orthodontic providers is predominately in areas of high population density, resulting in some rural communities being a significant distance from any orthodontic provider. Copyright © 2022. The Author(s), under exclusive licence to the British Dental Association.

[The community and public dental services: a mixed-method exploration of the workforce](#) Abstract only*

Author(s): O'Selmo et al.

Source: British Dental Journal

Publication date: 2020

Aims This exploratory study is the first in a series of two examining the working conditions of the community and public dental services in the UK to provide insight, context and understanding on their current status. **Methods** Secondary analysis of census data was supplemented by qualitative analysis of interview data from community and public dental service dentists. Demographic and working conditions data were examined and interview participants discussed their role, service and patients, potential service improvements and how they saw the services developing. **Results** Overall, dentists were satisfied with their role but did not feel secure in their job and worked more hours than they were contracted to. Interviews identified three key themes: 1) personal - aspects affecting the interviewee on a personal level; 2) patients - aspects affecting patients; and 3) service - aspects relating to the service. Services had changed and were seen, in part, to have become more efficient, but some clinicians thought the focus had moved away from

patients. **Conclusions** Overall, clinicians enjoyed their role, but while services were seen to provide good patient care, dentists felt under pressure. Changes to general dental practice, management practices and increased funding were believed likely to improve the services.

Education, training, upskilling and competencies

[A Longitudinal Pediatric Primary Care Residency Tailored to Meet Workforce Need: A 10-Year Evaluation](#)

Item Type: Journal Article

Authors: Jordan, Katherine A.;Gable, Elizabeth Kaye;Morgan, Andrew P.;McNeal-Trice, Kenya and Byerley, Julie S.

Publication Date: // ,2024

Journal: Journal of Graduate Medical Education 16(1), pp. 80-83

Abstract: Background We started a primary care residency program intended to prepare graduates for primary care and increase entry into primary care, using time-limited funds from the Health Resources and Services Administration (HRSA). **Objective** To compare the graduates of the primary care residency program to their categorical peers, and whether they remained in the state, began primary care careers, and whether they identified as underrepresented in medicine. **Methods** This is a retrospective study of a cohort of 39 residents who graduated from the University of North Carolina primary care residency program from 2014-2023. In 2016, HRSA grant funding expired and the program continued with ongoing financial support from the 2 institutions. Graduate demographics and career choices were compared to categorical residents (159 total) for graduate years 2014 to 2023. **Results** The primary care pediatrics residency has graduated 39 residents to date. Job placement data was obtained for all 39 graduates. Graduates of the program have 5.5-fold greater odds (95% CI, 2.5-12.5) of working in primary care roles following graduation than peer categorical residents. Most graduates (33 of 39, 85%) have

taken jobs in general pediatrics (including primary care, urgent care, adolescent medicine, or hospital medicine). The program has recruited a large proportion of its residents (12 of 39, 31%) from groups historically underrepresented in medicine. Conclusions We developed an innovative primary care pediatric residency in collaboration with a community partner, spurred by HRSA funds, that has trained a diverse group of new primary care pediatricians.

[Description of the methodology for developing and validating the WHO's family planning and comprehensive abortion care competencies for the primary health care workforce](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Loi, Ulrika Rehnstrom;Sorhaindo, Annik;Embo, Mieke;Kabra, Rita;Kiarie, James and Ganatra, Bela

Publication Date: // ,2024

Journal: Sexual & Reproductive Healthcare : Official Journal of the Swedish Association of Midwives 39, pp. 100945

Abstract: A qualified health workforce is essential to receiving effective, timely, affordable, equitable and respectful family planning and comprehensive abortion care. However, in many countries, health workers lack the competencies required to deliver quality family planning and comprehensive abortion care services. Competency-based education and learning aims to train and assess competencies. The theory-supported approach focuses on outcomes, emphasizes the learner's ability to perform, promotes learner-centeredness and links the health needs of the population to the competencies required of health workers. In 2011, the World Health Organization published a guidance document, Sexual and reproductive health - Core competencies in primary care, defining the competencies that primary care providers need to safely deliver sexual and reproductive health services at the community level and included family planning and comprehensive abortion care. In this article,

we describe the methodology and process undertaken in 2020, by the World Health Organization to produce the family planning and comprehensive abortion care competencies guidance, filling gaps identified in the previous guidance document. The World Health Organization's Family Planning and Comprehensive Abortion Care toolkit for the primary health care workforce was published in 2022 and defines the key competencies for health workers in primary health care providing quality family planning and comprehensive abortion care services, as well as support for developing programmes and curricula for education and lifelong learning. The Toolkit is useful for practitioners, managers/supervisors and employers, educators, regulatory bodies, and policymakers. It is an important advance toward strengthening family planning and comprehensive abortion care services in primary health care. Copyright © 2024 World Health Organization. Published by Elsevier B.V. All rights reserved.

[The Launch of Massachusetts Community Health Worker Certification: Findings From the Massachusetts Community Health Worker Workforce Surveys](#) Abstract only*

Item Type: Journal Article

Authors: Nielsen, Victoria M.;Ursprung, W. W. S.;Song, Glory;Hirsch, Gail;Mason, Theresa;Santarelli, Claire;Guimaraes, Erica;Marshall, Erica;Allen, Caitlin G.;Lei, Pei-Pei;Brown, Diane and Behl-Chadha, Bittie

Publication Date: // ,2024

Journal: Public Health Reports (Washington, D.C.: 1974) , pp. 333549241253419

Abstract: OBJECTIVES: The launch of state certification for community health workers (CHWs) in Massachusetts in 2018 aimed to promote and champion this critical workforce. However, concerns exist about unintentional adverse effects of certification. Given this, we conducted 2 cross-sectional surveys to evaluate this certification policy., METHODS: We conducted surveys of CHW employers and CHWs in 3 sample frames:

community health centers and federally qualified health centers, acute-care hospitals, and community-based organizations. We administered the surveys in 2016 (before certification launch) and 2021 (after certification launch) to answer the following questions: Was certification associated with positive outcomes among CHWs after its launch? Did harmful shifts occur among the CHW workforce and employers after certification launch? Was certification associated with disparities among CHWs after its launch?, RESULTS: Certification was associated with higher pay among certified (vs noncertified) CHWs, better perceptions of CHWs among certified (vs noncertified) CHWs, and better integration of certified (vs noncertified) CHWs into care teams. We found no adverse shifts in CHW workforce by sociodemographic variables or in CHW employer characteristics (most notably CHW employer hiring requirements) after certification launch. After certification launch, certified and uncertified CHWs had similar demographic and educational characteristics. However, certified CHWs more often worked in large, clinical organizations while uncertified CHWs most often worked in medium-sized community-based organizations., CONCLUSIONS: Our evaluation of Massachusetts CHW certification suggests that CHW certification was not associated with workforce disparities and was associated with positive outcomes. Our study fills a notable gap in the research literature and can guide CHW research agendas, certification efforts in Massachusetts and other states, and program efforts to champion this critical, grassroots workforce.

[Strengthening Primary Care Workforce Capacity in Dementia Diagnosis and Care: A Qualitative Study of Project Alzheimer's Disease-ECHO](#)

Item Type: Journal Article

Authors: Sideman, Alissa B.;Hernandez de Jesus, Alma;Alagappan, Cecilia;Ma, Melissa;Koenig, Christopher J.;Alving, Loren I.;Segal-Gidan, Freddi;Goldberger,

Rachel;Sohmer, Dana and Rosen, Howie

Publication Date: // ,2024

Journal: Medical Care Research and Review : MCRR , pp. 10775587241251868

Abstract: Primary care practitioners (PCPs) are the first point of contact for most patients with suspected dementia and have identified a need for more training and support around dementia diagnosis and care. This qualitative study examined the Alzheimer's Disease-Extension for Community Healthcare Outcomes (AD-ECHO) program. AD-ECHO was designed to strengthen PCP capacity in dementia through bimonthly virtual meetings with a team of dementia experts. We conducted 24 hr of direct observations at AD-ECHO sessions and interviewed 14 participants about their experiences participating. Using thematic analysis, we found that participants valued the supportive learning environment and resources; knowledge gained empowered them to take more action around dementia; they identified ways of disseminating knowledge gained into their practice settings, and many desired ongoing AD-ECHO engagement. However, most identified time as a barrier to participation. AD-ECHO has the potential to strengthen the primary care workforce's knowledge and confidence around dementia care.

[Family Medicine Training in The US and Delaware: Opportunities and Growth in Primary Care Workforce](#)

Item Type: Journal Article

Authors: Khan, Omar A.;Kavanaugh, Erin M.;Monteleone, Robert A.;Vasagar, Brintha and Robert, Joyce F.

Publication Date: // ,2023

Journal: Delaware Journal of Public Health 9(5), pp. 20-23

In 2023, 5288 Post-Graduate Year 1 (PGY-1) slots in Family Medicine were offered in the US, including the District of Columbia (DC) & Puerto Rico. With a fill rate of around 90%, the demand for family medicine training remains high,

commensurate with the primary care needs of the United States. For the purposes of this commentary, a primary care field is defined the way most Americans seeking care and the National Academy of Medicine define it: "From this perspective, it seems clear that those trained in family medicine, general internal medicine, general pediatrics, many nurse practitioners, and physician assistants are trained in and are generally most likely to practice primary care."¹ The field of family medicine continues to supply the most primary care physicians per resident in the United States. Other specialties offering primary care as an option (internal medicine and pediatrics) are seeing increasing numbers of their residents choosing to specialize via a fellowship pathway or to choose a non-primary care career such as hospital medicine.²

[The Rural Integrated Community Clerkship: a vital stretch in the Alberta rural physician workforce pipeline](#)

Item Type: Journal Article

Authors: Nichols, Darren;Cockell, Jim;Lemoine, Daniel and Konkin, Jill

Publication Date: // ,2023

Journal: Canadian Medical Education Journal 14(5), pp. 59-63

Abstract: Background: Longitudinal integrated clerkships are thought to operate synergistically with factors such as rural background and practice intent to determine medical graduates' practice types and locations-sometimes known as the pipeline effect. We examined the influence of the rural integrated community clerkship (ICC) at the University of Alberta on students choosing family medicine and rural practice., Methods: We completed a retrospective cohort analysis of graduates from 2009-2016. The cohort was cross-referenced by background, type of clerkship, practice type and practice location. We used chi² analyses and risk ratios to measure the relative likelihood that ICC students would settle on rural practice and/or family medicine., Results: ICC participation had more influence than

rural background on students' choice of rural and/or family practice, and both factors were synergistic. Rotation-based clerkship students were least likely to enter family medicine or rural practice., Conclusions: The ICC is a clerkship model that influences students to become rural and/or family physicians, regardless of their rural/urban origins. The ICC diverts rural-interested students into rural practice and protects rural-origin students from ending up in urban practice. Expanding ICC infrastructure, including sustaining the rural physician workforce, will benefit rural Alberta communities by increasing the numbers of UA graduates in rural practice. Copyright © 2023 Nichols, Cockell, Lemoine, Konkin; licensee Synergies Partners.

[Equipping the healthcare workforce to meet the complex health needs of older people in the community: a skills-led approach](#)

Item Type: Journal Article

Authors: Prior, Marie;Blake, Susan and Lyndon, Helen

Publication Date: // ,2023

Journal: Nursing Older People

Abstract: The shift towards delivering more clinical care in the community not only supports the healthcare system by avoiding unnecessary hospital admissions, but can also improve outcomes, particularly for older people with complex healthcare needs. Therefore, healthcare organisations need to consider how to ensure their workforce has the capabilities required to provide care in accordance with this new model. This article details a project that involved the design and development of a replicable Ageing Well programme of learning to increase knowledge, skills and confidence among registered and unregistered practitioners, underpinned by a 'skills not roles' strategy. Although evaluation of the programme is ongoing, the authors encourage its wider adoption by outlining its benefits, how the challenges encountered during this project were overcome and the learning points gained from the experience. Copyright © 2023 RCN Publishing Company Ltd. All rights

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[Abigail Geisinger Primary Care Scholars: An Innovative Educational Program Addressing Critical Workforce Needs](#)

Item Type: Journal Article

Authors: Scheinman, Steven J.;Adonizio, Tanja;Schmude, Michelle;Jeffries, William;Hartle, J. E. and Byerley, Julie

Publication Date: // ,2023

Journal: Journal of Medical Education and Curricular Development 10, pp. 23821205231184033

Abstract: The number of primary care physicians in the United States is inadequate to meet current or projected needs. This is likely exacerbated by continuing increases in the cost of medical education and student debt. The Geisinger Commonwealth School of Medicine is part of an integrated care delivery system in which primary care is central to managing health, improving access, and advancing value-based care. The need for primary care providers and psychiatrists is difficult to meet despite generous recruiting incentives. To address this, the Abigail Geisinger Scholars Program (AGSP) represents a novel curricular approach linked with the provision of full tuition and fees and a living stipend to students who commit to work at Geisinger in primary care or psychiatry following residency. The support is provided as a forgivable loan. The program features preferential clinical placements, curricular enhancements, and celebration of the dedicated cohort. Fair and nonpunitive provisions allow students to opt-out. The AGSP supports 45 students in each class of 115. Outcomes monitored include withdrawals from the AGSP; academic performance of participants and their satisfaction with the program; the number who choose to repay the loan rather than fulfill the service obligation; the percentage who remain at Geisinger and in primary care following the period of obligation; and other measures. This model offers an attractive opportunity for

students to experience a curriculum enhanced in primary care while receiving generous financing for their medical education. It bolsters the primary care physician workforce and aligns care delivery with new financing models. Copyright © The Author(s) 2023.

[Making a difference: workforce skills and capacity for integrated care](#)

Item Type: Journal Article

Authors: Akehurst, Joy;Stronge, Paul;Ling, Jonathon and Giles, Karen

Publication Date: // ,2022

Journal: Journal of Integrated Care 30(5), pp. 93-107

Abstract: PURPOSE: The aim of this action research was to explore, from a workforce and a patient/carer perspective, the skills and the capacity required to deliver integrated care and to inform future workforce development and planning in a new integrated care system in England.

DESIGN/METHODOLOGY/APPROACH: Semi-structured interviews and focus groups with primary, community, acute care, social care and voluntary care, frontline and managerial staff and with patients and carers receiving these services were undertaken. Data were explored using framework analysis.

FINDINGS: Analysis revealed three overarching themes: achieving teamwork and integration, managing demands on capacity and capability and delivering holistic and user-centred care. An organisational development (OD) process was developed as part of the action research process to facilitate the large-scale workforce changes taking place. RESEARCH LIMITATIONS/IMPLICATIONS: This study did not consider workforce development and planning challenges for nursing and care staff in residential, nursing care homes or domiciliary services. This part of the workforce is integral to the care pathways for many patients, and in line with the current emerging national focus on this sector, these groups require

further examination. Further, data explore service users' and carers' perspectives on workforce skills. It proved challenging to recruit patient and carer respondents for the research due to the nature of their illnesses. PRACTICAL IMPLICATIONS: Many of the required skills already existed within the workforce. The OD process facilitated collaborative learning to enhance skills; however, workforce planning across a whole system has challenges in relation to data gathering and management. Ensuring a focus on workforce development and planning is an important part of integrated care development. SOCIAL IMPLICATIONS: This study has implications for social and voluntary sector organisations in respect of inter-agency working practices, as well as the identification of workforce development needs and potential for informing subsequent cross-sector workforce planning arrangements and communication. ORIGINALITY/VALUE: This paper helps to identify the issues and benefits of implementing person-centred, integrated teamworking and the implications for workforce planning and OD approaches. Abstract]

[Undergraduate Medical Education Reform in Viet Nam for a Primary Health Care Workforce](#)

Item Type: Journal Article

Authors: Duong, David B.;Nguyen, Tuan A.;Goodell, Kristen;Osman, Nora Y.;Nguyen, Tam M.;Pham, Van-Anh T.;Vu, Loan T.;Vu, Hong-Anh T.;Cosimi, Lisa A.;Pollack, Todd and Gottlieb, Barbara

Publication Date: // ,2022

Journal: Annals of Global Health 88(1), pp. 100

Abstract: Strong primary health care (PHC) systems require a robust PHC workforce. Traditionally, medical education takes place in academic medical centres that favour subspecialty care rather than PHC settings. This may undervalue primary care as a career and contribute to a shortage of PHC workers. However, designing undergraduate medical education curricula that

incorporate early experiences in clinical care delivery at PHC sites remains a challenge, including in many low- and middle-income countries (LMICs). This paper describes how a collaboration between Harvard Medical School and five medical schools in Vietnam, and in-country collaborations among the Vietnamese medical schools, facilitated curricular innovation and co-creation of coursework relevant to PHC through the development of a Practice of Medicine (POM) course. The collaboration implemented a technical assistance strategy consisting of in-person workshops, focused virtual consultations, on-site 'office hours', site visits and observations to each of the five medical universities, and immersion trips to support the creation and implementation of the POM course. A pilot program was started at a single site and then scaled nationally using local customisation, experience, and expertise utilising a train-the-trainers approach. As a result, five new POM courses have been developed by five Vietnamese institutions. Fifty Vietnamese faculty received training to lead the POM course development, and 228 community-based preceptors have been trained to teach students at PHC sites. A total of 52 new PHC and community-based clinical training sites have been added, and 3,615 students have completed or are currently going through a POM course. This experience can serve as a model for future academic collaborations to support the development of a robust PHC workforce for the 21st century. Copyright: © 2022 The Author(s).

[Identifying mental health training needs of general practice pharmacy workforce to advance practice: a training needs analysis survey](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Johnson, C. F. and Earle-Payne, K.

Publication Date: // ,2022

Journal: International Journal of Clinical Pharmacy 44(6), pp.

1454-1463

Abstract: Background: Mental health problems are commonly treated in general practice. Pharmacy roles are evolving in general practice; however it is unknown what mental health training the pharmacy workforce needs. Aim(s): To identify and prioritise general practice clinical pharmacists' (GPCPs) and technicians' mental health and psychotropic prescribing learning needs within general practice. Method(s): All 353 GPCPs and technicians, in one health board, were invited to participate in an online survey, September 2021. The validated Hennessy-Hicks Training Needs Assessment Questionnaire, was embedded in the survey. Participants rated 26 tasks with regard to their confidence in performing the task, and importance to their role. Clinical knowledge was assessed against clinical guidelines and literature. Result(s): Response rate was 26% (92/353); 27% (68/256) GPCPs and 25% (24/97) technicians. Respondents prioritised 'appraising own performance' and 'assessing suicide/deliberate self-harm risk' as high training needs. There were significant variations in prioritisation between GPCPs and technicians; substantial pharmacist agreement (inter-rater correlation 0.713, 95% CI 0.376-0.870, $p = 0.001$). Depression was a priority training need followed by anxiety, dementia, bipolar, attention deficit (hyperactivity) disorder and schizophrenia. For depression treatment, 2 in 3 respondents were unaware of early antidepressant response, dose-response effects for efficacy, and would wait 8-12 weeks before optimising treatment. The majority were aware of individual lithium and antipsychotic cardiometabolic monitoring parameters; 25% identifying the correct monitoring care-bundle. Conclusion(s): Respondents identified a range of training needs which varied between technicians and pharmacist, and staff banding. Addressing these learning needs may help pharmacy staff to better support practices and patients. Copyright © 2022, The Author(s), under exclusive licence to Springer Nature Switzerland AG.

[A qualitative study of strategies and challenges in training behavioral health workforce for integrated primary care](#)

Item Type: Journal Article

Authors: Ma, Kris Pui Kwan;Ratzliff, Anna;Stephens, Karl;LePoire, Erin and Prado, Maria

Publication Date: // ,2022

Journal: Annals of Family Medicine (20)

Abstract: Context: COVID-19 has underscored the need to accelerate behavioral health (BH) integration in primary care, where many patients seek mental health services. Expanding BH integration requires a strong and sustainable BH workforce trained to work in primary care. Psychology internship is a critical period of development when doctorate-level therapists receive supervised clinical experiences with integrated primary care., Objective: To explore the strategies and challenges of teaching psychology trainees to practice BH in primary care., Study design: Qualitative study., Setting: Nine out of 11 psychology internship and postdoctoral fellowship programs across the Washington State that provide integrated primary care training were recruited. Response rate was 82%., Population studied: Twelve training leads and supervisors completed semi-structured interviews between December 2020 - March 2021., Outcome measures: Interviews focused on participant experiences with providing educational training and supervision to psychology trainees practicing integrated primary care. Data were analyzed using grounded theory approach., Results: Four strategies emerged - orient trainees with extensive onboarding to the culture, context, and function of primary care; provide a psychologically safe space for open dialogues that facilitate professional identity development; model the skills needed to collaborate with primary care teams; and create a structured environment for trainees to practice the skills. Training leads and supervisors also reported three challenges - strategies to address trainees' difficulties with acculturating to the culture of primary care; loss of opportunities to shadow and interact with

primary care providers due to telemedicine during COVID-19; and limitations of the traditional supervision structure to accommodate the unpredictable and urgent crises experienced by trainees in fast-paced primary care settings., Conclusion: Future recommendations include early exposure to primary care during psychology graduate training, a hybrid model of fixed and flexible supervision schedules, and intentional efforts to define and balance in-person and remote teaching for different types of training needs. Copyright 2021 Annals of Family Medicine, Inc.

[News: First-of-its kind traveller community role at NHS Lincolnshire](#)

Source: National Health Executive

Publication date: July 2022

The Lincolnshire Partnership NHS Foundation Trust (LPFT) has created a new first-of-its-kind specialist Traveller community wellbeing link worker role.

The new job has been developed and implemented to give the traveller community better access to health and community services. Michelle Holder, who was recently installed in the role, has already been on several outreach missions to county sites, with the aim of building bridges between said community and the NHS.

[Curricular and Clinical Innovation Engaging Undergraduate Nursing Students to Build a Resilient Primary Care Workforce](#)

Abstract only*

Item Type: Journal Article

Authors: Nichols, Lynn Stover;Pollio, E. W.;Patton, Emily;Johnson, Cori and Shirey, Maria R.

Publication Date: // ,2022

Journal: Nurse Educator 47(4), pp. 213-218

Abstract: BACKGROUND: Primary care health settings provide access to services for underserved populations, yet baccalaureate (BSN)-prepared nurses are currently underutilized

on the primary care health care team., PROBLEM: BSN curricula often focus on acute care settings for clinical experiences, and students may not be aware of the scope and impact the RN has in a primary care setting. This gap in experiences may lead to overlooking primary care employment opportunities., PURPOSE: The purpose of this article is to describe the development, implementation, and evaluation of an innovative course that builds the primary care nurse workforce capacity., APPROACH: An undergraduate elective course focusing on primary care didactic and clinical experiences was created., OUTCOMES: Qualitative student feedback regarding the course was positive, while quantitative data revealed an above-average course outcome rating., CONCLUSIONS: An effective intervention to increase workforce capacity in primary care settings is to immerse students in primary care concepts and experiences in a formal, combined didactic and clinical course. Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.

[Interprofessional microteaching: An innovation to strengthen the behavioral health competencies of the primary care workforce](#)

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Tolliver, Matthew;Dueweke, Aubrey R. and Polaha, Jodi
Publication Date: // ,2022

Journal: Families, Systems & Health : The Journal of Collaborative Family Healthcare 40(4), pp. 484-490

Abstract: BACKGROUND: There is significant variability in how residency programs prepare the primary care workforce in behavioral health competencies. One approach that warrants further exploration is to have integrated behavioral health consultants (BHCs) capitalize on in vivo clinical teaching opportunities in the context of team-based care. This article presents preliminary results from the implementation of a pilot program wherein BHCs use warm handoffs and other clinical interactions to provide brief, targeted education to medical

residents., METHOD: Twelve BHCs from five resident training clinics participated in a 1-hr training on "microteaching" skills that could be used in clinical teaching interactions. BHCs were asked to track instances of microteaching using an Excel spreadsheet. After 3 months, BHCs and residents responded to electronic surveys that assessed the acceptability and feasibility of this process., RESULTS: In 3 months, BHCs provided 269 instances of microteaching with 66 residents (66.7%) across five clinics. These microteachings occurred within the context of various interactions, including warm handoffs (n = 138, 51.3%), curbside consultations (n = 78, 29.0%), debriefs (n = 46, 17.1%), and team huddles (n = 7, 2.6%). Roughly half (n = 149, 55.4%) of these encounters involved Level 1 microteaching (i.e., lasting 2 min or less), while half (n = 120, 44.6%) involved Level 2 (i.e., lasting 3-10 min). BHCs and residents rated the microteaching interactions as acceptable and feasible., DISCUSSION: Leveraging embedded BHCs as clinical educators in integrated care environments may hold value for increasing behavioral health competencies among medical residents. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

[Extending the Population Health Workforce Through Service Learning Internships During COVID: A Community Case Study](#)

Author(s): Belkora et al.

Source: *Frontiers Public Health* 9

Publication date: 2021

This report arises from the intersection of service learning and population health at an academic medical center. At the University of California, San Francisco (UCSF), the Office of Population Health and Accountable Care (OPHAC) employs health care navigators to help patients access and benefit from high-value care. In early 2020, facing COVID-19, UCSF leaders asked OPHAC to help patients and employees navigate testing, treatment, tracing, and returning to work protocols. OPHAC established a COVID hotline to route callers to the appropriate

resources, but needed to increase the capacity of the navigator workforce. To address this need, OPHAC turned to UCSF's service learning program for undergraduates, the Patient Support Corps (PSC). In this program, UC Berkeley undergraduates earn academic credit in exchange for serving as unpaid patient navigators. In July 2020, OPHAC provided administrative funding for the PSC to recruit and deploy students as COVID hotline navigators. In September 2020, the PSC deployed 20 students collectively representing 2.0 full-time equivalent navigators. After training and observation, and with supervision and escalation pathways, students were able to fill half-day shifts and perform near the level of staff navigators. Key facilitators relevant to success reflected both PSC and OPHAC strengths. The PSC onboards student interns as institutional affiliates, giving them access to key information technology systems, and trains them in privacy and other regulatory requirements so they can work directly with patients. OPHAC strengths included a learning health systems culture that fosters peer mentoring and collaboration. A key challenge was that, even after training, students required around 10 h of supervised practice before being able to take calls independently. As a result, students rolled on to the hotline in waves rather than all at once. Post-COVID, OPHAC is planning to use student navigators for outreach. Meanwhile, the PSC is collaborating with pipeline programs in hopes of offering this internship experience to more students from backgrounds that are under-represented in healthcare. Other campuses in the University of California system are interested in replicating this program. Adopters see the opportunity to increase capacity and diversity while developing the next generation of health and allied health professionals.

[A Community Psychiatry Nurse Practitioner Fellowship: Preparing Nurse Practitioners for Mental Health Workforce Expansion](#)

Author(s): Frissora et al.

Source: Psychiatry Services

Publication date: 2020

The increasing need for psychiatry services in medically underserved communities has proven to be challenging for health care systems. Caring for this population is complex and can be overwhelming for the inexperienced provider. Proper utilization of psychiatric and mental health nurse practitioners in this setting can expedite meeting the mental health needs of the community. A postgraduate fellowship program that provides supervision and additional training specific to community psychiatry facilitates the transition from novice provider to experienced clinician while aiming to improve retention rates. In this Open Forum, the authors outline the structure of a federally qualified health center's Community Psychiatry Nurse Practitioner Fellowship.

[Effect of an Immersive Primary Care Training Program on Educational and Clinical Outcomes in an Internal Medicine Residency Training Program: Meeting the Training Needs of a Modern-Day Physician Workforce](#)

Author(s): Graham et al.

Source: Journal of General Internal Medicine 37 pp. 2634-2641

Publication date: 2021

Background: Residents planning careers in primary care have unique training needs that are not addressed in traditional internal medicine training programs, where there is a focus on inpatient training. There are no evidence-based approaches for primary care training. Objectives: Design and test the effect of a novel immersive primary care training program on educational and clinical outcomes. Design: Nested intervention study. Setting, Participants: Twelve primary care residents, 86 of their

categorical peers, and an 11-year historical cohort of 69 primary care trainees in a large urban internal medicine residency training program. Interventions: Two 6-month blocks of primary care immersion alternating with two 6-month blocks of standard residency training during the second and third post-graduate years. Main Measures: Total amount of ambulatory and inpatient training time, subjective and objective educational outcomes, clinical performance on cancer screening, and chronic disease management outcomes. Key Results: Participants in the intervention increased ambulatory training in both general medicine and specialty medicine and still met all ACGME training requirements. Residents reported improved subjective educational outcomes on a variety of chronic disease management topics and ambulatory care skills. They reported higher satisfaction with the amount of ambulatory training (4.3/5 vs. 3.6/5, $p=0.008$), attended more ambulatory clinics (242 vs. 154, $p<0.001$), and carried larger, more complicated panels (173 vs. 90 patients, $p<0.001$). They also performed better on diabetes management (86% vs. 76% control, $p<0.001$). Alumni who completed the intervention reported higher primary care career preparation (79% response rate) than those who did not (85% response rate) among an 11-year cohort of primary care alumni (4/5 vs. 3/5, $p<0.001$). Conclusions: A primary care training program that provides clinical immersion in the ambulatory setting improved educational outcomes for trainees and clinical outcomes for their patients. Providing more training in the ambulatory environment should be a priority in graduate medical education.

[Perspectives on Workforce Development Needs for Community Health Workers \(CHWs\): Results from a Statewide Survey of CHW Employers](#)

Author(s): Dunn et al.

Source: Journal of Community Health 46 pp. 1020-1028

Publication date: April 2021

We conducted a survey of community health worker (CHW) employers in Texas to understand the employment context and workforce development needs of Texas CHWs. An electronic, mixed-methods survey was emailed to 841 CHW employers across Texas in Spring 2020. The survey consisted of 51 questions. The response rate was 22% (n = 182). Responses were analyzed using SPSS, Microsoft Excel, and N.Vivo. We found that most CHW employers directly employ their CHWs, and CHWs are typically part of a multidisciplinary healthcare team. Most respondents required their CHWs be certified by the state's health department and have at least a high school diploma or GED. The most common services that CHWs provide are health education/promotion and information referral. The main health issues that CHWs address are diabetes, hypertension, and mental/behavioral health. Current CHW workforce development needs include continued training on topics including chronic disease self-management and health promotion. CHW employers differ in their capacity to implement workforce development activities. There is significant variety in the employment context and workforce development needs of CHWs across Texas. Results reinforce previous findings on the need for specialized, continuing training for CHWs and the development of pathways, resources, and opportunities that could advance the CHW profession even more. These results can inform those interested in employing CHWs in their CHW program development. Findings from this study can be used to guide development of tailored curriculum for continuing education units, specialized certifications, or other professional development resources for CHWs.

[A training workshop for community pharmacist workforce: Caring for older adults](#) Abstract only*

Author(s): Saw and Lee

Source: Currents in Pharmacy Teaching and Learning 12(1) pp. 95-102

Publication date: January 2020

Background and purpose: The increasing number of older adults worldwide challenges healthcare providers and policy makers to provide high quality care. To our knowledge, there has been little research on educational programs for community pharmacists on the provision of pharmaceutical care-based educational programs for elderly people, especially in Asian regions. The purpose of this study was to develop and describe the implementation of a structured educational program on geriatric care for community pharmacists. Educational activity and setting: Community pharmacists attended a one-day workshop, supplemented with comprehensive training materials which enabled participants to conduct similar sessions with their peers at their own time. The workshop, consisting of case study discussion and role plays, was designed to be an engaging and interactive program that combined traditional didactic sessions and experiential, discussion-based learning. A pre- and post-workshop questionnaire were administered immediately before and after the event to all attending participants. Findings: Core concepts covered in the workshop included: (1) overview of an ageing population, (2) issues with ageing population, (3) medication review, and (4) dietary requirements and dosage forms in older adults. Participants' (n = 39) noted significant improvements in knowledge (mean score change 0.7, $p < .001$) and increased comfortability managing and caring for older adults (mean score change 0.3, $p = .001$). Summary: The core concepts delivered helped participants to understand and appreciate the skills required in caring for older adults. The importance of communication in problem-solving was emphasized, as community pharmacists are one of the first

health points of contact and account for the majority of encounters with elderly patients.

[Developing a course for primary care healthcare assistants in recognising and responding to deteriorating patients](#) Abstract only*

Author(s): Clarke et al.

Source: Primary Health Care

Publication date: 2019

The acuity of patients being seen and treated in primary care is changing. This article substantiates the gap in current practice and shows the effect on primary care healthcare assistants' (HCAs) confidence of providing a course that covers the knowledge and skills needed to recognise and respond to a deteriorating patient. It discusses the changing acuity of patients being seen and treated in primary care and shows how a course initially developed for hospital HCAs has been adapted for primary care. The primary care staff course bedside emergency assessment course for healthcare (BEACH) helps HCAs to recognise and take specific action to ensure that safe and competent care is maintained through early recognition, supported decision-making and prompt escalation of deteriorating patients.

[Exploring the training and scope of practice of GPs in England, Germany and Spain](#)

Author(s): Glonti et al.

Source: Gaceta Sanitaria 33(2) pp. 148-155

Publication date: March-April 2019

Objective: To explore general practitioner (GP) training, continuing professional development, scope of practice, ethical issues and challenges in the working environment in three European countries. Method: Qualitative study of 35 GPs from England, Germany and Spain working in urban primary care practices. Participants were recruited using convenience and

snowball sampling techniques. Semi-structured interviews were recorded, transcribed and analysed by four independent researchers adopting a thematic approach. Results: Entrance to and length of GP training differ between the three countries, while continuing professional development is required in all three, although with different characteristics. Key variations in the scope of practice include whether there is a gatekeeping role, whether GPs work in multidisciplinary teams or singlehandedly, the existence of appraisal processes, and the balance between administrative and clinical tasks. However, similar challenges, including the need to adapt to an ageing population, end-of-life care, ethical dilemmas, the impact of austerity measures, limited time for patients and gaps in coordination between primary and secondary care are experienced by GPs in all three countries. Conclusion: Primary health care variations have strong historical roots, derived from the different national experiences and the range of clinical services delivered by GPs. There is a need for an accessible source of information for GPs themselves and those responsible for safety and quality standards of the healthcare workforce. This paper maps out the current situation before Brexit is being implemented in the UK which could see many of the current EU arrangements and legislation to assure professional mobility between the UK and the rest of Europe dismantled.

[Models of paediatric learning for UK primary care clinicians: An unmet need](#) Abstract only*

Author(s): Snelson et al.

Source: Health Education Journal 78(3)

Publication date: 2018

Objectives: Despite a long-standing declaration of educational need in the area of paediatrics in primary care, there is little in the way of strategy for delivering high-quality learning relevant to the specific needs of the primary care team. This article seeks to explore various models for delivering primary care centred

paediatric education to inform discussion about how to meet this need. Methods: As well as considering various educational modalities, we share the lessons learned from setting up a novel educational model for practitioners working in a primary care setting. We consider the importance of education for those working where they may be operating from a position of uncertainty, which may lead to unnecessary referrals or unsafe practice. We explore the complexities of the interface which occurs between primary and secondary care in designing and delivering education. Results: There are various barriers to the setting up of a programme of education designed specifically for primary care, including time needed, funding and uncertainty of success. While the needs of the whole primary care team needs to be considered, there is a growing number of advanced clinical practitioners and physician associates who are likely to engage with paediatric-specific professional development opportunities, at least as much as the traditional medical workforce.

Conclusion: The lack of adequate paediatric education for those working in primary care poses a risk which should not be ignored. In the absence of a coherent strategy in the United Kingdom to identify and meet the learning needs of practicing primary care clinicians, one possible solution is for health regions to develop bespoke initiatives based on an understanding of the local workforce, their learning needs and the local resources available. We explore the various modalities through which this can be achieved and share the lessons learned from the development of a multifaceted programme of paediatric learning for primary care clinicians.

[Learning from the transfer of a fellowship programme to support primary care workforce needs in the UK: a qualitative study](#)

Author(s): Bryce et al.

Source: BMJ Open 9(1)

Publication date: January 2019

Objectives Service redesign, including workforce development, is being championed by UK health service policy. It is allowing new opportunities to enhance the roles of staff and encourage multiprofessional portfolio working. New models of working are emerging, but there has been little research into how innovative programmes are transferred to and taken up by different areas. This study investigates the transferability of a 1-year post-Certification of Completion of Training fellowship in urgent and acute care from a pilot in the West Midlands region of England to London and the South East. Design A qualitative study using semistructured interviews supplemented by observational data of fellows' clinical and academic activities. Data were analysed using a thematic framework approach. Setting and participants Two cohorts of fellows (15 in total) along with key stakeholders, mentors, tutors and host organisations in London and the South East (LaSE). Fellows had placements in primary and secondary care settings (general practice, emergency department, ambulatory care, urgent care and rapid response teams), together with academic training. Results Seventy-six interviews were completed with 50 participants, with observations in eight clinical placements and two academic sessions. The overall structure of the West Midlands programme was retained and the core learning outcomes adopted in LaSE. Three fundamental adaptations were evident: broadening the programme to include multiprofessional fellows, changes to the funding model and the impact that had on clinical placements. These were felt to be key to its adoption and longer-term sustainability. Conclusion The evaluation demonstrates a model of training that is adaptable and transferable between National Health Service regions, taking account of changing national and regional circumstances, and has the potential to be rolled out widely.

[Location, Location, Location: Where We Teach Primary Care Makes All the Difference](#)

Author(s): Cassel and Wilkes

Source: Journal of General Internal Medicine 32(4) pp. 411-415

Publication date: April 2017

Creating a new model to train a high-quality primary care workforce is of great interest to American health care stakeholders. There is consensus that effective educational approaches need to be combined with a rewarding work environment, emphasize a good work/life balance, and a focus on achieving meaningful outcomes that center on patients and the public. Still, significant barriers limit the numbers of clinicians interested in pursuing careers in primary care, including low earning potential, heavy medical school debt, lack of respect from physician colleagues, and enormous burdens of record keeping. To enlarge and energize the pool of primary care trainees, we look especially at changes that focus on institutions and the practice environment. Students and residents need training environments where primary care clinicians and interdisciplinary teams play a crucially important role in patient care. For a variety of reasons, many academic medical centers cannot easily meet these standards. The authors propose that a major part of primary care education and training be re-located to settings in high-performing health systems built on comprehensive integrated care models where primary care clinicians play a principle role in leadership and care delivery.

Equality, Diversity, and Inclusion

[Ethnic minority GP trainees at risk for underperformance assessments: a quantitative cohort study](#)

Item Type: Journal Article

Authors: Moppes, Nathanja Mariëtte van;Willems, Sander;Nasori, Mana;Bont, Jettie;Akkermans, Reinier;Dijk, Nynke van;Muijsenbergh, Maria van den and Visser, Mechteld

Publication Date: // ,2023

Journal: BJGP Open 7(1)

Abstract: BACKGROUND: Recent studies suggest that ethnic minority students underperform in standardised assessments commonly used to evaluate their progress. This disparity seems to also hold for postgraduate medical students and GP trainees, and may affect the quality of primary health care, which requires an optimally diverse workforce. AIMS: To address the following: 1) to determine to what extent ethnic minority GP trainees are more at risk of being assessed as underperforming than their majority peers; 2) to investigate whether established underperformance appears in specific competence areas; and 3) to explore first- and second-generation ethnic minority trainees' deviations. DESIGN & SETTING: Quantitative retrospective cohort design in Dutch GP specialty training (start years: 2015-2017). METHOD: In 2020-2021, the authors evaluated files on assessed underperformance of 1700 GP trainees at seven Dutch GP specialty training institutes after excluding five opt-outs and 165 incomplete datasets (17.4 per cent ethnic minority trainees). Underperformance was defined as the occurrence of the following, which was prompted by the training institute: 1) preliminary dropout; 2) extension of the educational pathway; and/or 3) mandatory coaching pathways. Statistics Netherlands (CBS) anonymised the files and added data about ethnic group. Thereafter, the authors performed logistic regression for potential underperformance analysis and chi2 tests for competence area analysis. RESULTS: Ethnic minority GP trainees were more likely to face underperformance assessments than the majority group (odds ratio OR] 2.41, 95 per cent confidence interval CI] = 1.67 to 3.49). Underperformance was not significantly nested in particular competence areas. First-generation ethnic minority trainees seemed more at risk than their second-generation peers. CONCLUSION: Ethnic minority GP trainees seem more at risk of facing educational barriers than the majority group. Additional qualitative research on underlying factors is essential.

Abstract]

[Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US](#)

Item Type: Journal Article

Authors: Snyder, John E.;Upton, Rachel D.;Hassett, Thomas C.;Lee, Hyunjung;Nouri, Zakia and Dill, Michael

Publication Date: // ,2023

Journal: JAMA Network Open 6(4), pp. e236687

Abstract: Importance: Studies have suggested that greater primary care physician (PCP) availability is associated with better population health and that a diverse health workforce can improve care experience measures. However, it is unclear whether greater Black representation within the PCP workforce is associated with improved health outcomes among Black individuals., Objective: To assess county-level Black PCP workforce representation and its association with mortality-related outcomes in the US., Design, Setting, and Participants: This cohort study evaluated the association of Black PCP workforce representation with survival outcomes at 3 time points (from January 1 to December 31 each in 2009, 2014, and 2019) for US counties. County-level representation was defined as the ratio of the proportion of PCPs who identified as Black divided by the proportion of the population who identified as Black. Analyses focused on between- and within-county influences of Black PCP representation and treated Black PCP representation as a time-varying covariate. Analysis of between-county influences examined whether, on average, counties with increased Black representation exhibited improved survival outcomes. Analysis of within-county influences assessed whether counties with higher-than-usual Black PCP representation exhibited enhanced survival outcomes during a given year of heightened workforce diversity. Data analyses were performed on June 23, 2022., Main Outcomes and

Measures: Using mixed-effects growth models, the impact of Black PCP representation on life expectancy and all-cause mortality for Black individuals and on mortality rate disparities between Black and White individuals was assessed., Results: A combined sample of 1618 US counties was identified based on whether at least 1 Black PCP operated within a county during 1 or more time points (2009, 2014, and 2019). Black PCPs operated in 1198 counties in 2009, 1260 counties in 2014, and 1308 counties in 2019-less than half of all 3142 Census-defined US counties as of 2014. Between-county influence results indicated that greater Black workforce representation was associated with higher life expectancy and was inversely associated with all-cause Black mortality and mortality rate disparities between Black and White individuals. In adjusted mixed-effects growth models, a 10% increase in Black PCP representation was associated with a higher life expectancy of 30.61 days (95% CI, 19.13-42.44 days)., Conclusions and Relevance: The findings of this cohort study suggest that greater Black PCP workforce representation is associated with better population health measures for Black individuals, although there was a dearth of US counties with at least 1 Black PCP during each study time point. Investments to build a more representative PCP workforce nationally may be important for improving population health.

[Surviving in scrubs: sexism, sexual harassment, and assault in the primary care workforce](#) Full text available with NHS

OpenAthens account*

Item Type: Journal Article

Authors: Cox, R. and Jewitt, C.

Publication Date: // ,2022

Journal: British Journal of General Practice 72(723), pp. 466-467

In the UK, in response to the #MeToo movement, multiple industries have been opening up and discussing sexism and sexual abuse. In recent years attention has been drawn to the

film, legal, charitable, and government sectors as employees have disclosed their experiences. Health care is no exception. In 2021 the British Medical Association's (BMA) Sexism in Medicine survey found that 91% of women doctors had experienced sexism at work in the last 2 years.¹ The survey also reported that 31% of women responders experienced unwanted physical conduct in their workplace and 56% of women responders received unwanted verbal conduct related to their sex. Studies have reported issues within specific specialties such as surgery and emergency medicine. In 'Sexual assault in surgery: a painful truth' a hostile culture towards women is described, with issues ranging from sexist microaggressions to serious sexual assault.² Unwanted sexual comments, attention, or advances were experienced by 52.9% of emergency medicine doctors in Lu et al 's study, with negative effects on self-confidence and career advancement.³ This issue is not isolated to qualified doctors: harassment and discrimination in medical schools were highlighted in a 2014 systematic review.⁴ The implications of this behaviour for victims included guilt, loss of professional identity, and resignation — which will have a significant impact on the future workforce.⁵ From speaking with victims exposed to harassment and assault, the longer-term impact can include significant mental health problems and extended periods of sick leave, with some individuals ultimately leaving medicine.

[News: Third of London's primary care workforce say they have faced racial abuse at work](#) Full text available with NHS

OpenAthens account*

Item Type: Journal Article

Authors: O'Dowd, Adrian

Publication Date: // ,2022

Journal: BMJ (Clinical Research Ed.) 377, pp. o1171

Around a third of the primary care workforce in London have faced racial discrimination or harassment from patients while at

work in the past year, according to a survey carried out by Health Education England (HEE).

The level of what was described as “appalling” racism was detailed in the report¹ HEE conducted in association with NHS England and NHS Improvement.

Health, wellbeing and burnout

[Compassion fatigue in the community nursing workforce: a scoping review](#) Abstract only*

Item Type: Journal Article

Authors: Adia, R.

Publication Date: // ,2023

Journal: British Journal of Community Nursing 28(9), pp. 456-462

Abstract: Background: compassion fatigue is a phenomenon in areas of nursing practice such as oncology, ICU, palliative care, hospice, and dementia care, but less so among community nurses (Joinson, 1992). A gap in enquiry exists around CN and compassion fatigue around end-of-life patient care. Method(s): a scoping review with narrative analysis of selected literature on compassion fatigue in nursing using CINHAL, ProQuest, Science Direct, and the Cochrane Library. Finding(s): whilst no specific studies were located on compassion fatigue and UK community nurses. Australian, Spanish, and Taiwanese studies report of environment, care relationship duration, resources and poor organisational support being linked to a likelihood of developing compassion fatigue. Conclusion(s): compassion fatigue is under-researched in community nursing and merits further enquiry to understand the challenges posed by providing end-of-life care - where patients' preferred place of care is at home (The Queen's Nursing Institute, 2020). As discussed by Ruiz-Fernandez et al (2020), CNs are also likely to be more vulnerable to compassion fatigue when regularly caring for patients who are suffering from an acute or progressive illness and death. This article examines

and discusses compassion fatigue in relation to the CN.
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[Prioritising wellbeing in the community nursing workforce](#) Title only*

Item Type: Journal Article

Authors: Robinson, Patricia

Publication Date: // ,2023

Journal: British Journal of Community Nursing 28(11), pp. 525-526

[Prevalence of burnout among GPs: a systematic review and meta-analysis](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Karuna, Christo;Palmer, Victoria;Scott, Anthony and Gunn, Jane

Publication Date: // ,2022

Journal: British Journal of General Practice 72(718)

Abstract: BACKGROUND: Burnout is a work-related syndrome documented to have negative consequences for GPs and their patients. AIM: To review the existing literature concerning studies published up to December 2020 on the prevalence of burnout among GPs in general practice, and to determine GP burnout estimates worldwide. DESIGN AND SETTING: Systematic literature search and meta-analysis. METHOD: Searches of CINAHL Plus, Embase, MEDLINE, PsycINFO, and Scopus were conducted to identify published peer-reviewed quantitative empirical studies in English up to December 2020 that have used the Maslach Burnout Inventory - Human Services Survey to establish the prevalence of burnout in practising GPs (that is, excluding GPs in training). A random-effects model was employed. RESULTS: Wide-ranging prevalence estimates (6 per cent to 33 per cent) across different dimensions of burnout were reported for 22 177 GPs across 29 countries were reported for 60 studies included in this review. Mean burnout estimates were:

16.43 for emotional exhaustion; 6.74 for depersonalisation; and 29.28 for personal accomplishment. Subgroup and meta-analyses documented that country-specific factors may be important determinants of the variation in GP burnout estimates. Moderate overall burnout cut-offs were found to be determinants of the variation in moderate overall burnout estimates. CONCLUSION: Moderate to high GP burnout exists worldwide. However, substantial variations in how burnout is characterised and operationalised has resulted in considerable heterogeneity in GP burnout prevalence estimates. This highlights the challenge of developing a uniform approach, and the importance of considering GPs' work context to better characterise burnout. Abstract]

[Developing a Global Community of Practice for Pharmacy Workforce Resilience—Meet GRiT](#)

Author(s): Whitfield et al.

Source: Pharmacy 9(2)

Publication date: 2021

Workforce resilience in pharmacy is required to ensure the practice, education, and administrative systems remain viable and sustainable over time and when facing challenges. Whether it is addressing burnout of pharmacists or students, or the structure and policies/procedures of employment and professional organizations, working to increase resilience across all individuals and sectors is essential to relieve pressure and promote better well-being, especially during the recent pandemic. The purpose of this article is to describe the development of a community of practice global group focused on development of resilience within the pharmacy workforce that is inclusive of students, pharmacy interns/preregistration and registered pharmacists. The steering group meets monthly and has representation of 24 members across eight countries. Members meet to discuss pertinent issues they are facing in practice, as well as to share and progress ideas on education,

research, and practice initiatives. To date, members have collectively implemented resilience training in pharmacy education, researched burnout and resilience in both students and pharmacists, and facilitated international collaborations both within and outside core group members. Future activities will focus on strengthening the community of practice in order to harness the power of the collective.

[How healthy is our primary health care workforce? A cross-sectional study](#)

Author(s): Behera et al.

Source: Journal of Family Medicine and Primary Care 9(10) pp. 5212-5217

Publication date: October 2020

Context: Progress of any nation depends on the health status of the population. A nation's health directly and indirectly depends on the quality of health-care facilities and how healthy the health care workforce is in that country. To achieve the health for all goal and to provide for most of the health services like maternal health services, child health services, nutrition, vaccination, and family planning services, the Indian health system have multipurpose health workers (female and male) and Accredited Social Health Activist to provide these services at the grass-root level. There is a paucity of literature revealing the health problems or the health status of grassroot level primary health care worker in India or abroad. Methods and Material: All the grass-root level health workers, i.e., MPHWF and ASHAs in the BMC area were included in this cross-sectional study. Data was collected using a semi-structured interview schedule, followed by general examination and anthropometry using standard procedures. Results: Half of the study participants 111 (50.2%) were having some or other kind of health issues during the data collection time; among them, 107 (48.4%) had a chronic disease condition. 10% of them had diabetes mellitus. More than half of the study participants 141 (63.8%) were found to be obese and

hypertension was found in 27 (12.2%) study participants. 21 (9.5%) study participants were under high depression. One-fourth of the health workers among those who could conceive had not gone for antenatal check-ups and more than one-third (33.5%) never consumed iron and folic acid (IFA) tablets during their first pregnancy. 19.1% have children with incomplete immunization as per age. One-fifth of the participants know about the balanced diet and half of them could not ensure that their family eat a balanced diet and in the majority, the diet was calorie deficient as per the daily requirement. Conclusions: There is an urgent need to formulate a policy to improve the health of the primary care grass-root level health-care workers and regular on-the-job training on nutrition needs to be given to them.

[Burnout and Health Care Workforce Turnover](#)

Author(s): Willard-Grace et al.

Source: Annals of Family Medicine 17(1) pp. 36-41

Publication date: 2019

Purpose: Levels of burnout among primary care clinicians and staff are alarmingly high, and there is widespread belief that burnout and lack of employee engagement contribute to high turnover of the workforce. Scant research evidence exists to support this assertion, however. Methods: We conducted a longitudinal cohort study using survey data on burnout and employee engagement collected in 2013 and 2014 from 740 primary care clinicians and staff in 2 San Francisco health systems, matched to employment roster data from 2016. Results: Prevalence of burnout, low engagement, and turnover were high, with 53% of both clinicians and staff reporting burnout, only 32% of clinicians and 35% of staff reporting high engagement, and 30% of clinicians and 41% of staff no longer working in primary care in the same system 2 to 3 years later. Burnout predicted clinician turnover (adjusted odds ratio = 1.57; 95% CI, 1.02-2.40); there was also a strong trend whereby low engagement predicted clinician turnover (adjusted odds ratio

with high engagement = 0.58; 95% CI, 0.33-1.04). Neither measure significantly predicted turnover for staff. Conclusions: High rates of burnout and turnover in primary care are compelling problems. Our findings provide evidence that burnout contributes to turnover among primary care clinicians, but not among staff. Although reducing clinician burnout may help to decrease rates of turnover, health care organizations and policymakers concerned about employee turnover in primary care need to understand the multifactorial causes of turnover to develop effective retention strategies for clinicians and staff.

[Resilience of primary healthcare professionals: a systematic review](#)

Author(s): Robertson et al.

Source: British Journal of General Practice 66(647) e423-e433

Publication date: June 2016

Background: Modern demands and challenges among healthcare professionals can be particularly stressful and resilience is increasingly necessary to maintain an effective, adaptable, and sustainable workforce. However, definitions of, and associations with, resilience have not been examined within the primary care context. Aim: To examine definitions and measures of resilience, identify characteristics and components, and synthesise current evidence about resilience in primary healthcare professionals. Design and setting: A systematic review was undertaken to identify studies relating to the primary care setting. Method: Ovid®, Embase®, CINAHL, PsycINFO, and Scopus databases were searched in December 2014. Text selections and data extraction were conducted by paired reviewers working independently. Data were extracted on health professional resilience definitions and associated factors.

Results: Thirteen studies met the inclusion criteria: eight were quantitative, four qualitative, and one was an intervention study. Resilience, although multifaceted, was commonly defined as involving positive adaptation to adversity. Interactions were

identified between personal growth and accomplishment in resilient physicians. Resilience, high persistence, high self-directedness, and low avoidance of challenges were strongly correlated; resilience had significant associations with traits supporting high function levels associated with demanding health professional roles. Current resilience measures do not allow for these different aspects in the primary care context. Conclusion: Health professional resilience is multifaceted, combining discrete personal traits alongside personal, social, and workplace features. A measure for health professional resilience should be developed and validated that may be used in future quantitative research to measure the effect of an intervention to promote it.

[Predictors and Outcomes of Burnout in Primary Care Physicians](#)

Author(s): Rabatin et al.

Source: Journal of Primary Care & Community Health 7(1) pp. 41-43

Publication date: January 2016

Objective: To assess relationships between primary care work conditions, physician burnout, quality of care, and medical errors. Methods: Cross-sectional and longitudinal analyses of data from the MEMO (Minimizing Error, Maximizing Outcome) Study. Two surveys of 422 family physicians and general internists, administered 1 year apart, queried physician job satisfaction, stress and burnout, organizational culture, and intent to leave within 2 years. A chart audit of 1795 of their adult patients with diabetes and/or hypertension assessed care quality and medical errors. Key Results: Women physicians were almost twice as likely as men to report burnout (36% vs 19%, $P < .001$). Burned out clinicians reported less satisfaction ($P < .001$), more job stress ($P < .001$), more time pressure during visits ($P < .01$), more chaotic work conditions ($P < .001$), and less work control ($P < .001$). Their workplaces were less likely to emphasize work-life balance ($P < .001$) and they noted more intent to leave the practice (56% vs 21%, $P < .001$). There were no consistent

relationships between burnout, care quality, and medical errors. Conclusions: Burnout is highly associated with adverse work conditions and a greater intention to leave the practice, but not with adverse patient outcomes. Care quality thus appears to be preserved at great personal cost to primary care physicians. Efforts focused on workplace redesign and physician self-care are warranted to sustain the primary care workforce.

Leadership

[Transformational leadership to promote nurse practitioner practice in primary care](#) Abstract only*

Author(s): Poghosyan et al.

Source: Journal of Nursing Management 26(8) pp. 1066-1073

Publication date: 2018

Aim: This study investigated transformational leadership from the perspectives of primary care nurse practitioners.

Background: The growing workforce of nurse practitioners in the United States could play a critical role in meeting the increasing demand for primary care. Little is known about how leadership within primary care practices could promote nurse-practitioner care. Transformational leadership is a widely recognized leadership style that affects clinician practice and outcomes.

Method: A cross-sectional survey design was used to collect data from nurse practitioners in New York state in 2012. The online survey containing measures of nurse practitioners and leadership relationships was completed by 278 nurse practitioners. Results: The four factors of transformational leadership-idealized influence, inspirational motivation, intellectual stimulation, and individual consideration-were recognized by nurse practitioners. Almost half of nurse practitioners reported that leadership did not share information equally between nurse practitioners and physicians (idealized influence), and 45.9% reported that nurse practitioners were not represented on important organisational committees (intellectual

stimulation). Conclusion: Transformational leadership can be applied to promote nurse practitioner practice in primary care. Future research should explore how transformational leadership affects nurse practitioner care and outcomes. Implications for nursing management: Leaders in primary care practices should consider applying transformational leadership principles to promote nurse practitioner practice.

[Creating a Primary Care Workforce: Strategies for Leaders, Clinicians, and Nurses](#) Abstract only*

Author(s): Robinson et al.

Source: Journal of Clinical Psychology in Medical Settings 25(2)

Publication date: 2018

Many primary care clinics struggle with rapid implementation and systematic expansion of primary care behavioral health (PCBH) services. Often, an uneven course of program development is due to lack of attention to preparing clinic leadership, addressing operational factors, and training primary care providers (PCPs) and nurses. This article offers competency tools for clinic leaders, PCPs, and nurses to use in assessing their status and setting change targets. These tools were developed by researchers working to disseminate evidence-based interventions in primary care clinics that included fully integrated behavioral health consultants and were then used by early adaptors of the PCBH model. By deploying these strategies, both practicing and teaching clinics will take a big step forward in developing the primary care workforce needed for primary care teams, where the behavioral health needs of a patient of any age can be addressed at the time of need.

Learning from Covid-19

[Impact of the COVID-19 Pandemic on the Community Pharmacy Workforce](#) Abstract only*

Item Type: Journal Article

Authors: Bacci, Jennifer L.;Pollack, Samantha W.;Skillman, Susan M.;Odegard, Peggy Soule;Danielson, Jennifer Hookstra and Frogner, Bianca K.

Publication Date: // ,2024

Journal: Medical Care Research and Review : MCRR 81(1), pp. 39-48

Abstract: This study sought to describe the impact of the COVID-19 pandemic on community pharmacy practice and its workforce. Interviews were conducted with 18 key informants from pharmacy associations and community pharmacists representing chain and independent pharmacy organizations across the United States from January to May 2022. Interview notes were analyzed using a rapid content analysis approach. Four themes resulted: (a) patient care at community pharmacies focused on fulfilling COVID-19 response needs; (b) pharmacists' history as immunizers and scope of practice expansions facilitated COVID-19 response efforts; (c) workforce supply shortages impeded COVID-19 response efforts and contributed to burnout; and (d) maintaining community pharmacy workforce's readiness will be critical to future emergency preparedness and response efforts. Formalizing scope of practice expansion policies and reimbursement pathways deployed during the COVID-19 pandemic could facilitate the community pharmacy workforce's ability to address ongoing public health needs and respond to future public health emergencies.

[Impact of the COVID-19 vaccination mandate on the primary care workforce and differences between rural and urban settings to inform future policy decision-making](#)

Item Type: Journal Article

Authors: Hatch, Brigit A.;Kenzie, Erin;Ramalingam, NithyaPriya;Sullivan, Eliana;Barnes, Chrystal;Elder, Nancy and Davis, Melinda M.

Publication Date: // ,2023

Journal: PloS One 18(6), pp. e0287553

Abstract: INTRODUCTION: Little is known about the impact of mandated vaccination policies on the primary care clinic workforce in the United States or differences between rural and urban settings, especially for COVID-19. With the continued pandemic and an anticipated increase in novel disease outbreaks and emerging vaccines, healthcare systems need additional information on how vaccine mandates impact the healthcare workforce to aid in future decision-making., METHODS: We conducted a cross-sectional survey of Oregon primary care clinic staff between October 28, 2021- November 18, 2021, following implementation of a COVID-19 vaccination mandate for healthcare personnel. The survey consisted of 19 questions that assessed the clinic-level impacts of the vaccination mandate. Outcomes included job loss among staff, receipt of an approved vaccination waiver, new vaccination among staff, and the perceived significance of the policy on clinic staffing. We used univariable descriptive statistics to compare outcomes between rural and urban clinics. The survey also included three open-ended questions that were analyzed using a template analysis approach., RESULTS: Staff from 80 clinics across 28 counties completed surveys, representing 38 rural and 42 urban clinics. Clinics reported job loss (46%), use of vaccination waivers (51%), and newly vaccinated staff (60%). Significantly more rural clinics (compared to urban) utilized medical and/or religious vaccination waivers (71% vs 33%, $p = 0.04$) and reported significant impact on clinic staffing (45% vs

21%, $p = 0.048$). There was also a non-significant trend toward more job loss for rural compared to urban clinics (53% vs. 41%, $p = 0.547$). Qualitative analysis highlighted a decline in clinic morale, small but meaningful detriments to patient care, and mixed opinions of the vaccination mandate., CONCLUSIONS: Oregon's COVID-19 vaccination mandate increased healthcare personnel vaccination rates, yet amplified staffing challenges with disproportionate impacts in rural areas. Staffing impacts in primary care clinics were greater than reported previously in hospital settings and with other vaccination mandates. Mitigating primary care staffing impacts, particularly in rural areas, will be critical in response to the continued pandemic and novel viruses in the future. Copyright: © 2023 Hatch et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

[Training community health navigators in the public health workforce to respond during the COVID-19 pandemic](#)

Item Type: Journal Article

Authors: Wu, Tsu-Yin;Hoffman, Jenni L.;Chow, Chong Man and Hartl, Brian

Publication Date: // ,2023

Journal: Zeitschrift Fur Gesundheitswissenschaften = Journal of Public Health , pp. 1-8

Abstract: Aim: To describe the process of engaging underserved communities of color that designs, conducts, and evaluates community-engaged COVID-19 Community Health Navigator training on COVID-19: Vaccination, Prevention, and Contact Tracing., Subject and methods: The project used a mixed-methods design; 18 community health navigators (CHNs) representing Asian American, Arab American, Black/African American, and Hispanic/Latinx communities completed the pretest, training, and post-test. Demographic characteristics,

along with knowledge and confidence level questions regarding COVID-19 issues, were gathered in pre- and post-tests. Qualitative data were collected via open-ended questions in post-tests., Results: Findings suggest that the community health navigator training successfully increased participants' knowledge of COVID-19-related topic areas and confidence in educating community members regarding COVID-19 vaccination and prevention. Qualitative evaluation contained information learned and found most helpful, and application and utilization plans for CHNs' follow-up work., Conclusion: The process of community health navigator training and evaluation results adds important insights to the current COVID-19 pandemic workforce literature and can inform future trainings. Copyright © The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature 2023, Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.

[Psychological impact of the Covid-19 pandemic on primary care workers: a cross-sectional study](#)

Item Type: Journal Article

Authors: Aragonès, Enric;del Cura-González, Isabel;Hernández-Rivas, Lucia;Polentinos-Castro, Elena;Fernández-San-Martín, Maria Isabel;López-Rodríguez, Juan A.;Molina-Aragonés, Josep M.;Amigo, Franco;Alayo, Itxaso;Mortier, Phillippe;Ferrer, Montse;Pérez-Solà, Víctor;Vilagut, Gemma and Alonso, Jordi
Publication Date: // ,2022

Journal: British Journal of General Practice 72(720)

Abstract: BACKGROUND: The Covid-19 pandemic has had a major impact on the mental health of health care workers, yet studies in primary care workers are scarce. AIM: To investigate the prevalence of and associated factors for psychological

distress in primary care workers during the first Covid-19 outbreak. DESIGN AND SETTING: This was a multicentre, cross-sectional, web-based survey conducted in primary health care workers in Spain, between May and September 2020. METHOD: Health care workers were invited to complete a survey to evaluate sociodemographic and work-related characteristics, Covid-19 infection status, exposure to patients with Covid-19, and resilience (using the Connor-Davidson Resilience Scale), in addition to being screened for common mental disorders (depression, anxiety disorders, post-traumatic stress disorder, panic attacks, and substance use disorder). Positive screening for any of these disorders was analysed globally using the term 'any current mental disorder'. RESULTS: A total of 2928 primary care professionals participated in the survey. Of them, 43.7 per cent (95 per cent confidence interval CI] = 41.9 to 45.4) tested positive for a current mental disorder. Female sex (odds ratio OR] 1.61, 95 per cent CI = 1.25 to 2.06), having previous mental disorders (OR 2.58, 95 per cent CI = 2.15 to 3.10), greater occupational exposure to patients with Covid-19 (OR 2.63, 95 per cent CI = 1.98 to 3.51), having children or dependents (OR 1.35, 95 per cent CI = 1.04 to 1.76 and OR 1.59, 95 per cent CI = 1.20 to 2.11, respectively), or having an administrative job (OR 2.24, 95 per cent CI = 1.66 to 3.03) were associated with a higher risk of any current mental disorder. Personal resilience was shown to be a protective factor. CONCLUSION: Almost half of primary care workers showed significant psychological distress. Strategies to support the mental health of primary care workers are necessary, including designing psychological support and resilience-building interventions based on risk factors identified. Abstract]

[A longitudinal qualitative study of the UK general practice workforce experience of COVID-19](#)

Item Type: Journal Article

Authors: Burn, Emily;Fisher, Rebecca;Locock, Louise and Smith,

Judith

Publication Date: // ,2022

Journal: Primary Health Care Research & Development 23, pp. e45

Abstract: BACKGROUND: The COronaVirus Disease 2019 (COVID-19) pandemic has led to significant re-organisation of general practice in the United Kingdom and around the world. The general practice workforce has led changes to their services, often dealing with high levels of uncertainty. The way in which many practitioners consult has shifted significantly, and there has been an increase in the number of phone and online consultations. We know very little about how those working in general practice experienced the service reorganisation introduced in the first year of the COVID-19 pandemic., AIM: The aim of this project was to describe the changes in the delivery of general practice in the United Kingdom in the first year of the COVID-19 pandemic. Furthermore, to explore primary care practitioners' and managers' experiences of change within general practice during this time and investigate shifts in perceptions of professional identities., METHOD: We conducted a longitudinal qualitative study that captured narrative accounts from 17 primary care practitioners and managers across England and Scotland. Each participant submitted narrative accounts in the first year of the COVID-19 pandemic using self-recorded or written contributions, or via an interview if preferred. These were analysed using a grounded theory approach, with thematic coding used to construct common themes., FINDINGS: Participants' narratives describe the challenges COVID-19 presented to general practice. Responses mirror the shifts in the pandemic and its management - from an initial sense of autonomy but uncertainty, to a period of stability and patients' increasing frustration. The re-organisation of general practice has affected practitioners' views of their work and their role as clinicians. Participants' narratives were framed profoundly by the importance of their relationships with patients. This analysis of

practitioners' and managers' narratives highlights the need for further exploration of how to support the general practice workforce's well-being longer term in a context of increased demand and significant change.

[Disruption to the doctor–patient relationship in primary care: a qualitative study](#)

Item Type: Journal Article

Authors: Eggleton, Kyle;Bui, Nam and Goodyear-Smith, Felicity

Publication Date: // ,2022

Journal: BJGP Open 6(4)

Abstract: BACKGROUND: Starfield described the importance of system-level components of primary care (first contact, continuous, comprehensive, coordinated), on countries' health systems. It is postulated that, at the individual level, interpersonal interactions and relationship-centred care are central to primary care. AIM: To explore the impact of COVID-19 on disruption to the doctor-patient relationship and subsequent development of new models of care. DESIGN & SETTING: A series of eleven cross-sectional surveys of New Zealand (NZ) urban and rural primary care doctors, nurses, and managers, from May 2020 to February 2021, to understand and monitor responses to the pandemic. METHOD: Using inductive content analysis, cumulated qualitative data from doctors were examined through the lenses of the doctor-patient relationship, its disruption, and resulting changes in models of care. RESULTS: There were 1519 responses to the surveys, representing 482 unique participants. The majority (86 per cent) of responses were from doctors. The following four key themes emerged: moving to transactional consultations; task-shifting with team changes; creating a production line; and diminished communication and coordination across services. CONCLUSION: The advent of the pandemic led to severe and ongoing strain on practices requiring rapid change to the model of care. Team members took on new roles for triaging, testing, and separating patients with respiratory

and non-respiratory symptoms. There was a rapid move to telehealth, with policies developed on where face-to-face consultations were necessary. Practice strain was exacerbated by disruption to coordination with secondary and other referral services. As new models of general practice develop, further disruptions to development of doctor-patient relationships must be avoided. This work extends Starfield's system-level paradigm to the individual level, with the core value of primary care the doctor-patient relationship. Successful sustainable models are likely to be where relationships are treated as of central importance. Abstract]

[Has the COVID-19 Pandemic Led to Changes in the Tasks of the Primary Care Workforce? An International Survey among General Practices in 38 Countries \(PRICOV-19\)](#)

Item Type: Journal Article

Authors: Groenewegen, Peter;Van Poel, Esther;Spreeuwenberg, Peter;Batenburg, Ronald;Mallen, Christian;Murauskiene, Liubove;Peris, Antoni;Petre, Benoit;Schaubroeck, Emmily;Stark, Stefanie;Sigurdsson, Emil L.;Tatsioni, Athina;Vafeidou, Kyriaki and Willems, Sara

Publication Date: // ,2022

Journal: International Journal of Environmental Research and Public Health 19(22)

Abstract: The COVID-19 pandemic has had a large and varying impact on primary care. This paper studies changes in the tasks of general practitioners (GPs) and associated staff during the COVID-19 pandemic. Data from the PRICOV-19 study of 5093 GPs in 38 countries were used. We constructed a scale for task changes and performed multilevel analyses. The scale was reliable at both GP and country level. Clustering of task changes at country level was considerable (25%). During the pandemic, staff members were more involved in giving information and recommendations to patients contacting the practice by phone, and they were more involved in triage. GPs took on additional

responsibilities and were more involved in reaching out to patients. Problems due to staff absence, when dealt with internally, were related to more task changes. Task changes were larger in practices employing a wider range of professional groups. Whilst GPs were happy with the task changes in practices with more changes, they also felt the need for further training. A higher-than-average proportion of elderly people and people with a chronic condition in the practice were related to task changes. The number of infections in a country during the first wave of the pandemic was related to task changes. Other characteristics at country level were not associated with task changes. Future research on the sustainability of task changes after the pandemic is needed.

[Clinical risk in remote consultations in general practice: findings from in-Covid-19 pandemic qualitative research](#)

Item Type: Journal Article

Authors: Rosen, Rebecca;Wieringa, Sietse;Greenhalgh, Trisha;Leone, Claudia;Rybczynska-Bunt, Sarah;Hughes, Gemma;Moore, Lucy;Shaw, Sara E.;Wherton, Joseph and Byng, Richard

Publication Date: // ,2022

Journal: BJGP Open 6(3)

Abstract: BACKGROUND: The Covid-19 pandemic-related rise in remote consulting raises questions about the nature and type of risks in remote general practice. AIM: To develop an empirically based and theory-informed taxonomy of risks associated with remote consultations. DESIGN AND SETTING: Qualitative sub-study of data selected from the wider datasets of three large, multi-site, mixed-method studies of remote care in general practice before and during the Covid-19 pandemic in the UK. METHOD: Semi-structured interviews and focus groups, with a total of 176 clinicians and 43 patients. Data were analysed thematically, taking account of an existing framework of domains of clinical risk. RESULTS: The Covid-19 pandemic brought

changes to estates (for example, how waiting rooms were used), access pathways, technologies, and interpersonal interactions. 6 domains of risk were evident in relation to the following: (1) practice set-up and organisation (including digital inequalities of access, technology failure, and reduced service efficiency); (2) communication and the clinical relationship (including a shift to more transactional consultations); (3) quality of clinical care (including missed diagnoses, safeguarding challenges, over-investigation, and over-treatment); (4) increased burden on the patient (for example, to self-examine and navigate between services); (5) reduced opportunities for screening and managing the social determinants of health; and (6) workforce (including increased clinician stress and fewer opportunities for learning). CONCLUSION: Notwithstanding potential benefits, if remote consultations are to work safely, risks must be actively mitigated by measures that include digital inclusion strategies, enhanced safety-netting, and training and support for staff. Abstract]

[The impact of COVID-19 on primary health care delivery in Australia](#) Abstract only*

Author(s): Halcomb et al.

Source: Journal of Advanced Nursing 78(5)

Publication date: September 2021

Aims: To validate the 'safe and effective staffing tool' and explore the impact of COVID-19 on the quality of Australian primary health care (PHC). Design: A national survey was conducted from October to December 2020. Methods: The online survey was distributed via social media and professional organisations to PHC nurses. Results: Three-hundred fifty-nine PHC nurses participated. A two-factor solution was found with factors named; 'Perception of quality of care provided' and 'Personal satisfaction with care delivered'. Cronbach's alpha demonstrated good internal consistency for the total scale ($\alpha = .915$) and each subscale ($\alpha = .879/\alpha = .864$). Nearly three-quarters of participants (71.3%) were satisfied with the quality of care they

delivered. Participants working in general practice, and those with more nursing experience had significantly higher scores in the factor 'perceptions of quality of care provided' and the total 'quality and satisfaction with care'. A lack of time, inadequate supervision and support, and performing non-nursing duties were reported to be impacting care quality. Most participants (80.5%) reported that COVID-19 had impacted negatively on the detection and management of non-COVID related health conditions. Conclusion: The 'safe and effective staffing tool' is a valid and reliable measure of perceived quality of care and satisfaction with care delivered. Many PHC nurses perceive that there has been an overall reduction in the quality of care delivered due to COVID-19 and feel that there is a lack of adequate supervision and workplace support. Given the limited baseline data, further research is required to understand the extent that COVID-19 impacts these findings. However, this study demonstrates that strategies need to be implemented to support PHC nurses to provide high-quality care to optimise health outcomes and maintain nurse satisfaction. Impact: This is the first attempt to evaluate care quality in Australian PHC. Policymaking requires this evidence to drive changes to better support PHC nurses.

[The impact of COVID-19 on primary care in Europe](#)

Author(s): Mughal et al.

Source: The Lancet Regional Health Europe
COVID-19 continues to dominate the policy agenda across Europe. By 15 May 2021, there had been nearly 54 million cases of COVID-19, resulting in a million deaths in the European Region [1]. Countries in central and eastern Europe have been particularly badly hit, with some of the world's highest per capita death rates [2] Primary care has already played a crucial role in the health system response to COVID-19 and will continue to do so as we recover, but only if it is supported, as we now describe. Primary care workers have struggled. Those in many countries,

including Poland, Finland, Sweden, Greece, Ireland, and Germany have described some of the difficulties they faced when the pandemic began. As frontline health workers they confronted the fear and reality of becoming infected, the struggle to support their families, and the lack of resources such as personal protective equipment [3,4]. They had to rapidly rethink the way they delivered care as they embarked on remote consultations, while recognising that many of their most vulnerable patients were digitally excluded: likely contributing to widening socioeconomic inequalities [3]. Yet they came together with colleagues, providing mutual support as they adjusted to new ways of working, and a rapidly changing evidence-base [3] A study utilising the rich data available in England reported large reductions in primary care consultations for cardiorespiratory conditions including myocardial infarction and asthma, and especially so for diabetic emergencies, depression, and self-harm [5]. In Germany, there was a substantial fall in new cancer diagnoses in general practice [6].

[A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being](#)

Author(s): de Kock et al.

Source: BMC Public Health 21(104)

Publication date: 2021

Background: Health and social care workers (HSCWs) have carried a heavy burden during the COVID-19 crisis and, in the challenge to control the virus, have directly faced its consequences. Supporting their psychological wellbeing continues, therefore, to be a priority. This rapid review was carried out to establish whether there are any identifiable risk factors for adverse mental health outcomes amongst HSCWs during the COVID-19 crisis. Methods: We undertook a rapid review of the literature following guidelines by the WHO and the Cochrane Collaboration's recommendations. We searched

across 14 databases, executing the search at two different time points. We included published, observational and experimental studies that reported the psychological effects on HSCWs during the COVID-19 pandemic. Results: The 24 studies included in this review reported data predominantly from China (18 out of 24 included studies) and most sampled urban hospital staff. Our study indicates that COVID-19 has a considerable impact on the psychological wellbeing of front-line hospital staff. Results suggest that nurses may be at higher risk of adverse mental health outcomes during this pandemic, but no studies compare this group with the primary care workforce. Furthermore, no studies investigated the psychological impact of the COVID-19 pandemic on social care staff. Other risk factors identified were underlying organic illness, gender (female), concern about family, fear of infection, lack of personal protective equipment (PPE) and close contact with COVID-19. Systemic support, adequate knowledge and resilience were identified as factors protecting against adverse mental health outcomes.

Conclusions: The evidence to date suggests that female nurses with close contact with COVID-19 patients may have the most to gain from efforts aimed at supporting psychological well-being. However, inconsistencies in findings and a lack of data collected outside of hospital settings, suggest that we should not exclude any groups when addressing psychological well-being in health and social care workers. Whilst psychological interventions aimed at enhancing resilience in the individual may be of benefit, it is evident that to build a resilient workforce, occupational and environmental factors must be addressed. Further research including social care workers and analysis of wider societal structural factors is recommended.

[Community health workers and non-clinical patient navigators: A critical COVID-19 pandemic workforce](#)

Author(s): Wells et al.

Source: Preventive Medicine 146

Publication date: May 2021

The COVID-19 pandemic has resulted in substantial morbidity and mortality and challenged public health agencies and healthcare systems worldwide. In the U.S., physical distancing orders and other restrictions have had severe economic and societal consequences. Populations already vulnerable in the United States have experienced worse COVID-19 health outcomes. The World Health Organization has made recommendations to engage at risk populations and communicate accurate information about risk and prevention; to conduct contact tracing; and to support those affected by COVID-19. This Commentary highlights the ways in which an existing and cost-effective, but underutilized workforce, community health workers and non-clinical patient navigators, should be deployed to address the COVID-19 pandemic. Community health workers and non-clinical patient navigators have skills in community engagement and health communication and are able to gain the trust of vulnerable communities. Furthermore, many community health workers and non-clinical patient navigators have skills in assisting community members with meeting basic needs and with navigating public health and healthcare systems. Members of this workforce are more than prepared to conduct contact tracing. State, local, tribal, and territorial public health agencies and healthcare systems should be collaborating with national, state, and local organizations that represent and employ CHWs/non-clinical patient navigators to determine how to better mobilize this workforce to address the COVID-19 pandemic. Furthermore, Congress, the Centers for Medicare & Medicaid Services (CMS), and individual states need to adopt policies to sustainably fund their critically needed services in the long term.

[The primary care response to COVID-19 in England's National Health Service](#)

Author(s): Majeed et al.

Source: Journal of the Royal Society of Medicine 113(6)

Publication date: 2020

Introduction: Health systems across the world have had to make radical changes to help manage the COVID-19 pandemic in their own countries.¹ As the patient's first point of contact is with the health system, these changes have had a dramatic effect on primary care, including England's National Health Service (NHS).

[Lessons on the COVID-19 pandemic, for and by primary care professionals worldwide](#)

Author(s): Rawaf et al.

Source: European Journal of General Practice 26(91)

Publication date: 2020

The COVID-19 pandemic has modified organisation and processes of primary care. In this paper, we aim to summarise experiences of international primary care systems. We explored personal accounts and findings in reporting on the early experiences from primary care during the pandemic, through the online Global Forum on Universal Health Coverage and Primary Health Care. During the early stage of the pandemic, primary care continued as the first point of contact to the health system but was poorly informed by policy makers on how to fulfil its role and ill equipped to provide care while protecting staff and patients against further spread of the infection. In many countries, the creativity and initiatives of local health professionals led to the introduction or extension of the use of telephone, e-mail and virtual consulting, and introduced triaging to separate 'suspected' COVID-19 from non-COVID-19 care. There were substantial concerns of collateral damage to the health of the population due to abandoned or postponed routine care. The pandemic presents important lessons to strengthen health systems through better connection between public health,

primary care, and secondary care to cope better with future waves of this and other pandemics.

[COVID-19 and primary care in six countries](#)

Author(s): Huston et al.

Source: BJGP open 4(4)

Publication date: 2020

Introduction: With the focus of the COVID-19 pandemic on the many challenges in public health, acute and long-term care, what has happened within primary care has remained largely below the radar. Yet primary care physicians (family doctors and GPs) can constitute up to 50% of the medical workforce¹ and are highly susceptible to contracting emerging infectious diseases themselves, as they are often the first point of contact people have with the health system.² This article comments on what is happening to primary care provision in six well-resourced countries: Australia, New Zealand (NZ), Canada, the Netherlands, the UK, and the US. Although primary care has been on the front line with COVID-19 cases, this has come at great cost. In all six countries, primary care physicians participated in the initial assessment and triage of people with possible COVID-19, although how that was done varied between countries, and was rarely in the physician's office ([Table 1](#)). They decided who could be managed at home, and who needed specialist referral or hospital admission. Physicians often deferred routine follow-up visits in their offices, instead offering patients remote assessments by telephone, email, and videoconferencing, and assisting in assessment centres.

[Editorial: COVID-19: a danger and an opportunity for the future of general practice](#)

Author(s): Marshall et al.

Source: British Journal of General Practice 70(695) pp. 270-71

Publication date: 2020

For decades there have been calls for general practice to change established ways of working. In response we have seen pockets of innovation from a few, amid a cautious evolutionary process of adaptation from the majority. With good reason, many GPs were attached to their time-honoured working practices. No need was seen by most for radical transformation.

Over a few weeks between mid-March and early April 2020, general practice changed utterly, and voluntarily, in response to the COVID-19 pandemic. Before the crisis a minority of practices used doctor-led triage as the access point for services; within weeks nearly all were doing so. Royal College of General Practitioners (RCGP) analysis of general practice appointments data shows that before the crisis >70% of consultations were carried out face-to-face; within weeks the figure was 23%.¹ Before the crisis clinical workload had become unsustainable; within weeks year-on-year comparisons showed that the number of consultations carried out by practices had reduced by 24%.¹ Before the crisis administrative tasks and regulatory compliance diverted practices from direct patient care; within weeks year-on-year comparisons reported a 30% reduction in time spent on such activities.¹

Locum doctors

[The use of locum doctors in the NHS: results of a national survey of NHS trusts in England](#)

Item Type: Journal Article

Authors: Stringer, Gemma;Ferguson, Jane;Walshe, Kieran;Grigoroglou, Christos;Thomas, Allen;Kontopantelis, Evangelos;Thomas, Allen;Kontopantelis, Evangelos and Ashcroft, Darren M.

Publication Date: // ,2023

Journal: BMC Health Services Research 23(889)

Abstract: BACKGROUND: Locum working in healthcare organisations has benefits for individual doctors and

organisations but there are concerns about the impact of locum working on continuity of care, patient safety, team function and cost. We conducted a national survey of NHS Trusts in England to explore locum work, and better understand why and where locum doctors were needed; how locum doctors were engaged, supported, perceived and managed; and any changes being made in the way locums are used. METHODS: An online survey was sent to 191 NHS Trusts and 98 were returned (51 per cent) including 66 (67 per cent) acute hospitals, 26 (27 per cent) mental health and six (6 per cent) community health providers. Data was analysed using frequency tables, t-tests and correlations. Free-text responses were analysed using thematic analysis. RESULTS: Most NHS Trusts use locums frequently and for varying lengths of time. Trusts prefer to use locums from internal locum banks but frequently rely on locum agencies. The benefits of using locums included maintaining workforce capacity and flexibility. Importantly, care provided by locums was generally viewed as the same or somewhat worse when compared to care provided by permanent doctors. The main disadvantages of using locum agencies included cost, lack of familiarity and impact on organisational development. Some respondents felt that locums could be unreliable and less likely to be invested in quality improvement. NHS Trusts were broadly unfamiliar with the national guidance from NHS England for supporting locums and there was a focus on processes like compliance checks and induction, with less focus on providing feedback and support for appraisal. CONCLUSIONS: Locum doctors provide a necessary service within NHS Trusts to maintain workforce capacity and provide patient care. There are potential issues related to the way that locums are perceived, utilised, and supported which might impact the quality of the care that they provide. Future research should consider the arrangements for locum working and the performance of locums and permanent doctors, investigating the organisation of locums

in order to achieve safe and high-quality care for patients.
ABSTRACT]

[Locum doctor use in English general practice: analysis of routinely collected workforce data 2017-2020](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Grigoroglou, Christos;Walshe, Kieran;Kontopantelis, Evangelos;Ferguson, Jane;Stringer, Gemma;Ashcroft, Darren M. and Allen, Thomas

Publication Date: // ,2022

Journal: The British Journal of General Practice : The Journal of the Royal College of General Practitioners 72(715), pp. e108-e117

Abstract: BACKGROUND: Numbers of GP locums in the NHS have grown in recent years, yet evidence on the scale and scope of the locum workforce in general practice is sparse., AIM: To identify characteristics, geographical patterns, and drivers of GP locum use., DESIGN AND SETTING: Observational study of routine data from general practices in England., METHOD: Descriptive analyses of national GP workforce data between December 2017 and September 2020 were conducted to determine the volume and geographical distribution of locum use and examine the characteristics of locums compared with other GP types. Locum full-time equivalent (FTE) was modelled using negative binomial regression and estimated incidence rate ratios (IRRs) for associations between outcome and characteristics of practices and population., RESULTS: In December 2019, total locum FTE was 1217.9 compared with 33 996.6 for total GP FTE. Locums represented 3.3% of total GP FTE, which was fewer than other GP types. Median locum age was 42 years (interquartile range IQR] 36 to 51) FTE and the majority were UK qualified (660 of 1034 63.8%] total locum FTE), were male (642.6 of 1178.9 54.5%] total locum FTE), and had long-term employment (834.1 of 1127.9 74.0%]) total locum FTE. Rurality

(IRR 1.250 95% CI = 1.095 to 1.428]), inadequate Care Quality Commission ratings (IRR 2.108 95% CI = 1.370 to 3.246), and single-handed practice (IRR 4.611 95% CI = 4.101 to 5.184) were strong predictors of locum use. There was substantial variation in locum use between regions., CONCLUSION: GP locum use remained stable over time. Compared with other GPs, locums were younger male GPs, a substantial percentage of whom did not qualify in the UK, and those who served underperforming practices in rural areas. This is likely to reflect recruitment or high turnover challenges in these practices/areas and can provide a greater understanding of general practice workforce challenges in England. Copyright © The Authors.

Mental Health

[Healthcare utilization patterns of individuals with depression after national policy to increase the mental health workforce in primary care: a data linkage study](#)

Item Type: Journal Article

Authors: Dros, Jesper T.;van Dijk, Christel,E.;Bocker, Koen B. E.;Bruins Slot, Lotte,C.J.A.F.;Verheij, Robert A.;Meijboom, Bert R.;Dik, Jan-Willem and Bos, Isabelle

Publication Date: // ,2024

Journal: BMC Primary Care 25(1), pp. 158

Abstract: BACKGROUND: The deployment of the mental health nurse, an additional healthcare provider for individuals in need of mental healthcare in Dutch general practices, was expected to substitute treatments from general practitioners and providers in basic and specialized mental healthcare (psychologists, psychotherapists, psychiatrists, etc.). The goal of this study was to investigate the extent to which the degree of mental health nurse deployment in general practices is associated with healthcare utilization patterns of individuals with depression., METHODS: We combined national health insurers' claims data with electronic health records from general practices. Healthcare

utilization patterns of individuals with depression between 2014 and 2019 (N = 31,873) were analysed. The changes in the proportion of individuals treated after depression onset were assessed in association with the degree of mental health nurse deployment in general practices., RESULTS: The proportion of individuals with depression treated by the GP, in basic and specialized mental healthcare was lower in individuals in practices with high mental health nurse deployment. While the association between mental health nurse deployment and consultation in basic mental healthcare was smaller for individuals who depleted their deductibles, the association was still significant. Treatment volume of general practitioners was also lower in practices with higher levels of mental health nurse deployment., CONCLUSION: Individuals receiving care at a general practice with a higher degree of mental health nurse deployment have lower odds of being treated by mental healthcare providers in other healthcare settings. More research is needed to evaluate to what extent substitution of care from specialized mental healthcare towards general practices might be associated with waiting times for specialized mental healthcare. Copyright © 2024. The Author(s).

[Can a new role, the \(Trainee\) Associate Psychological Practitioner \(T/APP\), add value in General Practice? Results from the pilot year evaluation](#)

Item Type: Journal Article

Authors: Budd, Miranda;Gardner, Rebecca;Bhutani, Gita;Gardner, Kathryn;Iqbal, Ameera;Harding, Charlotte;Baguley, Clare and Chauhan, Umesh

Publication Date: // ,2022

Journal: Primary Health Care Research & Development 23, pp. e61

Abstract: BACKGROUND: The deployment of (Trainee) Associate Psychological Practitioners (T/APPs) to deliver brief psychological interventions focusing on preventing mental health

deterioration and promoting emotional wellbeing in General Practice settings is a novel development in the North West of England. As the need and demand for psychological practitioners increases, new workforce supply routes are required to meet this growth., AIMS: To evaluate the clinical impact and efficacy of the mental health prevention and promotion service, provided by the T/APPs and the acceptability of the role from the perspective of the workforce and the role to T/APPs, patients and services., METHODS: A mixed-methods design was used. To evaluate clinical outcomes, patients completed measures of wellbeing (WEMWBS), depression (PHQ-9), anxiety (GAD-7) and resilience (BRS) at the first session, final session and at a 4-6 week follow-up. Paired-samples t-tests were conducted comparing scores from session 1 and session 4, and session 1 and follow-up for each of the four outcome measures. To evaluate acceptability, questionnaires were sent to General Practice staff, T/APPs and patients to gather qualitative and quantitative feedback on their views of the T/APP role. Quantitative responses were collated and summarised. Qualitative responses were analysed using inductive summative content analysis to identify themes., RESULTS: T-test analysis revealed clinically and statistically significant reductions in depression and anxiety and elevations in wellbeing and resiliency between session 1 and session 4, and at follow-up. Moderate-large effect sizes were recorded. Acceptability of the T/APP role was established across General Practice staff, T/APPs and patients. Content analysis revealed two main themes: positive feedback and constructive feedback. Positive sub-themes included accessibility of support, type of support, patient benefit and primary care network benefit. Constructive sub-themes included integration of the role and limitations to the support., CONCLUSIONS: The introduction of T/APPs into General Practice settings to deliver brief mental health prevention and promotion interventions is both clinically effective and acceptable to patients, General Practice staff and

psychology graduates.

[Exploring the value of mental health nurses working in primary care in England: a qualitative study](#)

Author(s): McLeaod et al.

Source: Journal of Psychiatric and Mental Health Nursing

Publication date: August 2017

Aims/Question General practice is typically the first point of access to healthcare. This study explores what value a Primary Care Liaison Nurse (PCLN) service, established in 2011, can bring to people with mental health problems in primary care.

Method Semi-structured interviews were used to elicit participants' experiences and perspectives on the value of a PCLN service. Participants included ten interviews with seven general practitioners and three senior practitioners working in primary care mental health services. Thematic analysis, based on a 6-phase approach, was used to describe and explore the data collected. Results Five main themes were derived from the thematic analysis of the interviews relating to: integration; clinical effectiveness; patient centred care; access; and efficiency.

Discussion The study suggests that the PCLN service can improve the quality of care and is generally highly valued by its stakeholders. The study identifies particularly valued elements of the service, including having a duty worker, as well as aspects which could be improved, such as patient criteria. Implications for practice This is a relatively new service and the cost-effectiveness is not yet fully understood; however, commissioners may want to consider the potential benefits of a similar service in their area.

New and expanded roles

[Opinion: The expansion of physician associates in primary care risks alienating an already ailing GP workforce](#) Full text available with NHS OpenAthens account*

Author(s): Davod Zigmund

Source: BMJ 14

Publication date: February 2024

The government's plan to increase the number of physician associates (PAs) working in hospitals and primary care can, at first sight, seem both plausible and practical.¹ It has been argued that offloading some of doctors' work to faster trained PAs could free-up doctors to better concentrate on more skilled work, resulting in a quicker service for patients. But in general practice these plans will be undone by several oversights and mistaken assumptions that risk fragmenting and alienating our already ailing GP workforce.

[How new clinical roles in primary care impact on equitable distribution of workforce: a retrospective study](#)

Item Type: Journal Article

Authors: Hutchinson, Joseph;Lau, Yiu-Shing;Sutton, Matt and Checkland, Kath

Publication Date: // ,2023

Journal: The British Journal of General Practice : The Journal of the Royal College of General Practitioners 73(734), pp. e659-e666

Abstract: BACKGROUND: There are inequalities in the geographical distribution of the primary care workforce in England. Primary care networks (PCNs), and the associated Additional Roles Reimbursement Scheme (ARRS) funding, have stimulated employment of new healthcare roles. However, it is not clear whether this will impact inequalities., AIM: To examine whether the ARRS impacted inequality in the distribution of the primary care workforce., DESIGN AND SETTING: A retrospective before-and-after study of English PCNs in 2019 and 2022., METHOD: The study combined workforce, population, and deprivation data at network level for March 2019 and March 2022. The change was estimated between 2019 and 2022 in the slope index of inequality (SII) across deprivation of

full-time equivalent (FTE) GPs (total doctors, qualified GPs, and doctors-in-training), nurses, direct patient care, administrative, ARRS and non- ARRS, and total staff per 10 000 patients., RESULTS: A total of 1255 networks were included. Nurses and qualified GPs decreased in number while all other staff roles increased, with ARRS staff having the greatest increase. There was a pro- rich change in the SII for administrative staff (-0.482, 95% confidence interval CI] = -0.841 to -0.122, P<0.01) and a pro- poor change for doctors-in-training (0.161, 95% CI = 0.049 to 0.274, P<0.01). Changes in distribution of all other staff types were not statistically significant., CONCLUSION: Between 2019 and 2022 the distribution of administrative staff became less pro-poor, and doctors-in-training became pro-poor. The changes in inequality in all other staff groups were mixed. The introduction of PCNs has not substantially changed the longstanding inequalities in the geographical distribution of the primary care workforce. Copyright © The Authors.

[Will the Public Engage with New Pharmacy Roles? Assessing Future Uptake of a Community Pharmacy Health Check Using a Discrete Choice Experiment](#)

Item Type: Journal Article

Authors: Chua, Gin Nie;Bond, Christine;Porteous, Terry and Ryan, Mandy

Publication Date: // ,2022

Journal: The Patient 15(4), pp. 473-483

Abstract: BACKGROUND: Pharmacists are increasingly providing more clinically orientated services that focus on enhancing patient care and health promotion. However, little is known about how acceptable this is to the public. This study explored public preferences for a community pharmacy-based health check for cardiovascular disease (CVD)., METHODS: A convenience sample of 423 individuals was recruited (from a community pharmacy, a dental practice, a shopping centre, a university campus and a sports centre) to complete a discrete

choice experiment (DCE) survey administered face to face on a tablet. The DCE included six attributes: day of the week (weekday or weekends); way of accessing the service (walk-in and wait or by appointment); provider of health check (trainee pharmacist, pharmacist or nurse); duration of health check (30 or 45 min); follow-up phone call (no, yes and within 3 months); and cost (included to estimate the monetary value of health checks). Experimental design methods were used to create 12 choice tasks describing different health check services. Mixed logit (MXL) was used to analyse response data., RESULTS: Respondents had a preference for a community pharmacy-based CVD health check over no health check. They preferred a service provided (i) at the weekend; (ii) by appointment; (iii) by a nurse; (iv) for 30 min and (v) with follow-up after 3 months. Respondents were willing to pay 50 for this health check., CONCLUSION: Findings affirm the public's acceptance and value of a pharmacy-led CVD health check. The findings can inform pharmacy-based screening services before they are introduced, guide new service design and support resource allocation decisions. Copyright © 2022. The Author(s), under exclusive licence to Springer Nature Switzerland AG.

[Community frailty team workforce development – a personal reflection](#) Abstract only*

Author(s): Corbett and Lewis

Source: Journal of Integrated Care 29(4)

Publication date: September 2021

Purpose: This paper represents a personal view of a newly appointed consultant practitioner trainee in frailty. This role was created as a result of a rapid workforce review of a Frailty Support Team (FST) in response to the COVID-19 pandemic. Design/methodology/approach: The FST traditionally worked alongside other community services. A “One Team” approach was developed whereby prior silos of community nursing, therapy and frailty teams became a single, locality based and

mutually supportive integrated community service. This significantly increased capacity for an urgent community response for older people with complex needs and improved clinical management and coordination of care. As a workforce review identified the need for skills development, new roles for trainee advanced frailty practitioners (AFPs) and a consultant practitioner trainee in frailty were established.

Findings

Staff experience of the “One Team” model was positive. The changes were thought to encourage closer and more efficient working between primary care and a range of community health services. The improved communication between professionals enabled more personalised care at home, reducing pressure on emergency hospital services. A rapid review of the workforce model has enabled the enhanced team capacity to cover a wider geographical area and improved recruitment and retention of staff by introducing a new pathway for career progression within the expanding specialism of frailty. Originality/value: The challenge of COVID-19 has prompted rapid service redesign to create an enhanced “One Team in the community.” The innovative workforce model looks beyond traditional roles, values the experience and capabilities of staff and develops the skills and confidence required to provide a more integrated and person-centred specialist community pathway for people living with frailty.

[Barriers and facilitators to integration of physician associates into the general practice workforce: a grounded theory approach](#)

Full text available with NHS OpenAthens account

Author(s): Jackson et al.

Source: British Journal of General Practice 67(664)

Publication date: 2017

Background: Physician associates (PAs) are described as one solution to workforce capacity in primary care in the UK. Despite new investment in the role, how effective this will be in

addressing unmet primary care needs is unclear. Aim To investigate the barriers and facilitators to the integration of PAs into the general practice workforce. Design and setting: A modified grounded theory study in a region unfamiliar with the PA role. Method: No a priori themes were assumed. Themes generated from stakeholder interviews informed a literature review and theoretical framework, and were then tested in focus groups with GPs, advanced nurse practitioners (ANPs), and patients. Recorded data were transcribed verbatim, and organised using NVivo version 10.2.2, with iterative analysis of emergent themes. A reflexive diary and independent verification of coding and analysis were included. Results: There were 51 participants (30 GPs, 11 ANPs, and 10 patients) in eight focus groups. GPs, ANPs, and patients recognised that support for general practice was needed to improve access. GPs expressed concerns regarding PAs around managing medical complexity and supervision burden, non-prescriber status, and medicolegal implications in routine practice. Patients were less concerned about specific competencies as long as there was effective supervision, and were accepting of a PA role. ANPs highlighted their own negative experiences entering advanced clinical practice, and the need for support to counteract stereotypical and prejudicial attitudes. Conclusion: This study highlights the complex factors that may impede the introduction of PAs into UK primary care. A conceptual model is proposed to help regulators and educationalists support this integration, which has relevance to other proposed new roles in primary care.

[Are nurses well placed as care co-ordinators in primary care and what is needed to develop their role: a rapid review?](#)

Author(s): Parker et al.

Source: Health & Social Care in the Community 24(2) pp. 113-122

Publication date: February 2015

Care co-ordination is reported to be an effective component of chronic disease (CD) management within primary care. While nurses often perform this role, it has not been reported if they or other disciplines are best placed to take on this role, and whether the discipline of the co-ordinator has any impact on clinical and health service outcomes. We conducted a rapid review of previous systematic reviews from 2006 to 2013 to answer these questions with a view to informing improvements in care co-ordination programmes. Eighteen systematic reviews from countries with developed health systems comparable to Australia were included. All but one included complex interventions and 12 of the 18 involved a range of multidisciplinary co-ordination strategies. This multi-strategy and multidisciplinary nature made it difficult to isolate which were the most effective strategies and disciplines. Nurses required specific training for these roles, but performed co-ordination more often than any other discipline. There was, however, no evidence that discipline had a direct impact on clinical or service outcomes, although specific expertise gained through training and workforce organisational support for the co-ordinator was required. Hence, skill mix is an important consideration when employing care co-ordination, and a sustained consistent approach to workforce change is required if nurses are to be enabled to perform effective care co-ordination in CD management in primary care.

[Determinants of primary care workforce variation in England](#)

Abstract only*

Author(s): Gibson et al.

Source: British Journal of General Practice 70(Suppl 1)

Publication date: 2020

Background: The General Practice Forward View (GPFV) outlined how the government plans to attain a strengthened model of general practice. A key component of this proposal is an expansion of the workforce by employing a varied range of practitioners, in other words 'skill mix'. A significant proportion of

this investment focuses on increasing the number of 'new' roles such as clinical pharmacists, physiotherapists, physician associates, and paramedics. Aim: The aim of this study is to examine what practice characteristics are associated with the current employment of these 'new' roles. Method: The study uses practice level workforce data (2015–2019), publicly available from NHS Digital. The authors model FTE of specific workforce groups (for example, advanced nurse) as a function of deprivation, practice rurality, patient demographics (total list size and percentage of patients aged >65 years) and FTEs from other staff groups. Results: Although analysis is ongoing, initial estimation suggests that the employment of 'new' roles has occurred in larger practices (in terms of list size), in practices with a higher proportion of patients living in deprived areas and practices with a larger proportion of patients aged >65 years. FTE for advanced nurses is negatively associated with GP FTE. Conclusion: A negative correlation between advanced nurse FTE and GP FTE is potentially suggestive of substitution between roles, deliberate or otherwise. For example, practices may employ 'new' roles if they are unable to recruit GPs or they may recruit staff to free up GP time. Further work is needed to confirm these findings and to explore the reasons behind practice employment decisions.

[PAs in primary care: Current status and workforce implications](#)

Abstract only*

Author(s): Coplan et al.

Source: JAAPA 30(9) pp. 35-42

Publication date: 2017

Objectives: Understanding the PA primary care workforce is an initial step toward greater use of primary care PAs in new healthcare delivery models. This study sought to describe primary care PA practice as it compares with PA practice in other specialties. Methods: Data from two 2015 national American Academy of Physician Assistants surveys were analyzed using

descriptive statistics. Statistically significant differences between primary care and specialty PAs were assessed using tests of column proportions and tests of column means.

Results: Compared with PAs in specialties, primary care PAs were older, saw more patients per week, and spent less time consulting with physicians. In addition, higher percentages were Hispanic, had a record of military service, and had plans to leave their specialty or retire. Conclusions: Primary care PAs appear to possess unique strengths; however, challenges to maintaining a primary care PA workforce are substantial.

[Expanding the Role of Registered Nurses in Primary Care: A Business Case Analysis](#) Abstract only*

Author(s): Needleman

Source: Journal of Medical Practice Management 32(5) pp. 342-351

Publication date: March 2017

Primary care is evolving in response to payment reform, changes in the primary care workforce, and development of new models of work emphasizing team care. The role of registered nurses in these new models is being reexamined and reimaged, with increased registered nurse engagement in chart review prior to visits, histories and physicals, preliminary patient assessment, patient education and coaching in ordered care, delivery of care under standardized orders and protocols, transition planning, and care coordination. The business case for employing registered nurses in these new roles has not been fully addressed. This article examines the business case and financial issues in this expansion of practice. Under both fee-for-service and value-based, capitated, or shared saving models of reimbursement, there are strategies for increasing the number of registered nurses in primary care practices, and expanding the engagement of registered nurses that can increase net revenues for primary care practices, even when the costs of the additional staffing are taken into account.

[New Roles for Medical Assistants in Innovative Primary Care Practices](#)

Author(s): Chapman and Blash

Source: Health Services Research 52(Suppl 1) pp. 383-406

Publication date: February 2017

Objective: To identify and describe new roles for medical assistants (MAs) in innovative care models that improve care while providing training and career advancement opportunities for MAs. Data Sources/Study Setting: Primary data collected at 15 case study sites; 173 key informant interviews and de-identified secondary data on staffing, wages, patient satisfaction, and health outcomes. Study Design: Researchers used snowball sampling and screening calls to identify 15 organizations using MAs in new roles. Conducted site visits from 2010 to 2012 and updated information in 2014. Data Collection/Extraction Methods: Thematic analysis explored key topics: factors driving MA role innovation, role description, training required, and wage gains. Categorized outcome data in patient and staff satisfaction, quality of care, and efficiency. Principal Findings: New MA roles included health coach, medical scribe, dual role translator, health navigator, panel manager, cross-trained flexible role, and supervisor. Implementation of new roles required extensive training. MA incentives and enhanced compensation varied by role type. Conclusions: New MA roles are part of a larger attempt to reform workflow and relieve primary care providers. Despite some evidence of success, spread has been limited. Key challenges to adoption included leadership and provider resistance to change, cost of additional MA training, and lack of reimbursement for nonbillable services.

[Emerging New Roles and Contributions to Team-Based Care in High-Performing Practices](#)

Author(s): Flinter et al.

Source: Journal of Ambulatory Care Management 40(4) pp. 287-296

Publication date: 2017

The years since the passage of the Affordable Care Act have seen substantial changes in the organization and delivery of primary care. These changes have emphasized greater team involvement in care and expansion of the roles of each team member including registered nurses (RNs). This study examined the roles of RNs in 30 exemplary primary care practices. We identified the emergence of new roles and activities for RNs characterized by greater involvement in face-to-face patient care and care management, their own daily schedule of patient visits and contacts, and considerable autonomy in the care of their patients.

[Expanded roles of registered nurses in primary care delivery of the future](#) Abstract only*

Author(s): Bauer and Bodenheimer

Source: Nursing Outlook 65(5) pp. 624-632

Publication date: September 2017

Background: Primary care in the United States is changing: practice size is increasing, there is a growing shortage of primary care practitioners, and there is a heightened prevalence of chronic disease. Given these trends, it is likely that registered nurses will become important members of the primary care team. Purpose: This paper explores the challenges and opportunities in primary care delivery in the 21st century and examines the likelihood of expanded roles for RNs to improve quality and add capacity to the primary care workforce. Methods: We searched the peer-reviewed and gray literature for publications on primary care, primary care workforce projections, the future of nursing, and team-based care. Discussion: The number of primary care physicians is expected to decrease in relation to the US population while the number of nurse practitioners is increasing, with the result that more and more patients will see nurse practitioners as their primary care practitioner. However, the primary care practitioner (physicians, nurse practitioners and

physician assistants) to population ratio is dropping. As a result, other professionals will be needed to deliver primary care. As the nation's largest health profession, registered nurses (RNs) are in sufficient supply and have been shown to improve the care of patients with chronic conditions. It is likely that primary care practices of the future will include an enhanced role for RNs, particularly in chronic disease management. Conclusion: For RNs to assume an expanded role in primary care, several barriers need to be overcome: (1) the widespread introduction of payment reform that reimburses RNs to independently provide care for patients, and (2) nursing education reform that includes primary care nursing skills (3) scope of practice clarification for non-advanced practice RNs working under standardized procedures.

[Rethinking the Primary Care Workforce - An Expanded Role for Nurses](#) Full text available with NHS OpenAthens account*

Author(s): Bodenheimer and Bauer

Source: New England Journal of Medicine 375(11) pp. 2015-7

Publication date: September 2016

In the U.S. primary care practice of the future, the physician's role will increasingly be played by nurse practitioners, and the 150 million adults with one or more chronic conditions will receive some of their care from registered nurses functioning as care managers.

[Physician associates and GPs in primary care: a comparison](#)

Author(s): Drennan et al.

Source: British Journal of General Practice 65(634)

Publication date: 2015

Background: Physician associates [PAs] (also known as physician assistants) are new to the NHS and there is little evidence concerning their contribution in general practice.

Aim: This study aimed to compare outcomes and costs of same-day requested consultations by PAs with those of GPs. Design

and setting: An observational study of 2086 patient records presenting at same-day appointments in 12 general practices in England. Method: PA consultations were compared with those of GPs. Primary outcome was re-consultation within 14 days for the same or linked problem. Secondary outcomes were processes of care. Results: There were no significant differences in the rates of re-consultation (rate ratio 1.24, 95% confidence interval [CI] = 0.86 to 1.79, $P = 0.25$). There were no differences in rates of diagnostic tests ordered (1.08, 95% CI = 0.89 to 1.30, $P = 0.44$), referrals (0.95, 95% CI = 0.63 to 1.43, $P = 0.80$), prescriptions issued (1.16, 95% CI = 0.87 to 1.53, $P = 0.31$), or patient satisfaction (1.00, 95% CI = 0.42 to 2.36, $P = 0.99$). Records of initial consultations of 79.2% ($n = 145$) of PAs and 48.3% ($n = 99$) of GPs were judged appropriate by independent GPs ($P < 0.001$). The adjusted average PA consultation was 5.8 minutes longer than the GP consultation (95% CI = 2.46 to 7.1; $P < 0.001$); cost per consultation was GBP £6.22, (US\$ 10.15) lower (95% CI = -7.61 to -2.46, $P < 0.001$). Conclusion: The processes and outcomes of PA and GP consultations for same-day appointment patients are similar at a lower consultation cost. PAs offer a potentially acceptable and efficient addition to the general practice workforce.

New ways of working

[Evaluating primary care transformation: synthesis of findings from UK pilot project reviews](#)

Author(s): McSwiggan et al.

Source: BJGP Open 7(2)

Publication date: 2022

Background: Pilot 'new models' of primary care have been funded across the UK since 2015, through various national transformation funds. Reflections and syntheses of evaluation findings provide an additional layer of insight into 'what works' in transforming primary care. Aim: To identify good practice in

policy design, implementation, and evaluation for primary care transformation. Design & setting: A thematic analysis of existing pilot evaluations in England, Wales, and Scotland. Method: Ten studies presenting evaluations of three national pilot studies — the Vanguard programme in England, the Pacesetter programme in Wales, and the National Evaluation of New Models of Primary Care in Scotland — were thematically analysed, and findings synthesised in order to identify lessons learnt and good practice. Results: Common themes emerged across studies in all three countries at project and policy level, which can support or inhibit new models of care. At project level, these included the following: working with all stakeholders, including communities and front-line staff; providing the time, space, and support necessary for the project to succeed; agreeing on clear objectives from the outset; and support for data collection, evaluation, and shared learning. At policy level, more fundamental challenges related to the parameters for pilot projects, in particular, the typically short-term nature of funding, with an expectation of results within 2–3 years. Changing expectations about outcome measures or project guidance part-way through project implementation was also identified as a key challenge. Conclusion: Primary care transformation requires coproduction and a rich, contextual understanding of local needs and complexities. However, a mismatch between policy objectives (care redesign to better meet patient needs) and policy parameters (short timeframes) is often a significant challenge to success.

[Challenges in implementing GP clusters in Scotland: a qualitative study comparing the views of senior primary care stakeholders in 2016 with those in 2021](#)

Item Type: Journal Article

Authors: Kidd, Catherine;Donaghy, Eddie;Huang, Huayi;Noble-Jones, Rhian;Oglivie, Sharon;McGregor, Julia;Maxwell, Margaret;Gillies, John;Henderson, David A. G.;Wang, Harry H.

X. and Mercer, Stewart W.

Publication Date: // ,2023

Journal: BJGP Open 7(2)

Abstract: BACKGROUND: Formation of GP clusters began in Scotland in April 2016 as part of a new Scottish GP contract. They aim to improve the care quality for local populations (intrinsic role) and the integration of health and social care (extrinsic role). AIM: To compare predicted challenges of cluster implementation in 2016 with reported challenges in 2021. DESIGN AND SETTING: Qualitative study of senior national stakeholders in primary care in Scotland. METHOD: Qualitative analysis of semi-structured interviews with twelve senior primary care national stakeholders in 2016 (n = six) and 2021 (n = six). RESULTS: Predicted challenges in 2016 included balancing intrinsic and extrinsic roles, providing sufficient support, maintaining motivation and direction, and avoiding variation between clusters. Progress of clusters in 2021 was perceived as suboptimal and was reported to vary significantly across the country, reflecting differences in local infrastructure. Practical facilitation (data, administrative support, training, project improvement support, and funded time) and strategic guidance from the Scottish Government was felt to be lacking. GP engagement with clusters was felt to be hindered by the significant time and workforce pressures facing primary care. These barriers were considered as collectively contributing to cluster lead 'burnout' and loss of momentum, exacerbated by inadequate opportunities for shared learning between clusters across Scotland. Such barriers preceded, but were perpetuated by, the impact of the Covid-19 pandemic. CONCLUSION: Apart from the Covid-19 pandemic, many of the challenges reported by stakeholders in 2021 were predicted in 2016. Accelerating progress in cluster working will require renewed investment and support applied consistently across the country. Abstract]

[Conference abstract: Collaborative Care - empowering community in the development of rural primary health workforce and service delivery models](#) Abstract all available

Item Type: Journal Article

Authors: Nott, Shannon; Colbran, Richard and Edwards, Mike

Publication Date: // ,2023

Journal: Rural and Remote Health 23(1), pp. 8129

Abstract: INTRODUCTION: Across Australia, providing sustainable primary care services in small rural communities (<1000 population) has been increasingly challenging. It is acknowledged that health system planners must take coordinated action to strengthen systems to enable a community-empowered response to such challenges. In partnership with the Australian Government, Collaborative Care is a whole-of-system approach used in five Australian rural sub-regions to align communities, organisations, policy and funding levers with a common purpose in health workforce and service planning (article here)., METHODS: A synthesis of field observations and experiences of community and jurisdictional partners in planning and implementing a Collaborative Care model., RESULTS: In this presentation, we report on the success factors and challenges in developing models for improved rural primary health care access. Successes include sustained community participation, improved community health workforce literacy, coordination of stakeholders and resources across health and community systems combined with health service planning expertise. Challenges include the time and investment to build a coordinated partnership approach and in identifying mechanisms for ongoing financial sustainability., DISCUSSION: Including community as a partner in design and implementation is a key enabler for achieving a tailored primary health workforce and service delivery model that is acceptable and trusted by communities. The Collaborative Care approach strengthens community through capacity building and integrating existing resources across both primary and acute care services

to achieve an innovative and quality rural health workforce model built around the concept of rural generalism. Identifying mechanisms for sustainability will enhance the usefulness of the Collaborative Care Framework.

[Future-proofing the primary care workforce: A qualitative study of home visits by emergency care practitioners in the UK](#)

Author(s): Barker et al.

Source: European Journal of General Practice 27(1) pp. 68-76

Publication date: December 2021

Background: Broadening the skill-mix in general practice is advocated to build resilience into the primary care workforce. However, there is little understanding of how extended-scope practitioners from different disciplines, such as paramedicine and nursing, embed into roles traditionally ascribed to general practitioners (GPs). Objectives: This study sought to explore patients' and professionals' experiences of a primary care home visiting service delivered by emergency care practitioners (ECPs), in place of GPs; to determine positive impacts/unintended consequences and establish whether interdisciplinary working was achieved. Methods: Three practices in England piloted an ECP (extended-scope practitioners with a paramedic or nursing background) home visiting service (November 2018-March 2019). Following the pilot, focus groups were conducted with each of the three primary healthcare teams (14 participants, including eight GPs), and one with ECPs (five participants) and nine individual patient interviews. Data were analysed using a modified framework approach. Results: The impact of ECP home visiting on GP workload and patient care was perceived as positive by patients, GPs and ECPs. Initial preconceptions of GPs and patients about the ECP role and expertise, and reservations about the appropriacy of ECPs for home visiting, were perceived to have been overcome by the expertise and interpersonal skills of ECPs. Fostering a culture of collaboration between ECPs and GPs was instrumental to

remodelling professional boundaries at the practice level.

Conclusion: Broadening the skill-mix to incorporate extended-scope practitioners such as ECPs, to deliver primary care home visiting, presents an opportunity to increase resilience in the general practice workforce.

[Facilitators and Barriers to Interdisciplinary Communication between Providers in Primary Care and Palliative Care](#)

Author(s): Dudley et al.

Source: Journal of Palliative Medicine 22(3) pp. 243-249

Publication date: 2019

Background: Community-based palliative care (CBPC) plays an integral role in addressing the complex care needs of older adults with serious chronic illnesses, but is premised on effective communication and collaboration between primary care providers (PCPs) and the providers of specialty palliative care (SPC). Optimal strategies to achieve the goal of coordinated care are ill-defined. Objective: The objective of this study was to understand the facilitators and barriers to optimal, coordinated interdisciplinary provision of CBPC. Methods: This was a qualitative study using a constructivist grounded theory approach. Thirty semistructured interviews were conducted with primary and palliative care interdisciplinary team members in academic and community settings. Results: Major categories emerging from the data that positively or negatively influence optimal provision of coordinated care included feedback loops and interactions; clarity of roles; knowledge of palliative care, and workforce and structural constraints. Facilitators were frequent in-person, e-mail, or electronic medical record-based communication; defined role boundaries; and education of PCPs to distinguish elements of generalist palliative care (GPC) and more complex elements or situations requiring SPC. Barriers included inadequate communication that prevented a shared understanding of patients' needs and goals of care, limited time in primary care to provide GPC, and limited workforce in SPC.

Conclusions: Our findings suggest that processes are needed that promote communication, including structured communication strategies between PCPs and SPC providers, clarification of role boundaries, enrichment of nonspecialty providers' competence in GPC, and enhanced access to CBPC.

[Nurses as substitutes for doctors in primary care](#)

Author(s): Laurant et al.

Source: Cochrane Databases of Systematic Review

Publication date: July 2018

Background: Current and expected problems such as ageing, increased prevalence of chronic conditions and multi-morbidity, increased emphasis on healthy lifestyle and prevention, and substitution for care from hospitals by care provided in the community encourage countries worldwide to develop new models of primary care delivery. Owing to the fact that many tasks do not necessarily require the knowledge and skills of a doctor, interest in using nurses to expand the capacity of the primary care workforce is increasing. Substitution of nurses for doctors is one strategy used to improve access, efficiency, and quality of care. This is the first update of the Cochrane review published in 2005.

Objectives:

Our aim was to investigate the impact of nurses working as substitutes for primary care doctors on:

- patient outcomes;
- processes of care; and
- utilisation, including volume and cost.

[New ways of working; delivering better care for people with long-term conditions*](#)

Author(s): Tzortziou et al.

Source: London Journal of Primary Care 9(5)

Publication date: 2017

Background: The cost-effectiveness of the traditional outpatient model for specialist care provision is increasingly being questioned in view of the changing patient needs, workforce challenges and technological advances. Setting: This report summarises two RCGP London events showcasing new ways of delivering care for long-term conditions. Questions: What are the alternative approaches to the traditional outpatient model and do they have common themes? What are the challenges and opportunities of these new models of care? Methods: Presentation of examples of new ways of long-term condition care delivery and round-table facilitative discussion and reflection on the challenges and solutions around service re-design and implementation, the commissioning and funding of new models of care, the facilitation of system-wide learning and the collection of data for evaluation. Results: Different ways of delivering care for people with Chronic Kidney Disease (CKD) and Chronic Obstructive Pulmonary Disease (COPD) were presented. Most of the interventions included virtual clinics (during which patient care was reviewed by a specialist remotely without the need for a face-to-face consultation), improved communication between primary and secondary care clinicians, an element of referral triage/prioritisation, the use of trigger tools to identify people at risk of deterioration, patient education and a multi-disciplinary approach. Discussion-conclusions: Different models to the traditional outpatient long-term condition care are feasible and can result in improvements in the quality of care and staff satisfaction. However, such initiatives require careful planning, close collaboration between health care professionals and allocation of appropriate resources and training within primary care. There is also a need for systematic evaluation of such pilots to assess their cost-effectiveness and their acceptability to clinicians and patients. This requires systematic collection of population level data, agreement on the key outcomes for evaluation and a commitment of all stakeholders to

sharing learning and resources to enable continuous improvement.

[Offers of appointments with nurse practitioners if a requested physician is unavailable](#) Abstract only*

Author(s): Tinkler et al.

Source: Journal of the American Association of Nurse Practitioners 29(4) pp. 209-215

Publication date: April 2017

Background and purpose: Access to primary care remains a problem for a substantial portion of the U.S. population, and is predicted to worsen due to an aging population and the increasing burden of chronic diseases. Better integration of nurse practitioners (NPs) into the primary care workforce is a possible solution. We examine offers of appointments with NPs if a requested primary care physician is unavailable.

Methods: Data are from a 2013 audit (simulated patient) study requesting appointment information from a national random sample of primary care physicians. Outcome variables include appointment offers, wait-to-appointment times, and appointment offers with alternate providers, including NPs. Conclusions: Of 922 calls to primary care physicians serving the general adult population, 378 (41%) offered appointments with the requested physician. Alternate providers were offered by 63 (7%), including nine offers with NPs (<1%). Mean wait-to-appointment for NPs (3.6 days) was statistically significantly shorter (p -values < .01) than for requested physicians (22.5 days) or non-NP alternate providers (23.9 days). Implications for practice: NPs are an important part of the primary care workforce, and new patients seeking primary care physicians may substantially reduce their wait times if an NP is offered.

[Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study](#) Abstract only*

Author(s): Maier and Aiken

Source: European Journal of Public Health 26(9) pp. 927-934

Publication date: December 2016

Background: Primary care is in short supply in many countries.

Task shifting from physicians to nurses is one strategy to improve access, but international research is scarce. We analysed the extent of task shifting in primary care and policy reforms in 39 countries. Methods: Cross-country comparative research, based on an international expert survey, plus literature scoping review. A total of 93 country experts participated, covering Europe, USA, Canada, Australia and New Zealand (response rate: 85.3%). Experts were selected according to pre-defined criteria. Survey responses were triangulated with the literature and analysed using policy, thematic and descriptive methods to assess developments in country-specific contexts. Results: Task shifting, where nurses take up advanced roles from physicians, was implemented in two-thirds of countries ($N = 27, 69\%$), yet its extent varied. Three clusters emerged: 11 countries with extensive (Australia, Canada, England, Northern Ireland, Scotland, Wales, Finland, Ireland, Netherlands, New Zealand and USA), 16 countries with limited and 12 countries with no task shifting. The high number of policy, regulatory and educational reforms, such as on nurse prescribing, demonstrate an evolving trend internationally toward expanding nurses' scope-of-practice in primary care. Conclusions: Many countries have implemented task-shifting reforms to maximise workforce capacity. Reforms have focused on removing regulatory and to a lower extent, financial barriers, yet were often lengthy and controversial. Countries early on in the process are primarily reforming their education. From an international and particularly European Union perspective, developing standardised definitions, minimum educational and practice requirements

would facilitate recognition procedures in increasingly connected labour markets.

[Achieving change in primary care—causes of the evidence to practice gap: systematic reviews of reviews](#)

Author(s): Lau et al.

Source: BNC Implementation Science 11(40)

Publication date: 2016

Background: This study is to identify, summarise and synthesise literature on the causes of the evidence to practice gap for complex interventions in primary care.

Design: This study is a systematic review of reviews.

Methods: MEDLINE, EMBASE, CINAHL, Cochrane Library and PsychINFO were searched, from inception to December 2013.

Eligible reviews addressed causes of the evidence to practice gap in primary care in developed countries. Data from included reviews were extracted and synthesised using guidelines for meta-synthesis. Results: Seventy reviews fulfilled the inclusion criteria and encompassed a wide range of topics, e.g. guideline implementation, integration of new roles, technology implementation, public health and preventative medicine. None of the included papers used the term “cause” or stated an intention to investigate causes at all. A descriptive approach was often used, and the included papers expressed “causes” in terms of “barriers and facilitators” to implementation. We developed a four-level framework covering external context, organisation, professionals and intervention. External contextual factors included policies, incentivisation structures, dominant paradigms, stakeholders’ buy-in, infrastructure and advances in technology. Organisation-related factors included culture, available resources, integration with existing processes, relationships, skill mix and staff involvement. At the level of individual professionals, professional role, underlying philosophy of care and competencies were important. Characteristics of the intervention that impacted on implementation included evidence of benefit,

ease of use and adaptability to local circumstances. We postulate that the “fit” between the intervention and the context is critical in determining the success of implementation.

Conclusions: This comprehensive review of reviews summarises current knowledge on the barriers and facilitators to implementation of diverse complex interventions in primary care. To maximise the uptake of complex interventions in primary care, health care professionals and commissioning organisations should consider the range of contextual factors, remaining aware of the dynamic nature of context. Future studies should place an emphasis on describing context and articulating the relationships between the factors identified here.

Pharmacy

[Self-care in New Zealand: The role of the community pharmacy](#)

Item Type: Journal Article

Authors: Abdul Aziz, Yasmin,H. and Heydon, Susan J.

Publication Date: // ,2023

Journal: Exploratory Research in Clinical and Social Pharmacy 12, pp. 100374

Abstract: Self-care is a growing area in community pharmacy globally. In a time where people are taking control over their own health care, the question of the degree of self-care available from community pharmacies is pertinent. New Zealand is a country that has publicly funded healthcare; with over 1000 community pharmacies catering to a population of 5 million people. Despite the availability and accessibility of community pharmacies, much remains unknown about how self-care is offered in community pharmacies and the extent to which it is provided. In addition to this lack of clarity, is the current period of reorganisation occurring in the New Zealand healthcare system. The current changes involve dis-establishing district health boards (DHBs) and unifying the New Zealand health system into one streamlined system. It leads us to question whether this

move will change funding allocations and health priorities as well as how they affect service provision in community pharmacy. While research has shown that New Zealand is paving the way in medicines reclassification making medicines more accessible, other research shows a fragmentation exists in services provided by community pharmacies in the area of self-care. This article will highlight what is currently known about self-care in New Zealand, the gaps that exist and the current challenges in this area. Copyright © 2023 The Authors.

[Assessing the digital literacy levels of the community pharmacy workforce using a survey tool](#) Abstract only*

Item Type: Journal Article

Authors: Crilly, Philip;Fletcher, John;Chandegra, Nishma;Khalefa, Asem;Rouf, S. K. M.;Zein, Mohamed and Kayyali, Reem

Publication Date: // ,2023

Journal: The International Journal of Pharmacy Practice 31(1), pp. 55-61

Abstract: OBJECTIVES: To investigate the digital literacy of staff in London, UK, community pharmacies and to explore their perceptions about the use of eHealth tools., METHODS: The study population was community pharmacy staff (N = 21,346) in Greater London. A survey tool was divided into six sections: Use of the internet; Use of social media; Use of mobile health applications (MHAs); Perception of and practical use of digital health tools; Scenario-based questions and demographics. Responses were analysed in SPSS. Following data collection, Health Education England's (HEE's) Digital Capabilities Framework (DCF) was published. The authors mapped the survey tool retrospectively to the framework., KEY FINDINGS: Almost all respondents (98.0%, n = 551/562) used eHealth tools at work, mainly to access medicine information (89.8%, n = 495/551). Almost one-third (31.7%, N = 178/562) used social media regularly, while many (79.4%, N = 446/562) were aware of

MHAs. Self-perceived digital literacy indicated that 63.3% (n = 356/562) deemed themselves to be above average. Under 35s rated their digital literacy more highly than over 35s (P < 0.001). HEE's DCF indicated that actual digital literacy was lower than that of self-perceived. Despite the high use of eHealth tools, respondents were reluctant to recommend these to the public for health advice., CONCLUSIONS: Community pharmacy staff self-report their digital literacy to be high yet do not use these skills for public health purposes. Furthermore, these self-reported skills appear to be over-estimated. Despite high levels of use of digital tools at work, staff do not use them for public health, therefore, further training to build confidence to better utilise them is recommended. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of the Royal Pharmaceutical Society. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

[Clinical pharmacists in primary care general practices: evaluation of current workforce and their distribution](#)

Item Type: Journal Article

Authors: Chopra, Elisha;Choudhary, Tanvi;Hazen, Ankie;Shrestha, Sunil;Dehele, Inderpal and Paudyal, Vibhu

Publication Date: // ,2022

Journal: Journal of Pharmaceutical Policy and Practice 15(1), pp. 101

Abstract: BACKGROUND: General practices in primary care across England are increasingly employing clinical pharmacists to help tackle the workforce crisis and alleviate pressure. Clinical pharmacists can provide administrative and clinical duties, including non-medical prescribing, advice on polypharmacy and medicines optimisation. The aim of this study was to investigate the distribution of clinical pharmacists in general practice across England, and explore the relationship between the distribution and regional demography., METHODS: This study used publicly available government database from various sources pertaining

to primary care general practice workforce and population demographics of England. The number and distribution of pharmacists working within general practices in England were analysed and compared across practices considering general practitioner (GP), nurse and patient population in the practices, patients age ≥ 65 years and over and the Index of Multiple Deprivation (IMD) scores., RESULTS: Twenty two percentage (1469 of 6674) of practices in England were found to have access to a clinical pharmacist, equating to 1358 full-time equivalent (FTE) pharmacists and a mean pharmacist FTE of 10.07 (95% CI 8.40, 11.75, SD = 9.84) per Clinical Commissioning Group (CCG). A significant relationship between pharmacist FTE and the number of patients 65 years and older $r(132) = 0.75, P < 0.001$] was observed; however, the distribution was not related to population deprivation scores., CONCLUSIONS: Approximately one in five general practices in England have access to a clinical pharmacist. Further research is needed to ensure wider and equitable distribution based on workforce needs and practice population demography. Copyright © 2022. The Author(s).

[Perspectives of pharmacists in general practice from qualitative focus groups with patients during a pilot study](#)

Item Type: Journal Article

Authors: Mann, Claire;Anderson, Claire;Boyd, Matthew;Karsan, Yasmin and Emerson, Tristan

Publication Date: // ,2022

Journal: BJGP Open 6(2)

Abstract: BACKGROUND: Utilising skill mix in general practice is proposed as a solution to the demand-supply issue. Pharmacists can play an important role in this context, leading to an increase in training and funding for independent prescriber roles. A role for pharmacists in general practice was funded, piloted, and evaluated by NHS England (NHSE) from 2015. AIM: To answer the following question: what is the patient perspective of

pharmacists in patient-facing roles in general practice in the UK? DESIGN & SETTING: Focus group interviews exploring patient perspectives on the pharmacist role in the UK. METHOD: Thirty-four patients were interviewed in five focus group (January-December 2016). Data were iteratively analysed using the one sheet of paper technique. RESULTS: While the public were aware of the primary care crisis, they were less well informed about potential solutions. Data showed patients primarily sought access to a clinician over expressing a preference for any type of clinician. Low awareness was shown about the pharmacist role and there was initial confusion about it. Acceptability levels were high. It was found that pharmacists added value and provided an expert medication-focused service, which had a positive impact on medicines use. Patients reported benefit from longer appointments, feeling they were not rushed, and that all their conditions were being considered holistically. They trusted pharmacists as experts in medication and trust was consolidated over time. Regular coaching from a pharmacist could lead to improved patient self-monitoring and self-care. CONCLUSION: Pharmacists can add value to the general practice team and this is recognised by patients. ABSTRACT]

[Integration of a clinical pharmacist workforce into newly forming primary care networks: a qualitatively driven, complex systems analysis](#)

Item Type: Journal Article

Authors: Mills, Thomas;Madden, Mary;Stewart, Duncan;Gough, Brendan and McCambridge, Jim

Publication Date: // ,2022

Journal: BMJ Open 12(11), pp. e066025

Abstract: OBJECTIVE: The introduction of a new clinical pharmacist workforce via Primary Care Networks (PCNs) is a recent national policy development in the National Health Service in England. This study elicits the perspectives of people with responsibility for local implementation of this national policy

package. Attention to local delivery is necessary to understand the contextual factors shaping the integration of the new clinical pharmacy workforce, and thus can be expected to influence future role development., DESIGN: A qualitative, interview study SETTING AND PARTICIPANTS: PCN Clinical Directors and senior pharmacists across 17 PCNs in England (n=28) ANALYSIS: Interviews were transcribed, coded and organised using the framework method. Thematic analysis and complex systems modelling were then undertaken iteratively to develop the themes., RESULTS: Findings were organised into two overarching themes: (1) local organisational innovations of a national policy under conditions of uncertainty; and (2) local multiprofessional decision-making on clinical pharmacy workforce integration and initial task assignment. Although a phased implementation of the PCN package was planned, the findings suggest that processes of PCN formation and clinical pharmacist workforce integration were closely intertwined, with underpinning decisions taking place under conditions of considerable uncertainty and workforce pressures., CONCLUSIONS: National policy decisions that required General Practitioners to form PCNs at the same time as they integrated a new workforce risked undermining the potential of both PCNs and the new workforce. PCNs require time and support to fully form and integrate clinical pharmacists if successful role development is to occur. Efforts to incentivise delivery of PCN pharmacy services in future must be responsive to local capacity. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY. Published by BMJ.

[The pharmacy workforce in public primary healthcare centers: promoting access and information on medicines](#)

Author(s): Faraco et al.

Source: Pharmacy Practice 18(4) p

Publication date: 2020

Background: Only few studies have analyzed the pharmaceutical workforce in primary healthcare centers, and a global recommendation calls for better understanding of the trends that shape workforce development and capacity. Objective: To analyze the distribution of the pharmaceutical workforce in primary healthcare centers in the national health system [Sistema Único de Saúde (SUS)] in Brazil. Methods: The study was conducted using data from the National Survey on Access, Use and Promotion of Rational Use of Medicines in Brazil. Secondary data referring to the socioeconomic indicators of each municipality were obtained from national public databases. Data stratification in geographic regions was considered, and data on workers in the management of the municipal pharmaceutical services and medicines dispensing centers were analyzed. Crude and adjusted prevalence ratios were calculated by Poisson regression in the study investigating the factors associated with low and high-density pharmacists per 10,000 inhabitants. Results: The results showed that most Brazilian municipalities have a rate of 1 or more pharmacist per 10,000 inhabitants in primary healthcare public facilities, with a higher concentration of pharmacists in small municipalities. Even in Brazilian municipalities with lower economic capacity, the conditions of access to medicines and pertinent information on medicines were directly related to the number of pharmacists available in these centers. Conclusions: This study showed a high number of pharmacists in the public health system. The higher density of pharmacists in primary healthcare public facilities correlated to increased access to medicines information and better municipal social development.

[Releasing GP capacity with pharmacy prescribing support and New Ways of Working: a prospective observational cohort study](#)

Author(s): Maskrey et al.

Source: British Journal of General Practice 68(675)

Publication date: 2018

Background: General practice in the UK is experiencing a workforce crisis. However, it is unknown what impact prescribing support teams may have on freeing up GP capacity and time for clinical activities. Aim: To release GP time by providing additional prescribing resources to support general practices between April 2016 and March 2017. Design and setting: Prospective observational cohort study in 16 urban general practices that comprise Inverclyde Health and Social Care Partnership in Scotland. Method: GPs recorded the time they spent dealing with special requests, immediate discharges, outpatient requests, and other prescribing issues for 2 weeks prior to the study and for two equivalent periods during the study. Specialist clinical pharmacists performed these key prescribing activities to release GP time and Read coded their activities. GP and practice staff were surveyed to assess their expectations at baseline and their experiences during the final data-collection period. Prescribing support staff were also surveyed during the study period. Results: GP time spent on key prescribing activities significantly reduced by 51% (79 hours, $P < 0.001$) per week, equating to 4.9 hours (95% confidence interval = 3.4 to 6.4) per week per practice. The additional clinical pharmacist resource was well received and appreciated by GPs and practices. As well as freeing up GP capacity, practices and practitioners also identified improvements in patient safety, positive effects on staff morale, and reductions in stress. Prescribing support staff also indicated that the initiative had a positive impact on job satisfaction and was considered sustainable, although practice expectations and time constraints created new challenges. Conclusion: Specialist clinical pharmacists are safe and effective in supporting GPs and practices with key prescribing activities in order to directly free GP capacity. However, further work is required to assess the impact of such service developments on prescribing cost-efficiency and clinical pharmacist medication review work.

[Clinical pharmacists in primary care: a safe solution to the workforce crisis?](#)

Author(s): Komwong et al.

Source: Journal of the Royal Society of medicine 111(4) pp. 120-124

Publication date: 2018

Primary care in the United Kingdom's NHS is in crisis.

Systematic underfunding, with specific neglect of primary care compared to other clinical specialties, has combined with ever-rising demand and administrative workload to place a now dwindling workforce under unsustainable pressure.¹ A major factor in the growing workload in primary care is prescribing. An aging population and higher prevalence of chronic diseases is leading to increased case complexity and polypharmacy, and consequently greater potential for prescribing errors.² Nearly 5% of all prescriptions in general practices in England have prescribing or monitoring errors,³ while in some areas up to half of the prescriptions are prone to error.⁴ Although most errors are of mild or moderate severity, they can be life-changing for patients and costly for healthcare systems, accounting for 3.7% of preventable hospital admissions.⁵

[Expanding pharmacy roles and the interprofessional experience in primary healthcare: A qualitative study](#)

Full text available with

NHS OpenAthens account*

Author(s): Silvaggi et al.

Source: Journal of Interprofessional Care 31(1)

Publication date: 2017

The pharmacist role is undergoing significant changes which are reshaping the way primary healthcare is delivered throughout England. Due to increased physician workload and focus on primary healthcare, the pharmacist role has expanded to provide enhanced patient services, integrating into general practice (GP) settings and working more closely as a member of the healthcare team. However, the experiences of pharmacists and

team members are yet to be explored. The proposed study aims to explore the experiences, thoughts, and perceptions of a purposive sample of pharmacists, physicians, and nurses working in 10 GP clinics throughout the southeast of England. Interprofessional relationships, power dynamics, changing professional roles, and barriers and facilitators to the integration of the pharmacist role will be explored. An exploratory multiple case study design will be used to investigate interprofessional experiences within and between clinics. In-depth interviews will be completed with each participant. A thematic analysis will identify themes and patterns from the interview data. Results are expected to produce recommendations to help facilitate the integration of pharmacists in their new role and will have implications for interprofessional collaboration and interprofessional education which are important for delivering safe and effective care.

[New roles for clinical pharmacists in general practice](#)

Author(s): Barnes et al.

Source: Medicines Optimisation

Publication date: May 2017

In 2015, NHS England launched its scheme to fund, recruit and employ more clinical pharmacists in GP practices. Since then, pharmacists have been playing an increasingly essential role in general practice, not only by reducing the workload of GPs but by bringing additional skills and knowledge on medicines optimisation, particularly in cases of complex polypharmacy.

[Applying the guidelines for pharmacists integrating into primary care teams](#)

Author(s): Barry et al.

Source: Canadian Pharmaceutical Journal 149(4) pp. 219-225

Publication date: 2016

Background: In 2013, Jorgenson et al. published guidelines for pharmacists integrating into primary care teams. These

guidelines outlined 10 evidence-based recommendations designed to support pharmacists in successfully establishing practices in primary care environments. The aim of this review is to provide a detailed, practical approach to implementing these recommendations in real life, thereby aiding to validate their effectiveness. Methods: Both authors reviewed the guidelines independently and ranked the importance of each recommendation respective to their practice. Each author then provided feedback for each recommendation regarding the successes and challenges they encountered through implementation. This feedback was then consolidated into agreed upon statements for each recommendation. Results and Discussion: Focusing on building relationships (with an emphasis on face time) and demonstrating value to both primary care providers and patients were identified as key aspects in developing these new roles. Ensuring that the environment supports the practice, along with strategic positioning within the clinic, improves uptake and can maximize the usefulness of a pharmacist in primary care. Demonstrating consistent and competent clinical and documentation skills builds on the foundation of the other recommendations to allow for the effective provision of clinical pharmacy services. Additional recommendations include developing efficient ways (potentially provider specific) to communicate with primary care providers and addressing potential preconceived notions about the role of the pharmacist in primary care. Conclusion: We believe these guidelines hold up to real-life integration and emphatically recommend their use for new and existing primary care pharmacists.

[New roles in pharmacy – learning from the All Wales Common Ailments Scheme](#)

Author(s): Mantzourani et al.

Source: International Journal of Pharmacy Practice 24(4) pp. 298-301

Publication date: August 2016

Objectives: The objective of this study was to explore the perceptions of stakeholders on a national pilot of a new service, the 'Choose Pharmacy' Common Ailments Service (CAS) in Wales. **Methods:** Methods used were semi-structured interviews with stakeholders involved in development and delivery of the CAS. Snowball sampling was employed and invites were extended to eight of 13 pharmacies offering CAS in Cwm Taf LHB, the practice managers at two associated general practitioner surgeries and two local and national level commissioners. **Key findings:** The benefits of encouraging self-care by patients were widely recognised in terms of their impact on patients, health professionals and wider society. Although some challenges of introducing a new service were identified, these did not appear to be insurmountable. **Conclusions:** CAS was welcomed by stakeholders in terms of its potential benefits. Results are therefore encouraging for policy makers involved in the implementation of other new roles within community pharmacy in the UK and beyond.

[Pharmaceutical Role Expansion and Developments in Pharmacist-Physician Communication](#) Abstract only*

Author(s): Bergman et al.

Source: Health Communication 31(2) pp. 161-70

Publication date: 2016

Expanded clinical pharmacist professional roles in the team-based patient-centered medical home (PCMH) primary care environment require cooperative and collaborative relationships among pharmacists and primary care physicians (PCPs), but many PCPs have not previously worked in such a direct fashion with pharmacists. Additional roles, including formulary control, add further elements of complexity to the clinical pharmacist-PCP relationship that are not well described. Our objective was to characterize the nature of clinical pharmacist-PCP interprofessional collaboration across seven federally funded

hospitals and associated primary care clinics, following pharmacist placement in primary care clinics and incorporation of expanded pharmacist roles. In-depth and semistructured interviews were conducted with 25 practicing clinical pharmacists and 17 PCPs. Qualitative thematic analysis revealed three major themes: (1) the complexities of electronic communication (particularly electronic nonformulary requests) as contributing to interprofessional tensions or misunderstandings for both groups, (2) the navigation of new roles and traditional hierarchy, with pharmacists using indirect communication to prevent PCP defensiveness to recommendations, and (3) a preference for onsite colocation for enhanced communication and professional relationships. Clinical pharmacists' indirect communication practices may hold important implications for patient safety in the context of medication use, and it is important to foster effective communication skills and an environment where all team members across hierarchies can feel comfortable speaking up to reduce error when problems are suspected. Also, the lack of institutional communication about managing drug formulary issues and related electronic nonformulary request processes was apparent in this study and merits further attention for both researchers and practitioners.

Placements

[Student nurses as a future general practice nursing workforce. Implementing collaborative learning in practice: implications for placement learning and patient access. A mixed methods study](#)

Item Type: Journal Article

Authors: Williamson, Graham R.;Kane, Adele;Evans, Sharon;Attrill, Lisa;Cook, Fiona and Nash, Katy

Publication Date: // ,2023

Journal: BMC Nursing 22(1), pp. 326

Abstract: BACKGROUND: There is a global shortage of nurses, with particularly acute shortfall in General Practice Nursing in the

United Kingdom estimated at as high as 50% vacancy rate by 2031 by some sources. There has previously been reluctance for General Practices to host student nurses on placement, but it has become imperative to increase placement capacity if practices are to be able to recruit a future workforce.

Collaborative Learning in Practice is a means of organising placement learning for student nurses using a coaching model, that allows for leadership development, peer support and earlier engagement in patient care, and increases placement capacity.,

METHODS: This was a mixed methods study using qualitative data from focus groups to evaluate the implementation of Collaborative Learning in Practice, and routinely collected audit data on numbers of clinic appointments to investigate the potential impact an increased capacity of student nurses might have on patient access to services. The aims of this study were: to implement and evaluate Collaborative Learning in Practice in General Practice Nursing settings; to explore issues of interprofessional learning; to explore patient access to services related to increased student nurse capacity., **RESULTS:** Our qualitative data indicated the following themes as important to students and staff: Peer Support; Interprofessional Learning; and the Importance of 'own clinics' for students to see patients. The audit data indicated that having students leading their own clinics increased the clinic numbers available by approximately 20% compared to when students were not in placement.,

CONCLUSIONS: This study shows that student nurses increased clinic capacity and improved access for patients. Students valued their placement, felt that they were more 'part of the team' than in other placements and consequently had a greater sense of belonging. This was multifaceted, coming in part from the welcoming practice staff, in part from the opportunities for peer support engendered by the collaborative learning in practice model, and in part from the interprofessional learning opportunities available. General Practice Nursing placements for students are important for future workforce

recruitment and can help meet Quality and Outcomes Framework targets for General Practices. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.

[GP/GPN partner* perspectives on clinical placements for student nurses in general practice: can a community of practice help to change the prevailing culture within general practice?](#)

Author(s): Lewis and Kelly

Source: BMC Primary Care 19(156)

Publication date: 2018

Background: The UK Government document 5 year forward view describes the need to move chronic disease management from secondary to primary care, which will require a significant increase in the numbers of General Practice Nurses (GPNs). Until recently, there has been no specific recruitment strategy to address this increased need. In recent times, a number of solutions have been suggested to address this impending GPN recruitment crisis. For example, Health Education England (HEE) commission General Practitioners (GPs), who are members of the Advanced Training Practice Scheme (ATPS), to provide placements for student nurses within general practice. **Methods:** A descriptive qualitative study was undertaken, in which data were collected using semi-structured interviews with 16 GPs and 2 GPN partners*. Qualitative analysis used a framework approach and themes were cross-checked within the team and member checking was undertaken with a convenience sample of GPs. The research had ethical approval and anonymity and confidentiality were maintained. **Results:** From the GP perspective, there were two key themes that emerged from the data. The first theme of 'fishing in the same small pond' included succession planning for the general practice workforce, the 'merry go round' of poaching staff from other practices, and the myths and misunderstandings that have grown up around general practice nursing. The second theme, 'growing your own', looked at the impact of the student nurse placements as a

means to address the crisis in GPN recruitment. There was recognition of the need for cultural change in the way that GPNs are recruited, and that the ATPS was one way of helping to achieve that change. There were however a number of challenges to sustaining this cultural shift, such as the financial constraints placed upon the GP practice, and the need to function as a 'small business'. Conclusions: Despite all the challenges, the evidence is that, through the Community of Practice (CoP), the ATPS scheme is beginning to 'bear fruit', and there is a subtle but discernible move by GPs from a 'why would we?' to 'why wouldn't we?' invest in education and training for nurses in general practice. N.B. The term GPN partner* denotes a GPN who is a 'full partner' in the practice business, holding the same NHS contracts and the same status as a GP. For the purposes of the paper itself, the term GP will be used to denote both types of partner.

Primary Care Networks (PCNs)

[Early evidence of the development of primary care networks in England: a rapid evaluation study](#)

Author(s): Smith et al.

Source: Health and Social Care Delivery Research 10(27)

Publication date: 2022

Background: Primary care networks are groups of general practices brought together in July 2019 to hold shared budgets and develop new services in response to NHS England (now NHS England and Improvement) policy. This study examined the early implementation of primary care networks, especially what has helped or hindered progress, how they operate in relation to pre-existing collaborations and issues for rural networks.

Objective: To produce early evidence about the development of primary care networks to inform policy for their future development. Our research questions were to investigate (1) the contextual background of primary care networks; (2) the

rationale for general practices to enter into collaborations; (3) the early learning from establishing primary care networks; (4) barriers to and facilitators of effective collaboration across general practices; and (5) the likely future progress of primary care networks in the English NHS, including in the light of COVID-19.

[Emerging Trends: Primary Care Networks Addressing the Workforce Crisis](#)

Item Type: Journal Article

Authors: Wroth, Tom;Wade, Tork and Steiner, Beat

Publication Date: // ,2022

Journal: North Carolina Medical Journal 83(6), pp. 431-434

Abstract: To build a resilient, high-performing primary care infrastructure for North Carolina, primary care networks and policymakers should align efforts to create pathways for students, trainees, and new physicians to thrive in primary care. We describe the shifting primary care landscape, current workforce initiatives, and policy options for achieving this goal. Copyright © 2022 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved.

[Editorial: Primary care networks: the impact of covid-19 and the challenges ahead](#)

Author(s): Luisa M Pettigrew et al.

Source: The BMJ 370

Publication date: 2020

In 2019, general practices in England came together to form 1259 primary care networks. NHS England sees these networks as a route to improving collaboration between general practice and other community based providers, expanding the multidisciplinary workforce, and becoming the building blocks for integrated care systems as part of the NHS long term plan.¹ Despite disquiet about whether the funding offered for the expected workload is adequate and concerns that participating in

the networks threatens GPs' independent contractor status, nearly all practices (98%) renewed their contract for a second year alongside their practice based contract.[234](#)

Prison healthcare

[Understanding the organisational influences on the quality of and access to primary care in English prisons: a qualitative interview study](#)

Item Type: Journal Article

Authors: Sheard, Laura;Beliass, Sue;McLintock, Kate;Foy, Robbie and Canvin, Krysia

Publication Date: // ,2023

Journal: British Journal of General Practice 73(735), pp. e720

Abstract: BACKGROUND: Primary care for routine healthcare conditions is delivered to thousands of people in the English prison estate every day but the prison environment presents unique challenges to the provision of high-quality health care. Little research has focused on the organisational factors that affect quality of and access to prison health care. AIM: To understand key influences on the quality of primary care in prisons. DESIGN AND SETTING: This was a qualitative interview study across the North of England from 2019 to 2021. METHOD: Interviews were undertaken with 43 participants: 21 prison leavers and 22 prison healthcare professionals. Reflexive thematic analysis was undertaken. RESULTS: The overarching organisational issue influencing quality and access was that of chronic understaffing coupled with a workforce in flux and dependence on locum staff. This applied across different prisons, roles, and grades of staff, and was vocally discussed by both patient and staff participants. Intricately related to understaffing (and fuelled by it) was the propensity for a reactive and sometimes crisis-led service to develop that was characterised by continual firefighting. A persistent problem exacerbated by the above issues was unreliable communication

about healthcare matters within some prisons, creating frustration. Positive commentary focused on the characteristics and actions of individual healthcare professionals. CONCLUSION: This study highlights understaffing and its consequences as the most significant threat to the quality of and access to prison primary care. Strategies to address health care affecting prison populations urgently need to consider staffing. This issue should receive high-profile and mainstream attention to address health inequalities. Abstract]

Receptionists

[Understanding the invisible workforce: lessons for general practice from a survey of receptionists](#)

Item Type: Journal Article

Authors: Litchfield, Ian;Burrows, Michael;Gale, Nicola and Greenfield, Sheila

Publication Date: // ,2022

Journal: BMC Primary Care 23(230)

Abstract: INTRODUCTION: The significance of the role of receptionists during the recent shift to remote triage has been widely recognised and they will have a significant role to play in UK general practice as it continues to cope with a huge increase in demand exacerbated by the Covid-19 pandemic. To maximise their contribution, it is important the social and occupational characteristics of the modern receptionist are understood, alongside their attitudes towards the role and their perceptions of the support and training they receive. METHODS: We used convenience and cross-sectional sampling to survey the demographic characteristics of receptionists and various aspects of their role and responsibilities. This included the training received, specific tasks performed, job satisfaction, the importance of the role, and their interaction with clinical and non-clinical colleagues. We also captured data on the characteristics of their practice including the number of GPs and location.

RESULTS: A total of 70 participants completed the survey (16 postal and 54 online responses) of whom the majority were white (97.2 per cent), female (98.6 per cent), and aged 40 and over (56.7 per cent). The majority of the training focussed on customer service (72.9 per cent), telephone (64.3 per cent), and medical administration skills (58.6 per cent). Just over a quarter had received training in basic triage (25.7 per cent). A standard multiple regression model revealed that the strongest predictor of satisfaction was support from practice GPs (beta = .65, $p < .001$) there were also significant positive correlations between satisfaction and appreciation from GPs, $r(68) = .609$, $p < .001$. **CONCLUSION:** This study has provided a much-needed update on the demographics, duties, and job satisfaction of GP receptionists. The need for diversification of the workforce to reflect the range of primary care patients warrants consideration in light of continuing variation in access along lines of gender and ethnicity. Training continues to focus on administrative duties not on the clinically relevant aspects of their role such as triage.

Recruitment, retention, and supply

[Barriers and strategies for primary health care workforce development: synthesis of evidence](#)
[Item Type: Journal Article](#)

Authors: Endalamaw, Aklilu;Khatri, Resham B.;Erku, Daniel;Zewdie, Anteneh;Wolka, Eskinder;Nigatu, Frehiwot and Assefa, Yibeltal

Publication Date: // ,2024

Journal: BMC Primary Care 25(1), pp. 99

Abstract: **BACKGROUND:** Having a sufficient and well-functioning health workforce is crucial for reducing the burden of disease and premature death. Health workforce development, focusing on availability, recruitment, retention, and education, is inseparable from acceptability, motivation, burnout, role and

responsibility, and performance. Each aspect of workforce development may face several challenges, requiring specific strategies. However, there was little evidence on barriers and strategies towards comprehensive health workforce development. Therefore, this review explored barriers and strategies for health workforce development at the primary health care level around the world., **METHODS:** A scoping review of reviews was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews. The article search was performed in Google Scholar, PubMed, Web of Science, and EMBASE. We used EndNote x9 for managing the collected articles, screening processes, and citation purpose. The scoping review included any kind of review articles on the application of health workforce development concepts, such as availability, recruitment, retention, role and responsibility, education and training, motivation, and burnout, with primary health care and published in English anywhere in the world. Based on the concepts above, barriers and strategies for health workforce development were identified. The findings were synthesized qualitatively based on the building blocks of the health system framework. The analysis involved specific activities such as familiarization, construction of the thematic framework, indexing, charting, and interpretation. The results were presented in texts, tables, and figures., **RESULTS:** The search strategies yielded 7,276 papers were found. Of which, 69 were included in the scoping review. The most frequently cited barriers were financial challenges and issues related to health care delivery, such as workloads. Barriers affecting healthcare providers directly, including lack of training and ineffective teamwork, were also prominent. Other health system and governance barriers include lack of support, unclear responsibility, and inequity. Another notable barrier was the shortage of health care technology, which pertains to both health care supplies and information technology. The most common cited effective strategies were ongoing support and supervision,

engaging with communities, establishing appropriate primary care settings, financial incentives, fostering teamwork, and promoting autonomous health care practice., CONCLUSIONS: Effective leadership/governance, a robust health financing system, integration of health information and technology, such as mobile health and ensuring a consistent supply of adequate resources are also vital components of primary health care workforce development. The findings highlight the importance of continuous professional development, which includes training new cadres, implementing effective recruitment and retention mechanisms, optimising the skill mix, and promoting workplace wellness. These elements are essential in fostering a well-trained and resilient primary health care workforce. Copyright © 2024. The Author(s).

[Impact of Service-Based Student Loan Repayment Program on the Primary Care Workforce](#)

Item Type: Journal Article

Authors: Davis, Caitlin S.; Meyers, Peter; Bazemore, Andrew W. and Peterson, Lars E.

Publication Date: // ,2023

Journal: Annals of Family Medicine 21(4), pp. 327-331

Abstract: PURPOSE: As the average level of medical education indebtedness rises, physicians look to programs such as Public Service Loan Forgiveness (PSLF) and National Health Service Corps (NHSC) to manage debt burden. Both represent service-dependent loan repayment programs, but the requirements and program outcomes diverge, and assessing the relative uptake of each program may help to inform health workforce policy decisions. We sought to describe variation in the composition of repayment program participant groups and measure relative impact on patient access to care., METHODS: In this bivariate analysis, we analyzed data from 10,677 respondents to the American Board of Family Medicine's National Graduate Survey to study differences in loan repayment program uptake as well

as the unique participant demographics, scope of practice, and likelihood of practicing with a medically underserved or rural population in each program cohort., RESULTS: The rate of PSLF uptake tripled between 2016 and 2020, from 7% to 22% of early career family physicians, while NHSC uptake remained static at 4% to 5%. Family physicians reporting NHSC assistance were more likely than those reporting PSLF assistance to come from underrepresented groups, demonstrated a broader scope of practice, and were more likely to practice in rural areas (23.3% vs 10.8%) or whole-county Health Professional Shortage Areas (12.5% vs 3.7%) and with medically underserved populations (82.2% vs 24.2%)., CONCLUSIONS: Although PSLF supports family physicians intending to work in public service, their peers who choose NHSC are much more likely to work in underserved settings. Our findings may prompt a review of the goals of service loan forgiveness programs with potential to better serve health workforce needs. Copyright © 2023 Annals of Family Medicine, Inc.

[Empowering Sustainable Growth and Workforce: Unveiling Challenges and Strategies for Retaining Community Pharmacists in Malaysia](#)

Item Type: Journal Article

Authors: Ooi, Khim Lynn; Rajiah, Kingston; Maharajan, Mari Kannan and Wong, Pe Sei

Publication Date: // ,2023

Journal: Pharmacy (Basel, Switzerland) 11(5)

Abstract: BACKGROUND: Community pharmacists face challenges in job retention due to compensation, work-life balance, and career growth concerns. With pharmacists' evolving roles in healthcare, retaining them becomes crucial for maintaining quality service. Addressing their needs is vital for a skilled healthcare workforce. This study evaluates job retention among community pharmacists, considering various workforce management domains and demographic characteristics.,

MATERIALS AND METHODS: A cross-sectional study was employed with a self-administered questionnaire among community pharmacists in Kuala Lumpur and Selangor, Malaysia. Spearman's correlations and ordinal logistic regression analysed job retention relationships with workforce domains and predicted the demographic characteristics., **RESULTS:** A total of 414 participants attempted the survey, of which 311 completed the study. Strong correlations linked job retention with value, trust, and work-life balance. Female pharmacists had higher retention odds, while younger pharmacists had lower retention odds. Pharmacists with over 10 years of experience showed higher retention odds., **DISCUSSION:** 'Value and trust' and 'work-life balance' were pivotal for the job retention of community pharmacists. Strategies boosting value, trust, and work-life balance was vital. Gender, age, and experience also predicted job retention., **CONCLUSIONS:** Cultivating trust, valuing contributions, and providing a work-life balance can enhance job retention and commitment.

[Predictors and population health outcomes of persistent high GP turnover in English general practices: a retrospective observational study](#)

Item Type: Journal Article

Authors: Parisi, Rosa;Lau, Yiu-Shing;Bower, Peter;Checkland, Katherine;Rubery, Jill;Sutton, Matt;Giles, Sally J.;Esmail, Aneez;Spooner, Sharon and Kontopantelis, Evangelos

Publication Date: // ,2023

Journal: BMJ Quality and Safety 32(6), pp. 394-403

Abstract: Objective English primary care faces significant challenges, including 'persistent high turnover' of general practitioners (GPs) in some partnerships. It is unknown whether there are specific predictors of persistent high turnover and whether it is associated with poorer population health outcomes. Design: A retrospective observational study. Methods: We linked workforce data on individual GPs to practice-level data from

Hospital Episode Statistics and the GP Patient Survey (2007-2019). We classified practices as experiencing persistent high turnover if more than 10 per cent of GPs changed in at least 3 consecutive years. We used multivariable logistic or linear regression models for panel data with random effects to identify practice characteristics that predicted persistent high turnover and associations of practice outcomes (higher emergency hospital use and patient experience of continuity of care, access to care and overall patient satisfaction) with persistent high turnover. Results: Each year, 6 per cent of English practices experienced persistent high turnover, with a maximum of 9 per cent (688/7619) in 2014. Larger practices, in more deprived areas and with a higher morbidity burden were more likely to experience persistent high turnover. Persistent high turnover was associated with 1.8 (95 per cent CI 1.5 to 2.1) more emergency hospital attendances per 100 patients, 0.1 (95 per cent CI 0.1 to 0.2) more admissions per 100 patients, 5.2 per cent (95 per cent CI -5.6 per cent to -4.9 per cent) fewer people seeing their preferred doctor, 10.6 per cent (95 per cent CI -11.4 per cent to -9.8 per cent) fewer people reporting obtaining an appointment on the same day and 1.3 per cent (95 per cent CI -1.6 per cent to -1.1 per cent) lower overall satisfaction with the practice.

Conclusions: Persistent high turnover is independently linked to indicators of poorer service and health outcomes. Although causality needs to be further investigated, strategies and policies may be needed to both reduce high turnover and support practices facing challenges with high GP turnover when it occurs. Abstract]

[The layered crisis of the primary care medical workforce in the European region: what evidence do we need to identify causes and solutions?](#)

Item Type: Journal Article

Authors: Russo, Giuliano;Perelman, Julian;Zapata, Tomas and Santric-Milicevic, Milena

Publication Date: // ,2023

Journal: Human Resources for Health 21(1), pp. 55

Abstract: Primary care services are key to population health and for the efficient and equitable organisation of national health systems. This is why they are often financed through public funds. Primary care doctors are instrumental for the delivery of preventive services, continuity of care, and for the referral of patients through the system. These cadres are also the single largest health expenditure at the core of such services. Although recruitment and retention of primary care doctors have always been challenging, shortages are now exacerbated by higher demand for services from aging populations, increased burden of chronic diseases, backlogs from the COVID-19 pandemic, and patient expectations. At the same time, the supply of primary care physicians is constrained by rising retirement rates, internal and external migration, worsening working conditions, budget cuts, and increased burnout. Misalignment between national education sectors and labour markets is becoming apparent, compounding staff shortages and maldistribution. With their predominantly publicly funded health systems and in the aftermath of COVID-19, countries of the European region appear to be now on the cusp of a multi-layered, slow-burning primary care crisis, with almost every country reporting long waiting lists for doctor appointments, shortages of physicians, unfilled vacancies, and consequently, added pressures on hospitals' Accident and Emergency services. This articles collection aims at pulling together the evidence from countries of the European Region on root causes of such workforce crisis, impacts, and effectiveness of existing policies to mitigate it. Original research is needed, offering analysis and fresh insights into the primary care medical workforce crisis in wider Europe. Ultimately, the aim of this articles collection is to provide an evidence basis for the identification of policy solutions to present and future primary health care crises in high as well as lower-income countries. Copyright © 2023. The Author(s).

[Should I stay or should I go?: why nurses are leaving community nursing in the UK](#)

Item Type: Journal Article

Authors: Senek, Michaela;Robertson, Steve;King, Rachel;Wood, Emily and Ryan, Tony

Publication Date: // ,2023

Journal: BMC Health Services Research 23(164)

Abstract: Worsening working conditions for nursing workforce has seen a massive exodus of staff, particularly in community nursing in the UK. AIM: The study aim was to map working conditions as well as identify differentiating characteristics of community nurses that intend to leave their profession. DESIGN: Eligibility criteria were community nurses working in all four UK countries. All data was collected by means of a cross-sectional survey via the largest closed, private community nursing online-forum. Logistic regression was carried out to ascertain the effects of the variables on the intention to leave. RESULTS: The total number of respondents was 533. Findings showed that one in two of all community nurses (=46 per cent) are reporting job dissatisfaction. Length of unpaid overtime per shift (odds increase by 30 per cent for each hour of overtime), manager support, proportion of permanent staff, team size, shift length, travel mileage, worsened conditions in the last year and overall self-rated working conditions were differentiating factors between those that intended to leave the job. The proportion of permanent staff on the team and perceived lack of support from management best predicted the likelihood of leave rates. Our findings imply that low nurse retention will fuel an even higher exodus because job dissatisfaction is highest on teams with lowest permanent staff ratios. Poor management that is inept at supporting frontline staff means that the fundamental retention issues are exacerbated and will not stop the unprecedented crisis that is predicted to lead to a collapse of care provision in community settings. Nurses play a central role and are 'key' to delivering the much- desired patient-centred care' therefore their

well-being and job satisfaction should become a priority for policymakers. Abstract]

[Recruiting a Person-Centered Direct Care Workforce Through Situational Judgement Tests: A Pilot Study in the Community Support of Older People in England](#)

Item Type: Journal Article

Authors: Wilberforce, Mark;Dunn, Abby and Tiffin, Paul A.

Publication Date: // ,2023

Journal: Innovation in Aging 7(9), pp. igad112

Abstract: Background and Objectives: Studies have found that older people value care workers' character traits and interpersonal judgment even more highly than their technical skills. Yet identifying these traits at recruitment is challenging. This study aimed to evaluate the first situational judgement tests (STJs) for direct care workers., Research Design and Methods: Online tests were conducted with 251 care workers and members of the public in England. Participants evaluated the appropriateness of 61 potential behavioral responses to 11 "critical incidents," each depicting challenging care work scenarios. Data collection included a measure of personality traits. A subsample of 72 participants completed a second "test-retest" assessment., Results: A majority of test-takers (53%) found the test easy/very easy to complete, and most (55%) participants who worked in care reported the scenarios were highly realistic. Psychometric tests were positive. Test scores were unidimensional under a Confirmatory Factor Analysis (RMSEA = 0.038), and items broadly fit Rasch assumptions. Test-retest reliability ($\rho = 0.77$) was acceptable, and for the general public sample, a modest increase in perceptions of the social standing of care work was observed. Test scores were positively correlated with 2 personality traits: agreeableness ($r = 0.250$, $p < 0.001$) and openness to experience ($r = 0.179$, $p = .005$). Test scores were not related to age, gender, or education level., Discussion and Implications: The findings indicate support

for the use of SJTs in direct care work. Its psychometric properties appear satisfactory, and collectively give confidence in the use of SJTs for assessing the suitability of candidates during recruitment. Further research should corroborate these findings in a new sample, and examine the relationship between test scores and job performance. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of The Gerontological Society of America.

[Mapping GPs' motivation — it's not all about the money: a nationwide cross-sectional survey study from Denmark](#)

Item Type: Journal Article

Authors: Yordanov, Dimitar;Oxholm, Anne Sophie;Gyrd-Hansen, Dorte and Pedersen, Line Bjørnskov

Publication Date: // ,2023

Journal: British Journal of General Practice 73(734), pp. e687

Abstract: BACKGROUND: Understanding physicians' motivation may be essential for policymakers if they are to design policies that cater to physicians' wellbeing, job retention, and quality of care. However, physicians' motivation remains an understudied area. AIM: To map GPs' work motivation. DESIGN AND SETTING: A cross-sectional analysis using registry and survey data from Denmark. METHOD: Survey data were used to measure four types of motivation: extrinsic motivation, intrinsic motivation, user orientation, and public service motivation. These were combined with register data on the characteristics of the GP, practice, and area. Using latent profile analysis, the heterogeneity in GPs' motivation was explored; the associations between GPs' motivation and the GP, practice, and area characteristics were estimated using linear regression analyses. RESULTS: There was substantial heterogeneity in GPs' motivations. Five classes of GPs were identified with different work motivations: class 1 'it is less about the money' - probability of class membership 53.2 per cent; class 2 'it is about everything' - 26.5 per cent; class 3 'it is about helping others' - 8.6 per cent;

class 4 'it is about the work' - 8.2 per cent; and class 5 'it is about the money and the patient' - 3.5 per cent. Linear regression analyses showed that motivation was associated with GP, practice, and area characteristics to a limited extent only. CONCLUSION: GPs differ in their work motivations. The finding that, for many GPs, 'it is not all about the money' indicated that their different motivations should be considered when designing new policies and organisational structures to retain the workforce and ensure a high quality of care. Abstract]

[Transitioning from acute to primary health care nursing: an integrative review of the literature](#) Abstract only*

Author(s): Ashley et al.

Source: Journal of Clinical Nursing 25(15-16) pp. 2114-25

Publication date: August 2016

Aims and objectives: This paper seeks to explore the transition experiences of acute care nurses entering employment in primary health care settings. Background: Internationally the provision of care in primary health care settings is increasing. Nurses are moving from acute care settings to meet the growing demand for a primary health care workforce. While there is significant research relating to new graduate transition experiences, little is known about the transition experience from acute care into primary health care employment. Design: An integrative review, guided by Whittemore and Knaff's (2005) approach, was undertaken. Following a systematic literature search eight studies met the inclusion criteria. Methods: Papers which met the study criteria were identified and assessed against the inclusion and exclusion criteria. Papers were then subjected to methodological quality appraisal. Thematic analysis was undertaken to identify key themes within the data. Results: Eight papers met the selection criteria. All described nurses transitioning to either community or home nursing settings. Three themes were identified: (1) a conceptual understanding of transition, (2) role losses and gains and (3) barriers and

enablers. Conclusion: There is a lack of research specifically exploring the transitioning of acute care nurses to primary health care settings. To better understand this process, and to support the growth of the primary health care workforce there is an urgent need for further well-designed research. Relevance to clinical practice: There is an increasing demand for the employment of nurses in primary health care settings. To recruit experienced nurses it is logical that many nurses will transition into primary health care from employment in the acute sector. To optimise retention and enhance the transition experience of these nurses it is important to understand the transition experience.

[Whole of Community Facilitators: An Exemplar for Supporting Rural Health Workforce Recruitment through Students' Professional Experience Placements](#)

Author(s): Coe et al.

Source: International Journal of Environmental Research and Public Health 18(14)

Publication date: 2021

The Whole of Community Facilitator model provides support for healthcare students' professional experience placements (PEP) in rural regions in Tasmania. In Tasmania, rural PEP is challenged as healthcare facilities are often small and have limited capacity for staff to devote considerable time to supervising students during PEP. Recruitment and retention of the rural health workforce in Tasmania is sometimes difficult because the island State is geographically distant from mainland Australia, and predominantly classified as a regional, rural, or remote area. The University of Tasmania, College of Health and Medicine (the College) explored various initiatives to support rural workforce sustainability, and the project discussed addresses this issue by promoting rural healthcare facilities as potential employment destinations for students upon completion of their course. The model supports the delivery of high-quality

supervision to students whilst undertaking rural PEP, to foster positive experiences and potentially influence their future career choices. A successful exemplar was trialled in 2012 and implemented statewide in 2017 using a Whole of Community Facilitation (WOCF) model. The initiative supports host facilities, supervisors, host staff, and students and promotes positive placement experiences. The initiative was designed in consideration of Tasmania's rurality, and uses a flexible and responsive framework.

[Management and treatment of HIV: are primary care clinicians prepared for their new role?](#)

Author(s): Wijesinghe et al.

Source: BMC Primary Care 21(130)

Publication date: 2020

Background: Current literature suggests the number of HIV clinicians in the United States is diminishing. There are 294,834 primary care providers (PCP) in the United States, and, of these, 3101 provide care to HIV-positive patients. More PCPs to treat and manage HIV patients may be the solution to alleviate the HIV provider shortage. However, PCPs also face challenges, including workforce shortages. We surveyed PCPs to determine perceived barriers, beliefs, and attitudes about their readiness to manage and treat HIV patients. Methods: Following a quantitative, descriptive, cross-sectional survey design, currently practicing clinicians in primary care (physicians, residents, physician assistants, family nurse practitioners) were emailed a link to the study survey. Three hundred forty-seven family medicine clinicians from 47 states met the study inclusion criteria. Results: Most (245/347, 70.6%) of the PCPs agreed that PCPs should take care of HIV patients. PCPs practicing HIV medicine (n = 171) were more likely than those not practicing HIV medicine (n = 176) to agree that PCPs should help with the HIV provider shortage (U = 10,384, p < 0.001) and that PCPs are the best solution to the HIV provider shortage

(U = 10,294, p < 0.001). The majority (206, 59.4%) believed PCPs are the best solution for the HIV provider shortage. Of 133 physician assistants (PAs) and family nurse practitioners (NPs), seventy (52.6%) believed they could be ready to manage HIV patients with some training. Conclusion: The HIV provider shortage in the United States is likely to continue. To alleviate the provider shortage, PCPs should be offered additional training, decreased workload, and increased compensation when treating and managing HIV patients. Also, encouraging PAs and family NPs to be involved with HIV medicine may be a solution.

[Universities and primary care organisations working together to recruit GPs: a qualitative evaluation of the Enfield clinical teaching fellow programme](#)

Author(s): Jones et al.

Source: British Journal of General Practice Open 2(1)

Publication date: 2018

Background: General practice recruitment is in difficulty in the UK as many experienced GPs retire or reduce their commitment. The numbers of junior doctors choosing to specialise in the discipline is also falling, leading to primary care workforce issues particularly in 'hard to serve' areas. Aim: To evaluate an academic service collaboration on GP recruitment between a primary care organisation (PCO), Enfield CCG, and a university, University College London (UCL). Design & setting: Evaluation of an academic service collaboration in the Enfield CCG area of north east London. Method: An action research method utilising qualitative methodology was used to evaluate a local service intervention, undertaken by the participants themselves. The qualitative data were analysed by one researcher but themes were agreed by the whole team. Enfield CCG, an NHS PCO, funded a collaboration with UCL to employ five GPs as clinical teaching fellows to work in Enfield, to increase patients' access, to provide input to CCG development projects, and to provide undergraduate medical student teaching in practice.

Results: Five teaching fellows were employed for ≤ 2 years and provided 18 266 extra appointments, engaged with development projects, and delivered local undergraduate teaching. The themes identified by stakeholders were the challenges of these organisations working together, recruiting GPs to an underserved area, and perceptions of the model's value for money. Conclusion: The evaluation showed that the collaboration of an NHS PCO and a higher education institution can work, and the prestige of being associated with a university and clinical variety ensured GP recruitment in an area that had previously struggled. However, the project's costs were high, which affected perceptions of its value.

[Twelve tips for the recruitment and retention of general practitioners as teachers of medical students](#) Abstract only*

Author(s): Alberti and Atkinson

Source: Medical Teacher 40(3)

Publication date: March 2018

Background: Primary care physicians have become a fundamental aspect of teaching in modern medical school curricula worldwide with a significant proportion of undergraduate teaching taking place in primary care. There are calls for this to increase with more patient care occurring in the community but teaching capacity in primary care is a potential challenge.

Medical schools, therefore, need strategies to be able to increase their primary care physician teaching workforce.

Methodology: We asked all Heads of General Practice Teaching in UK medical schools to share their three top tips for recruiting and retaining GPs to teach undergraduate students. The majority (two-thirds) of medical schools responded and we have summarized the answers into the following twelve tips.

Results: Although the twelve tips are varied and comprehensive, including broad topics such as finances and training, one clear theme running through the majority of tips is good communication and relationships between education teams and

GPs. Conclusions: The solutions to recruiting and retaining GPs to teach undergraduate medical students are clearly multifactorial and complex. We hope that by presenting suggestions from UK GP heads of teaching as these twelve tips provides some helpful, thought-provoking ideas and inspiration for both the UK and internationally.

[Factors associated with final year nursing students' desire to work in the primary health care setting: Findings from a national cross-sectional survey](#) Full text available with NHS OpenAthens account*

Author(s): Bloomfield et al.

Source: Nurse Education Today 61

Publication date: February 2018

Background: Registered nurses are under-represented in the primary health care setting both internationally and in Australia, and this shortage is predicted to worsen. To address the increasingly complex healthcare needs of an ageing population, it is vital to develop and sustain a primary health care nursing workforce, yet attracting nurses is challenging. In Australia, registered nurses graduating from university typically commence their careers in hospital-based transition to professional practice programs. Similar programs in primary health care settings may be a valuable strategy for developing the primary health care nursing workforce, yet little is known about nursing students' desire to work in this setting, factors that influence this, or their expectations of primary health care-focused transition to professional practice programs. Objectives: This study sought to identify factors associated with final year nursing students' desire to work in primary health care setting including demographic factors, expectations of future employment conditions, and job content. It also explored expectations of graduate transition programs based in primary health care. Design: A cross-sectional survey design comprising a quantitative online survey. Setting: 14 Australian universities from all states/territories, both

rural and urban. Participants: 530 final-year nursing students. Methods: Binary logistic regression identifying factors contributing to desire to work in primary health care. Results: The desire of nursing students to work in primary health care is associated with older age, greater perceived value of employment conditions including flexibility, and less perceived importance of workplace support. Conclusions: Collaborative efforts from primary health care nurses, health professionals, academics and policy makers are needed to attract new graduate nurses to primary health care.

[Practice environments and job satisfaction and turnover intentions of nurse practitioners: Implications for primary care workforce capacity](#) Abstract only*

Author(s): Poghosyan et al.

Source: Health Care Management Review 42(2) pp. 162-171

Publication date: April 2017

Background: Health care professionals, organizations, and policy makers are calling for expansion of the nurse practitioner (NP) workforce in primary care to assure timely access and high-quality care. However, most efforts promoting NP practice have been focused on state level scope of practice regulations, with limited attention to the organizational structures. Purpose: We examined NP practice environments in primary care organizations and the extent to which they were associated with NP retention measures. Methodology: Data were collected through mail survey of NPs practicing in 163 primary care organizations in Massachusetts in 2012. NP practice environment was measured by the Nurse Practitioner Primary Care Organizational Climate Questionnaire, which has four subscales: Professional Visibility, NP-Administration Relations, NP-Physician Relations, and Independent Practice and Support. Two global items measured job satisfaction and NPs' intent to leave their job. We aggregated NP level data to organization level to attain measures of practice environments. Multilevel

logistic regression models were used. Findings: NPs rated the relationship between NPs and physicians favorably, contrary to the relationship between NPs and administrators. All subscales measuring NP practice environment had similar influence on the outcome variables. With every unit increase in each standardized subscale score, the odds of job satisfaction factors increased about 20% whereas the odds of intention of turnover decreased about 20%. NPs from organizations with higher mean scores on the NP-Administration subscale had higher satisfaction with their jobs (OR = 1.24, 95% CI [1.12, 1.39]) and had lower intent to leave (OR = 0.79, 95% CI [0.70, 0.90]). Practice implications: NPs were more likely to be satisfied with their jobs and less likely to report intent to leave if their organizations support NP practice, favorable relations with physicians and administration, and clear role visibility. Creating productive practice environments that can retain NPs is a potential strategy for increasing the primary care workforce capacity.

[Why Aren't More Primary Care Residents Going into Primary Care? A Qualitative Study](#)

Author(s): Long et al.

Source: Journal of Internal Medicine 21(2) pp. 1452-9

Publication date: December 2016

BACKGROUND: Workforce projections indicate a potential shortage of up to 31,000 adult primary care providers by the year 2025. Approximately 80 % of internal medicine residents and nearly two-thirds of primary care internal medicine residents do not plan to have a career in primary care or general internal medicine. OBJECTIVE: We aimed to explore contextual and programmatic factors within primary care residency training environments that may influence career choices. DESIGN: This was a qualitative study based on semistructured, in-person interviews. PARTICIPANTS: Three primary care internal medicine residency programs were purposefully selected to

represent a diversity of training environments. Second and third year residents were interviewed. **APPROACH:** We used a survey guide developed from pilot interviews and existing literature. Three members of the research team independently coded the transcripts and developed the code structure based on the constant comparative method. The research team identified emerging themes and refined codes. ATLAS.ti was used for the analysis. **KEY RESULTS:** We completed 24 interviews (12 second-year residents, and 12 third-year residents). The age range was 27–39 years. Four recurrent themes characterized contextual and programmatic factors contributing to residents' decision-making: resident expectations of a career in primary care, navigation of the boundary between social needs and medical needs, mentorship and perceptions of primary care, and structural features of the training program. **CONCLUSIONS:** Addressing aspects of training that may discourage residents from careers in primary care such as lack of diversity in outpatient experiences and resident frustration with their inability to address social needs of patients, and strengthening aspects of training that may encourage interests in careers in primary care such as mentorship and protected time away from inpatient responsibilities during primary care rotations, may increase the proportion of residents enrolled in primary care training programs who pursue a career in primary care.

[When Do Primary Care Physicians Retire? Implications for Workforce Projections](#)

Author(s): Petterson et al.

Source: *Annals of Family Medicine* 14(4) pp. 344-349

Publication date: July 2016

Purpose: Retirement of primary care physicians is a matter of increasing concern in light of physician shortages. The joint purposes of this investigation were to identify the ages when the majority of primary care physicians retire and to compare this with the retirement ages of practitioners in other specialties.

Methods: This descriptive study was based on AMA Physician Masterfile data from the most recent 5 years (2010–2014). We also compared 2008 Masterfile data with data from the National Plan and Provider Enumeration System to calculate an adjustment for upward bias in retirement ages when using the Masterfile alone. The main analysis defined retirement as leaving clinical practice. The primary outcome was construction of a retirement curve. Secondary outcomes involved comparisons of retirement interquartile ranges (IQRs) by sex and practice location across specialties. **Results:** The 2014 Masterfile included 77,987 clinically active primary care physicians between ages 55 and 80 years. The median age of retirement from clinical activity of all primary care physicians who retired in the period from 2010 to 2014 was 64.9 years, (IQR, 61.4–68.3); the median age of retirement from any activity was 66.1 years (IQR, 62.6–69.5). However measured, retirement ages were generally similar across primary care specialties. Females had a median retirement about 1 year earlier than males. There were no substantive differences in retirement ages between rural and urban primary care physicians. **Conclusions:** Primary care physicians in our data tended to retire in their mid-60s. Relatively small differences across sex, practice location, and time suggest that changes in the composition of the primary care workforce will not have a remarkable impact on overall retirement rates in the near future.

[A systematic review of strategies to recruit and retain primary care doctors](#)

Author(s): Verma et al.

Source: *BMC Health Services Research* 16:26

Publication date: April 2016

Background: There is a workforce crisis in primary care. Previous research has looked at the reasons underlying recruitment and retention problems, but little research has looked at what works to improve recruitment and retention. The aim of

this systematic review is to evaluate interventions and strategies used to recruit and retain primary care doctors internationally. Methods: A systematic review was undertaken. MEDLINE, EMBASE, CENTRAL and grey literature were searched from inception to January 2015. Articles assessing interventions aimed at recruiting or retaining doctors in high income countries, applicable to primary care doctors were included. No restrictions on language or year of publication. The first author screened all titles and abstracts and a second author screened 20 %. Data extraction was carried out by one author and checked by a second. Meta-analysis was not possible due to heterogeneity. Results: Fifty-one studies assessing 42 interventions were retrieved. Interventions were categorised into thirteen groups: financial incentives (n = 11), recruiting rural students (n = 6), international recruitment (n = 4), rural or primary care focused undergraduate placements (n = 3), rural or underserved postgraduate training (n = 3), well-being or peer support initiatives (n = 3), marketing (n = 2), mixed interventions (n = 5), support for professional development or research (n = 5), retainer schemes (n = 4), re-entry schemes (n = 1), specialised recruiters or case managers (n = 2) and delayed partnerships (n = 2). Studies were of low methodological quality with no RCTs and only 15 studies with a comparison group. Weak evidence supported the use of postgraduate placements in underserved areas, undergraduate rural placements and recruiting students to medical school from rural areas. There was mixed evidence about financial incentives. A marketing campaign was associated with lower recruitment. Conclusions: This is the first systematic review of interventions to improve recruitment and retention of primary care doctors. Although the evidence base for recruiting and care doctors is weak and more high quality research is needed, this review found evidence to support undergraduate and postgraduate placements in underserved areas, and selective recruitment of medical students. Other initiatives covered may have potential to improve recruitment and retention

of primary care practitioners, but their effectiveness has not been established.

[Understanding quit decisions in primary care: a qualitative study of older GPs](#)

Author(s): Sansom et al.

Source: BMJ Open 6(2)

Publication date: February 2016

Objective: To investigate the reasons behind intentions to quit direct patient care among experienced general practitioners (GPs) aged 50–60 years. Design and setting: Qualitative study based on semistructured interviews with GPs in the South West region of England. Transcribed interviews were analysed thematically. Participants: 23 GPs aged 50–60 years: 3 who had retired from direct patient care before age 60, and 20 who intended to quit direct patient care within the next 5 years. Results: The analysis identified four key themes: early retirement is a viable option for many GPs; GPs have employment options other than undertaking direct patient care; GPs report feeling they are doing an (almost) undoable job; and GPs may have other aspirations that pull them away from practice. Findings from this study confirmed those from earlier research, with high workload, ageing and health, family and domestic life, and organisational change all influencing GPs' decisions about when to retire/quit direct patient care. However, in addition, GPs expressed feelings of insecurity and uncertainty regarding the future of general practice, low morale, and issues regarding accountability (appraisal and revalidation) and governance. Suggestions about how to help retain GPs within the active clinical workforce were offered, covering individual, practice and organisational levels. Conclusions: This research highlights aspects of the current professional climate for GPs that are having an impact on retirement decisions. Any future changes to policy or practice to help retain experienced GPs will benefit from this informed understanding of GPs' views. Key factors to take

into account include: making the GP workload more manageable; managing change sympathetically; paying attention to GPs' own health; improving confidence in the future of general practice; and improving GP morale.

[Bolstering the pipeline for primary care: a proposal from stakeholders in medical education](#)

Author(s): Shi and Lee

Source: Medical Education Online 21(1)

Publication date: 2016

The Association of American Medical Colleges reports an impending shortage of over 90,000 primary care physicians by the year 2025. An aging and increasingly insured population demands a larger provider workforce. Unfortunately, the supply of US-trained medical students entering primary care residencies is also dwindling, and without a redesign in this country's undergraduate and graduate medical education structure, there will be significant problems in the coming decades. As an institution producing fewer and fewer trainees in primary care for one of the poorest states in the United States, we propose this curriculum to tackle the issue of the national primary care physician shortage. The aim is to promote more recruitment of medical students into family medicine through an integrated 3-year medical school education and a direct entry into a local or state primary care residency without compromising clinical experience. Using the national primary care deficit figures, we calculated that each state medical school should reserve 2030 primary care (family medicine) residency spots, allowing students to bypass the traditional match after successfully completing a series of rigorous externships, pre-internships, core clerkships, and board exams. Robust support, advising, and personal mentoring are also incorporated to ensure adequate preparation of students. The nation's health is at risk. With full implementation in allopathic medical schools in 50 states, we propose a long-term solution that will serve to provide more than

1,000,700 new primary care providers annually. Ultimately, we will produce happy, experienced, and empathetic doctors to advance our nation's primary care system.

Skill mix

['It's the stuff they can do better than us': case studies of general practice surgeries' experiences of optimising the skill-mix contribution of practice-based pharmacists in Wales](#)

Item Type: Journal Article

Authors: Bartlett, Sophie; Bullock, Alison and Morris, Felicity

Publication Date: // ,2023

Journal: BMJ Open 13(11), pp. e073778

Abstract: OBJECTIVE: Pharmacists are increasingly joining the general practice skill-mix. Research is still in relative infancy, but barriers and facilitators to their integration are emerging, as well as indications that pharmacists' skillset remain underutilised. This study explores first-hand experiences and perspectives among general practice teams of the processes that underpin the effective integration and sustained contribution of pharmacists in general practice., DESIGN AND SETTING: This research employed a qualitative case study approach involving general practice teams in Wales. Data were collected from eight general practices where each practice represented one case study. Data were collected via online interviews (one-to-one or group) and written feedback. Data were pattern coded and analysed thematically through a constant comparative approach. Data interpretations were confirmed with participants and wider general practice teams., PARTICIPANTS: Eight general practice teams across Wales (comprising combinations of practice and business managers, general practitioners (GPs) and general practice pharmacists) represented eight case studies. Cases were required to have had experience of working with a general practice pharmacist., RESULTS: Data were yielded from five practice managers, two GPs, three general practice pharmacists

and a business manager. A total of 3 hours and 2 min of interview data was recorded as well as 2038 words of written feedback. Three foundations to pharmacists' effective contribution to general practice were identified: defining the role (through identifying the right pharmacist, mapping skillset to demand and utilising the increasing need for specialist skills), appropriate infrastructure and workforce review, and an appropriate employment model., CONCLUSION: Pharmacists are becoming increasingly critical to the general practice skill-mix and utilisation of their specialist skillset is crucial. This paper identifies how to enable the effective integration and sustained contribution of pharmacists to general practice. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

[The patient experience of skill mix changes in primary care: an in-depth study of patient 'work' when accessing primary care](#)

Item Type: Journal Article

Authors: Dalgarno, Elizabeth;McDermott, Imelda;Goff, Mhorag;Spooner, Sharon;McBride, Anne;Hodgson, Damian;Donnelly, Ailsa;Hogg, Judith and Checkland, Kath
Publication Date: // ,2023

Journal: Journal of Public Health (Oxford, England) 45, pp. i54-i62

Abstract: BACKGROUND: This paper presents insights into patient experiences of changes in workforce composition due to increasing deployment in general practice of practitioners from a number of different professional disciplines (skill mix). We explore these experiences via the concept of 'patient illness work'; how a patient's capacity for action is linked to the work arising from healthcare., METHODS: We conducted four focus group interviews with Patient Participation Group members across participating English general practitioner practices. Thematic analysis and a theoretical lens of illness work were

used to explore patients' attempts to understand and navigate new structures, roles and ways to access healthcare., RESULTS: Participants' lack of knowledge about incoming practitioners constrained their agency in accessing primary care. They reported both increased and burdensome illness work as they were given responsibility for navigating and understanding new systems of access while simultaneously understanding new practitioner roles., CONCLUSIONS: While skill mix changes were not resisted by patients, they were keen to improve their agency in capacity to access, by being better informed about newer practitioners to accept and trust them. Some patients require support to navigate change, especially where new systems demand specific capacities such as technological skills and adaptation to unfamiliar practitioners. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of Faculty of Public Health.

[General practice managers' motivations for skill mix change in primary care: Results from a cross-sectional survey in England](#)

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Gibson, Jon;McBride, Anne;Checkland, Katherine;Goff, Mhorag;Hann, Mark;Hodgson, Damian;McDermott, Imelda;Sutton, Matt and Spooner, Sharon
Publication Date: // ,2023

Journal: Journal of Health Services Research & Policy 28(1), pp. 5-13

Abstract: OBJECTIVES: The objectives are to determine the factors that motivated GP practice managers in England to employ non-medical roles, and to identify an ideal hypothetical GP practice workforce., METHODS: Cross-sectional survey of GP practice managers in England (n = 1205). The survey focused on six non-medical roles: advanced nurse practitioner, specialist nurse, health care assistant, physician associate, paramedic and pharmacist., RESULTS: The three most

commonly selected motivating factors were: (i) to achieve a better match between what patients need and what the practitioner team can deliver; (ii) to increase overall appointment availability and (iii) to release GP time. Employment of pharmacists and physician associates was most commonly supported by additional funding. Practice managers preferred accessing new non-medical roles through a primary care network or similar, while there was a clear preference for direct employment of additional GPs, advanced nurse practitioners or practice nurses. The ideal practice workforce would comprise over 70% of GPs and nurses, containing, on average, fewer GPs than the current GP practice workforce., CONCLUSION: This study confirms that more diverse teams of practitioners are playing an increasing role in providing primary care in England. Managers prefer not to employ all new roles directly within the practice. A more detailed investigation of future workforce requirements is necessary to ensure that health policy supports the funding (whether practice or population based), recruitment, training, deployment and workloads associated with the mix of roles needed in an effective primary care workforce.

[Skill-mix change and outcomes in primary care: Longitudinal analysis of general practices in England 2015-2019](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Francetic, Igor;Gibson, Jon;Spooner, Sharon;Checkland, Katherine and Sutton, Matt

Publication Date: // ,2022

Journal: Social Science & Medicine (1982) 308, pp. 115224

Abstract: BACKGROUND: Increasing the employment of staff with new clinical roles in primary care has been proposed as a solution to the shortages of GPs and nurses. However, evidence of the impacts this has on practice outcomes is limited. We examine how outcomes changed following changes in skill-mix in general practices in England., METHODS: We obtained annual

data on staff in 6,296 English general practices between 2015 and 2019 and grouped professionals into four categories: GPs, Nurses, Health Professionals, and Healthcare Associate Professionals. We linked 10 indicators of quality of care covering the dimensions of accessibility, clinical effectiveness, user experiences and health system costs. We used both fixed-effect and first-differences regressions to model changes in staff composition and outcomes, adjusting for practice and population factors., RESULTS: Employment increased over time for all four staff groups, with largest increases for Healthcare Professionals (from 0.04 FTE per practice in 2015 to 0.28 in 2019) and smallest for Nurses who experienced a 3.5 percent growth. Increases in numbers of GPs and Nurses were positively associated with changes in practice activity and outcomes. The introduction of new roles was negatively associated with patient satisfaction: a one FTE increase in Health Professionals was associated with decreases of 0.126 -0.175, -0.078] and 0.116 - 0.161, -0.071] standard deviations in overall patient satisfaction and satisfaction with making an appointment. Pharmacists improved medicine prescribing outcomes. All staff categories were associated with higher health system costs. There was little evidence of direct complementarity or substitution between different staff groups., CONCLUSIONS: Introduction of new roles to support GPs does not have straightforward effects on quality or patient satisfaction. Problems can arise from the complex adaptation required to adjust practice organisation and from the novelty of these roles to patients. These findings suggest caution over the implementation of policies encouraging more employment of different professionals in primary care. Copyright © 2022 The Author(s). Published by Elsevier Ltd.. All rights reserved.

[Processes supporting effective skill-mix implementation in general practice: A qualitative study](#)

Item Type: Journal Article

Authors: Spooner, Sharon;McDermott, Imelda;Goff, Mhorag;Hodgson, Damian;McBride, Anne and Checkland, Katherine
Publication Date: // ,2022
Journal: Journal of Health Services Research & Policy 27(4), pp. 269-277
Abstract: OBJECTIVES: Health policy and funding initiatives have addressed increasing workloads in general practice through the deployment of clinicians from different disciplinary backgrounds. This study examines how general practices in England operate with increasingly diverse groups of practitioners., METHODS: Five general practices were selected for maximum variation of the duration and diversity of skill-mix in their workforce. Individual interviews were recorded with management and administrative staff and different types of practitioner. Patient surveys and focus groups gathered patients' perspectives of consulting with different practitioners. Researchers collaborated during coding and thematic analysis of transcripts of audio recordings., RESULTS: The introduction of a wide range of practitioners required significant changes in how practices dealt with patients requesting treatment, and these changes were not necessarily straightforward. The matching of patients with practitioners required effective categorization of health care patients' reported problem(s) and an understanding of practitioners' capabilities. We identified individual and organizational responses that could minimize the impact on patients, practitioners and practices of imperfections in the matching process., CONCLUSIONS: The processes underpinning the redistribution of tasks from GPs to non-GP practitioners are complex. As practitioner employment under the Primary Care Network contracts continues to increase, it is not clear how the necessarily fine-grained adjustments will be made for practitioners working across multiple practices.

[Editorial: Skill-mix change and the general practice workforce challenge](#)

Author(s): Nelson et al.

Source: British Journal of General Practice 68(667) pp. 66-67

Publication date: 2018

Faced with an ageing population living with increasingly complex health needs and a shortage of GPs and nursing staff, primary care is experiencing unprecedented pressure. Workforce transformation based around new models of care and 'skill-mix' change in the form of 5000 new 'non-medical roles' to operate alongside GPs is an aspirational solution,¹ though generating the right balance of GPs/non-GPs is not without controversy.² Although practice nurses have been working in extended roles in general practice for a long time³ there are other 'new' roles emerging. These encompass both the integration into primary care teams of new types of professional (for example, physician associates), and existing professional roles operating in new ways (for example, paramedics), typically with the expressed aim of releasing the capacity of GPs.⁴ Thus, skill-mix change may be perceived as a straightforward and common-sense response, 'substituting' hard-to-recruit GPs with other, non-medical, health professionals. Recently, a House of Lords Select Committee on the sustainability of the NHS has added its weight to other reports^{4,5} calling for the greater inclusion of non-medical workforce working under new models of care.⁶ Re-designing the workforce through skill-mix change is a considerable challenge for organisations, which may indeed bring benefits.⁵ However, the literature indicates the necessity to understand the implications of changing skill-mix if it is to deliver on its promises.

[Skill mix in Swiss primary care group practices - a nationwide online survey](#)

Author(s): Josi and Pietro

Source: BMC Primary Care 20(39)

Publication date: 2019

Background: Increasing chronic conditions and multimorbidity is placing growing service pressures on health care, especially primary care services. This comes at a time when GP workforce shortages are starting to be felt across Switzerland, placing a threat on the sustainability of good access to primary care. By establishing multiprofessional teams in primary care, service capacity is increased and the pressures on the GP workforce can be alleviated. The roles of non-medical health professions in primary care are not established so far in Switzerland and the personnel composition of primary care group practices is not known. Therefore this study aims to provide insights into the current composition, educational background and autonomy of these new professional roles in primary care. Methods: For this descriptive exploratory study a web-based online survey methodology was used. Group practices were defined as being a medical practice with any specialisation where at least three physicians work together in a team. Based on this restriction 240 eligible group practices were identified in Switzerland. The following four tertiary-level health professions were included in the study: nurses, physiotherapists, occupational therapists and dietitians. Additionally medical practice assistants with counselling competencies were included. Results: A total of 102 practices answered the questionnaire which is equivalent to an answer rate of 43%. The sample included data from 17 cantons. 46.1% of the practices employed non-physician health professionals. Among the tertiary-level health professions, physiotherapists were the most frequent profession with a total of 78 physiotherapists over all group practices, followed by nurses (43), dietitians (34) and occupational therapists (3). In practices which employ those professionals their average number per practice was 3.4. 25.5% of the practices had health professionals employed with advanced roles and competencies. Conclusion: The results from this study demonstrate that while nearly 50% of groups practices have established non-physician professionals,

only 25% of practices integrate these professionals with advanced roles. Compared with other countries, there would appear to be significant scope to extent and broaden the uptake of non-physician professionals in primary care in Switzerland. Clear policy direction along with supporting regulation and financing arrangements are required.

Staff perceptions and experiences

[Perceptions of community care among nursing students: A cross-sectional study with implications to nursing workforce](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Chee, J. M. P.; Rusli, K. D. B.; Tan, Z. Y. A.; Tan, A. J. Q.; Ang, S. G. M.; Lau, S. T.; Seah, B. and Liaw, S. Y.

Publication Date: // ,2024

Journal: Nurse Education Today 137, pp. 106162

Abstract: Background: A shift of health care services towards community care has driven the need to develop the community care nursing workforce. However, challenges exist in attracting nursing graduates to a career in community care. Aim(s): To examine perceptions of community care and placement preference among undergraduate nursing students across different years of study in a Singapore university. Method(s): This study examined perceptions of community care and placement preference among undergraduate nursing students across different years of study. A cross-sectional study was conducted using the 'Scale on COmmunity care Perceptions' (SCOPE). Result(s): Only 31.3 % of the 501 nursing students who completed the survey preferred community care placement. They rated opportunities for advancement, work status and enthusiastic colleagues in community care with relatively lower scores in the SCOPE. Students' placement preferences and year of study were predictive factors of their perceptions of community care nursing. Students who indicated their placement preference

in home-based care ($p < 0.001$) and intermediate long-term care ($p < 0.05$) reported significantly positive perceptions towards community nursing as compared to students who indicated acute care as their preferred placement. Despite pre-perceived ideas among the year 1 cohort, the community care placement within their course curriculum had an impact on year 2 to 4 students' perceptions of community care. Conclusion(s): These findings identified key strategies to increase the community care nursing workforce which include promoting a better understanding of the role of a community nurse, providing quality community placement opportunities supported by preceptors who are good role models and fostering an optimistic career outlook and advancement in community nursing. Copyright © 2024 Elsevier Ltd

["If You don't Feel Empowered, Then How are You Going to Empower Someone else?" Perspectives of Executive Directors and Supervisors on Community Health Worker Workforce Development](#) Abstract only*

Item Type: Journal Article

Authors: Rahman, R.; Chesna, S.; Brown, L.; Patel, R. and Ross, A. M.

Publication Date: // ,2024

Journal: Human Service Organizations Management, Leadership and Governance

Abstract: Expansion of the Community Health Worker (CHW) workforce has become a national priority. It is critical to understand CHW strengths and individual challenges, associated professional development needs, and specific strategies that may meet needs from the perspectives of those who employ, manage, and supervise this growing workforce. Through a community-partnership with eight member organizations of the Association of Perinatal Networks of New York, we conducted two focus groups with 7 Executive Directors and 6 CHW Supervisors. Data were analyzed according to the

six steps of thematic analysis. Analyses revealed seven salient themes across three superordinate categories of strengths, individual challenges, and mechanisms of support. CHWs are a critical component of the US health workforce. Challenges related to navigating boundaries, use of empowerment-focused approaches and effective documentation require skills-based training and trauma-informed workplace-based supports. Supervision is an effective mechanism through which CHWs receive support needed to optimize job performance. Copyright © 2024 Taylor & Francis Group, LLC.

[Influences on the adoption of patient safety innovation in primary care: a qualitative exploration of staff perspectives](#)

Author(s): Litchfield et al.

Source: BMC Primary Care 19(72)

Publication date: 2018

Background: Primary care is changing rapidly to meet the needs of an ageing and chronically ill population. New ways of working are called for yet the introduction of innovative service interventions is complicated by organisational challenges arising from its scale and diversity and the growing complexity of patients and their care. One such intervention is the multi-strand, single platform, Patient Safety Toolkit developed to help practices provide safer care in this dynamic and pressured environment where the likelihood of adverse incidents is increasing. Here we describe the attitudes of staff toward these tools and how their implementation was shaped by a number of contextual factors specific to each practice. Methods: The Patient Safety Toolkit comprised six tools; a system of rapid note review, an online staff survey, a patient safety questionnaire, prescribing safety indicators, a medicines reconciliation tool, and a safe systems checklist. We implemented these tools at practices across the Midlands, the North West, and the South Coast of England and conducted semi-structured interviews to determine staff perspectives on their effectiveness and

applicability. Results: The Toolkit was used in 46 practices and a total of 39 follow-up interviews were conducted. Three key influences emerged on the implementation of the Toolkit these related to their ease of use and the novelty of the information they provide; whether their implementation required additional staff training or practice resource; and finally factors specific to the practice's local environment such as overlapping initiatives orchestrated by their CCG. Conclusions: The concept of a balanced toolkit to address a range of safety issues proved popular. A number of barriers and facilitators emerged in particular those tools that provided relevant information with a minimum impact on practice resource were favoured. Individual practice circumstances also played a role. Practices with IT aware staff were at an advantage and those previously utilising patient safety initiatives were less likely to adopt additional tools with overlapping outputs. By acknowledging these influences we can better interpret reaction to and adoption of individual elements of the toolkit and optimise future implementation.

[Registered nurses transitioning from acute care to primary healthcare employment: A qualitative insight into nurses' experiences](#) Abstract only*

Author(s): Ahsley et al.

Source: Journal of Clinical Nursing 27(3-4)

Publication date: February 2018

Aims and objectives: To describe the experiences of acute care registered nurses transitioning to primary healthcare settings.

Background: The worldwide increasing demand for primary healthcare services has resulted in skilled acute care nurses transitioning to primary healthcare settings to meet workforce requirements. Little is known about the experiences and challenges associated with the transition. Knowledge of this will enable employers to design appropriate support processes and transitioning nurses can make informed choices.

Methods: Semistructured interviews were conducted with nurses

who had transitioned into primary healthcare employment in the last 5 years. Data analysis was undertaken using Braun and Clarke's (2006) thematic analysis approach. Results: Thirteen nurses were interviewed, and two themes identified-role learning: the new environment, and role socialisation: transition validation. Role learning was influenced according to the quality of orientation programmes, previous experience, clinical knowledge and professional support. Support and professional respect from mentors and/or employers greatly assisted with role socialisation and the transition experience. Conclusions: Transitioning to primary healthcare employment provides unique challenges which must be considered by employers if they are to attract and retain experienced acute care registered nurses. Relevance to clinical practice: Understanding the experiences of nurses who transition from acute to primary healthcare employment can inform the design of orientation programmes and ongoing professional supports to address barriers and challenges. Targeted orientation and support has the potential to enhance recruitment and retention of experienced nurses in primary health care.

[Pharmacists' perceptions of their emerging general practice roles in UK primary care: a qualitative interview study](#)

Author(s): Butterworth et al.

Source: British Journal of General Practice 67(662)

Publication date: 2017

Background: UK general practice is experiencing a workload crisis. Pharmacists are the third largest healthcare profession in the UK; however, their skills are a currently underutilised and potentially highly valuable resource for primary health care. This study forms part of the evaluation of an innovative training programme for pharmacists who are interested in extended roles in primary care, advocated by a UK collaborative '10-point GP workforce action plan'. Aim: To explore pharmacists' perceptions of primary care roles including the potential for greater

integration of their profession into general practice. Design: and setting A qualitative interview study in UK primary care carried out between October 2015 and July 2016. Method: Pharmacists were purposively sampled by level of experience, geographical location, and type of workplace. Two confidential semi-structured telephone interviews were conducted — one before and one after the training programme. A constant comparative, inductive approach to thematic analysis was used. Results: Sixteen participants were interviewed. The themes related to: initial expectations of the general practice role, varying by participants' experience of primary care; the influence of the training course with respect to managing uncertainty, critical appraisal skills, and confidence for the role; and predictions for the future of this role. Conclusion There is enthusiasm and willingness among pharmacists for new, extended roles in primary care, which could effectively relieve GP workload pressures. A definition of the role, with examples of the knowledge, skills, and attributes required, should be made available to pharmacists, primary care teams, and the public. Training should include clinical skills teaching, set in context through exposure to general practice, and delivered motivationally by primary care practitioners.

Systems Thinking

[Building a systems-thinking community workforce to scale action on determinants of health in New Zealand](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Matheson, Anna;Wehipeihana, Nan;Gray, Rebecca;Walton, Mat;Uia, Tali;Lindberg, Kirstin;Shanthakumar, Mathu;Lopez, Maite Irurzun;Reidy, Johanna;Firestone, Riz and Ellison-Loschmann, Lis

Publication Date: // ,2024

Journal: Health & Place 87, pp. 103255

Abstract: This article describes findings from the evaluation of

Healthy Families NZ (HFNZ), an equity-driven, place-based community health initiative. Implemented in nine diverse communities across New Zealand, HFNZ aims to strengthen the systems that can improve health and well-being. Findings highlight local needs and priorities including the social mechanisms important for reorienting health and policy systems towards place-based communities. Lessons encompass the importance of local lived experience in putting evidence into practice; the strength of acting with systems in mind; the need for relational, learning, intentional, and well-resourced community organisation; examples of how to foster place-based 'community-up' leadership; and how to enable responsiveness between communities and local and national policy systems. A reconceptualisation of scaling in the context of complexity and systems change is offered, which recognises that relationships and agency are key to making progress on the determinants of health. Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.

Technology

[Offsite primary care providers using telehealth to support a sustainable workforce in rural and remote general practice: A rapid review of the literature](#) Abstract only*

Item Type: Journal Article

Authors: Calleja, Zoe;Job, Jennifer and Jackson, Claire

Publication Date: // ,2023

Journal: The Australian Journal of Rural Health 31(1), pp. 5-18

Abstract: INTRODUCTION: Rural and remote general practices face increasing demands for care without the workforce required to meet patient needs. The coronavirus pandemic has created an opportunity to explore sustainable, telehealth-driven solutions to this chronic and complex problem., OBJECTIVE: This review examined interventions using offsite primary care providers to deliver ongoing patient care via telehealth to support rural and

remote general practices. We aimed to understand the impact of such interventions on the Quadruple Aim (patient experience, provider experience, health care costs, and health outcomes)., DESIGN: A rapid review of studies published from 2011 and grey literature published from 2016., FINDINGS: Six studies met the eligibility criteria. No eligible Australian studies were identified. Most studies investigated ongoing primary care services provided via telehealth by offsite pharmacists. Patients and rural primary care staff reported positive experiences with the interventions. One study demonstrated potential return on investment for rural practices. While one study reported clinically and statistically significant improvements in health outcomes over time, two studies did not observe statistically significant differences in health outcomes between intervention and control cohorts., DISCUSSION: The Quadruple Aim should be carefully considered when designing, implementing, and evaluating interventions that involve offsite primary care providers using telehealth to support a sustainable workforce in rural and remote general practice., CONCLUSION: Sustainable solutions to workforce shortages in rural and remote general practice are needed urgently. Using offsite primary care providers to deliver telehealth and support practices in these regions is one possible solution that warrants further investigation, particularly in Australia. Copyright © 2022 National Rural Health Alliance Ltd.

[A framework for digital health policy: insights from virtual primary care systems across five nations](#)

Item Type: Journal Article

Authors: Srivastava, Divya;Van Kessel, Robin;Delgrange, Marine;Cherla, Avi;Sood, Harpreet and Mossialos, Elias
Publication Date: // ,2023

Journal: PLOS Digital Health , pp. e0000382

Abstract: Digital health technologies used in primary care, referred to as, virtual primary care, allow patients to interact with primary healthcare professionals remotely though the current

iteration of virtual primary care may also come with several unintended consequences, such as accessibility barriers and cream skimming. The World Health Organization (WHO) has a well-established framework to understand the functional components of health systems. However, the existing building blocks framework does not sufficiently account for the disruptive and multi-modal impact of digital transformations. In this review, we aimed to develop the first iteration of this updated framework by reviewing the deployment of virtual primary care systems in five leading countries: Canada, Finland, Germany and Sweden and the United Kingdom (England). We found that all five countries have taken different approaches with the deployment of virtual primary care, yet seven common themes were highlighted across countries: (1) stated policy objectives, (2) regulation and governance, (3) financing and reimbursement, (4) delivery and integration, (5) workforce training and support, (6) IT systems and data sharing, and (7) the extent of patient involvement in the virtual primary care system. The conceptual framework that was derived from these findings offers a set of guiding principles that can facilitate the assessment of virtual primary care in health system settings. Abstract]

[Developing the Workforce of the Digital Future: Leveraging Technology to Train Community-Based Mobile Mental Health Specialists](#)

Item Type: Journal Article

Authors: Buck, Benjamin;Kopelovich, Sarah L.;Tauscher, Justin S.;Chwastiak, Lydia and Ben-Zeev, Dror

Publication Date: // ,2022

Journal: Journal of Technology in Behavioral Science , pp. 1-7

Abstract: Challenges in training, dissemination, and implementation have impeded the ability of providers to integrate promising digital health tools in real-world services. There is a need for generalizable strategies to rapidly train real-world providers at scale to support the adoption of digital health. This

study describes the development of principles guiding rapid training of community-based clinicians in the support of digital health. This training approach was developed in the context of an ongoing trial examining implementation strategies for FOCUS, a mobile mental health intervention designed for people with serious mental illness. The SAIL (Simple, Accessible, Inverted, Live) model introduces how digital tools can be leveraged to facilitate rapid training of community agency-based personnel to serve as digital mental health champions, promoters, and providers. This model emphasizes simple and flexible principles of intervention delivery, accessible materials in a virtual learning environment, inverted or "flipped" live training structure, and live consultation calls for ongoing support. These initial insights lay the groundwork for future work to test and replicate generalizable training strategies focused on real-world delivery of digital mental health services. These strategies have the potential to remove key obstacles to the implementation and dissemination of digital health interventions for mental health. Copyright © The Author(s) 2022.

[Technology adoption by primary care physicians](#)

Item Type: Journal Article

Authors: Iversen, Tor and Ma, Ching-to Albert

Publication Date: // ,2022

Journal: Health Economics 31(3), pp. 443-465

Abstract: We study primary care physicians' prevention and monitoring technology adoption. Physicians' adoption decisions are based on benefits and costs, which depend on payment incentives, educational assistance, and market characteristics. The empirical study uses national Norwegian register and physician claims data between 2009 and 2014. In 2006, a new annual comprehensive checkup for Type 2 diabetic patients was introduced. A physician collects a fee for each checkup. In 2013, an education assistance program was introduced in two Norwegian counties. We estimate adoption decisions by fixed-

effect regressions, and two-part and hazard models. We use a difference-in-difference model to estimate the education program impact. Fixed-effect estimations and separate analyses of physicians who have moved between municipalities support a peer effect. The education program has a strongly positive effect, which is positively associated with a physician's number of diabetic patients, and the fraction of physician-adopters in the same market. Abstract]

[Artificial Intelligence and the Future of Primary Care: Exploratory Qualitative Study of UK General Practitioners' Views](#)

Author(s): Laranjo et al.

Source: Journal of Medical Internet Research 21(3)

Publication date: March 2019

Background: The potential for machine learning to disrupt the medical profession is the subject of ongoing debate within biomedical informatics and related fields.

Objective: This study aimed to explore general practitioners' (GPs') opinions about the potential impact of future technology on key tasks in primary care. Methods: In June 2018, we conducted a Web-based survey of 720 UK GPs' opinions about the likelihood of future technology to fully replace GPs in performing 6 key primary care tasks, and, if respondents considered replacement for a particular task likely, to estimate how soon the technological capacity might emerge. This study involved qualitative descriptive analysis of written responses ("comments") to an open-ended question in the survey. Results: Comments were classified into 3 major categories in relation to primary care: (1) limitations of future technology, (2) potential benefits of future technology, and (3) social and ethical concerns. Perceived limitations included the beliefs that communication and empathy are exclusively human competencies; many GPs also considered clinical reasoning and the ability to provide value-based care as necessitating physicians' judgments. Perceived benefits of technology included

expectations about improved efficiencies, in particular with respect to the reduction of administrative burdens on physicians. Social and ethical concerns encompassed multiple, divergent themes including the need to train more doctors to overcome workforce shortfalls and misgivings about the acceptability of future technology to patients. However, some GPs believed that the failure to adopt technological innovations could incur harms to both patients and physicians. Conclusions: This study presents timely information on physicians' views about the scope of artificial intelligence (AI) in primary care. Overwhelmingly, GPs considered the potential of AI to be limited. These views differ from the predictions of biomedical informaticians. More extensive, stand-alone qualitative work would provide a more in-depth understanding of GPs' views.

Workforce

[Reclaiming general practice: tackling our workforce crisis with WiseGP](#)

Item Type: Journal Article

Authors: Reeve, J.

Publication Date: // ,2024

Journal: British Journal of General Practice 74(738), pp. 24-25

We won't address our workforce crisis by just doing more of the same. Expanding both existing training programmes and recruitment and retention schemes with the same offer won't work because it is the job itself that is contributing to the crisis.¹ We urgently need to reform the job of general practice. I have long argued that we must update professional training, practice design, and healthcare policy to better recognise and support the distinct role that GPs are uniquely placed to offer in primary medical care — the practice of advanced generalist medicine.²

[Trends in the primary healthcare nursing workforce in managing diabetes from two sample surveys in 2006-2008 and 2016 in Auckland, New Zealand](#) Abstract only*

Item Type: Journal Article

Authors: Daly, Barbara M.;Arroll, Bruce and Scragg, Robert Keith Rhodes

Publication Date: // ,2023

Journal: The New Zealand Medical Journal 136(1585), pp. 35-62

Abstract: AIM: To examine trends in the primary healthcare nursing workforce and their community management of diabetes., METHOD: Two representative surveys were carried out in 2006-2008 and 2016 among all primary healthcare nurses in Auckland. Nurses were randomly selected, and 26% (n=287) and 24% (n=336) completed a self-administered questionnaire and telephone survey. Biographical information, knowledge of diabetes, how valued nurses felt and diabetes care for patients was provided., RESULTS: Between surveys, numbers of practice nurses have significantly increased, and specialist nurse numbers decreased, while district nurse numbers remained the same. In 2016, practice nurses were younger, more ethnically diverse, more likely to undertake education and had increased knowledge of diabetes and diabetes-related complications (including stroke) compared to nurses in 2006-2008. More nurses consulted patients, conducted foot examinations, addressed serum glucose, medication management, tobacco use and followed up care independently of doctors. In 2016, only 37% of nurses felt sufficiently knowledgeable to discuss medications with patients, <20% could state that hypertension, smoking and dyslipidaemia were major risk factors for complications, and less nurses felt valued., CONCLUSION: Practice nurses have increased their capacity in diabetes management following global trends and require more support in meeting the complex healthcare needs of people with diabetes. Copyright © PMA.

[A snapshot of Australian primary health care nursing workforce characteristics and reasons they work in these settings: A longitudinal retrospective study](#)

Item Type: Journal Article

Authors: Nguyen, Van N. B.;Brand, Gabrielle;Gardiner, Shanthi;Moses, Samantha;Collison, Lisa;Griffin, Ken and Morphet, Julia

Publication Date: // ,2023

Journal: Nursing Open 10(8), pp. 5462-5475

Abstract: AIM: This article aimed to provide a snapshot of demographics and professional characteristics of nursing and midwifery workforce in Australian primary health care (PHC) settings during 2015-2019 and factors that influenced their decisions to work in PHC., DESIGN: Longitudinal retrospective survey., METHODS: Longitudinal data that were collected from a descriptive workforce survey were retrieved retrospectively. After collation and cleaning, data from 7066 participants were analysed using descriptive and inferential statistics in SPSS version 27.0., RESULTS: The majority of the participants were female, aged between 45 and 64 years old and working in general practice. There was a small yet steady increase in the number of participants in the 25-34 age group and a downward trend in the percentage of postgraduate study completion among participants. While factors perceived most/least important to their decision to work in PHC were consistent during 2015-2019, these factors differed among different age groups and postgraduate qualification holders. This study's findings are both novel and supported by previous research. It is necessary to tailor recruitment and retention strategies to nurses/midwives' age groups and qualifications to attract and retain highly skilled and qualified nursing and midwifery workforce in PHC settings. Copyright © 2023 The Authors. Nursing Open published by John Wiley & Sons Ltd.

[US Pediatric Primary Care Physician Workforce in Rural Areas, 2010 to 2020](#)

Item Type: Journal Article

Authors: Ramesh, Tarun and Yu, Hao

Publication Date: // ,2023

Journal: JAMA Network Open 6(9), pp. e2333467

Physician shortages are associated with substantial health disparities for pediatric populations in rural areas.¹ Concerns about pediatric workforce shortages continue as pediatric residency applications from newly minted physicians decrease.² In response, policymakers have taken considerable efforts to increase the pediatric workforce by funding the Children's Hospital Graduate Medical Education program and through multiple provisions of the Patient Protection and Affordable Care Act, including the Community Health Fund, Health Center Appropriations, and School-Based Health Centers.^{3,4} However, it remains unknown whether the pediatric primary care physician workforce has grown substantially during the past decade. To fill the gap, we assessed the growth and distribution of the general pediatrician and family medicine physician (FMP) workforce from 2010 to 2020 across US counties. We then identified sociodemographic characteristics of counties lacking the workforce.

[The Virginia primary care workforce: Final results of a novel method of analysis](#)

Item Type: Journal Article

Authors: Huffstetler, Allison;Sabo, Roy and Lavalley, Martin

Publication Date: // ,2022

Journal: Annals of Family Medicine (20)

Abstract: Background: In order to evaluate the capacity of primary care to provide comprehensive, coordinated, continuous care, a description of the primary care workforce is necessary. There have been prior efforts to describe the distribution of primary care, however, an accurate and timely description of

which clinicians are in what location has been lacking. Further, the scope of care provided has not been fully explored. This research aimed to describe the primary care workforce distribution and specialty across the state of Virginia. Methods: The Virginia All-Payers Claims Database (APCD) and National Plan and Provider Enumeration System (NPPES) we queried. We identified all physicians (MD and DO) through NPPES and then cross referenced these clinicians with the APCD to identify those with an active claim in 2018. The NPPES was used to identify the physician specialty. Results: In 2018, there were 20,779 active physicians, of which 3,054 were family medicine, 1,794 were pediatricians, 1,079 were OB/Gyns, and 5,247 were internal medicine or general medicine clinicians. The number of clinicians remained relatively stable between 2015-2018. Physicians were also categorized by ambulatory, inpatient, and mixed care. Discussion: This is the first evaluation that identifies clinician characteristics by using both active practice and NPPES taxonomy of type of clinicians. This will provide insight into the way care is provided across the state and establishes a foundation for evaluation of continuous care, comprehensive care and coordinated care in the future. As claims can be used to identify individuals over the course of time, it will be possible to identify scope, continuity and additional characteristics of clinicians. Additionally, we hope to identify advanced practice providers and their scope of care as well as clinicians migration and evolution during their career. Copyright 2021 Annals of Family Medicine, Inc.

[Inequalities in the distribution of the general practice workforce in England: a practice-level longitudinal analysis](#)

Author(s): Nussbaum et al.

Source: British Journal of General Practice Open 5(5)

Publication date: 2021

Background In England, demand for primary care services is increasing and GP shortages are widespread. Recently

introduced primary care networks (PCNs) aim to expand the use of additional practice-based roles such as physician associates (PAs), pharmacists, paramedics, and others through financial incentives for recruitment of these roles. Inequalities in general practice, including additional roles, have not been examined in recent years, which is a meaningful gap in the literature. Previous research has found that workforce inequalities are associated with health outcome inequalities. Aim To examine recent trends in general practice workforce inequalities. Design & setting A longitudinal study using quarterly General Practice Workforce datasets from 2015–2020 in England. Method The slope indices of inequality (SIIs) for GPs, nurses, total direct patient care (DPC) staff, PAs, pharmacists, and paramedics per 10 000 patients were calculated quarterly, and plotted over time, with and without adjustment for patient need. Results Fewer GPs, total DPC staff, and paramedics per 10 000 patients were employed in more deprived areas. Conversely, more PAs and pharmacists per 10 000 patients were employed in more deprived areas. With the exception of total DPC staff, these observed inequalities widened over time. The unadjusted analysis showed more nurses per 10 000 patients employed in more deprived areas. These values were not significant after adjustment but approached a more equal or pro-poor distribution over time. Conclusion Significant workforce inequalities exist and are even increasing for several key general practice roles, with workforce shortages disproportionately affecting more deprived areas. Policy solutions are urgently needed to ensure an equitably distributed workforce and reduce health inequities.

[Primary Care Physician Workforce 2020 to 2025 - a cross-sectional study for the Canton of Bern](#)

Author(s): Stierli et al.

Source: Swiss Medical Weekly

Publication date: 2021

Aim of this study: The Swiss primary care sector faces a lack in its workforce and the Canton of Bern - the second largest canton (i.e. federal state) - is believed to be more affected than others. To be able to predict a shortage in the overall workforce, reliable numbers for the workforce of all general practitioners (GPs) and paediatricians (primary care physicians, PCPs) actively working in the Canton of Bern are needed. Switzerland has no registry of active PCPs; therefore, our goal was to (1) define the number and characteristics of all PCPs in the Canton of Bern, (2) to establish the workforce density for the whole canton and its administrative districts, and (3) to forecast the next five years with respect to the PCP workforce development. Methods: In this cross-sectional study, we contacted all potential PCPs of the Canton of Bern. We included all board-certified physicians in general internal medicine, paediatrics and physicians with the title "Praktischer Arzt (practical doctor)" with a professional license from the available registers (MedReg and the FMH register). All potential PCPs received a questionnaire to assess their involvement in the primary care setting, their personal characteristics including workload (current and in 5 years to allow us to estimate the projected workforce per projected population size in 2025), type of practice, administrative district, and additional questions on their acceptance of new patients and their perception of a shortage in their region. The data from non-responders were collected via follow-up letters, emails and phone calls. The density was calculated as full-time equivalent PCPs per 1000 inhabitants in total and per district. Results: From all potential PCPs (n = 2217), we identified 972 working in the Canton of Bern, 851 as GPs (88%) and 121 as paediatricians (12%). From these physicians, we had a response rate of 95%. The mean age was 53 years for GPs and 50 years for paediatricians. Thirteen percent of all PCPs were aged 65 or older. The average workload was 7.6 half-days (GPs) and 6.9 half-days (paediatricians). We found a density of 0.75 (95% confidence interval [CI] 0.69-0.81) full-time equivalents per 1000

inhabitants for the total of the Canton of Bern, and a regional variability with densities between 0.59 to 0.93. Without new PCPs, the workforce density of PCPs will drop to 0.56 (95% CI 0.49-0.62) within the next 5 years. Conclusion: This is the first study in which 95% of active PCPs participated and it demonstrated that within the next 5 years there will be a shortage in the workforce of PCPs that can only be improved by higher numbers of new domestic PCPs - even after accounting for the current inflow of foreign PCPs.

[The Growing Primary Care Nurse Practitioner Workforce: A Solution for the Aging Population Living With Dementia](#)

Author(s): Poghosyan et al.

Source: The American Journal of geriatric Psychiatry 29(6)

Publication date: 2021

Redesigning the healthcare workforce to meet the needs of the growing population of persons living with dementia (PLWD), most of whom reside in the community and receive care from primary care providers, is a national priority. Yet, the shortage of adequately trained providers is raising concerns that the primary care system is not equipped to care for PLWD. The growing nurse practitioner (NP) workforce could bridge this gap. In this review, the authors synthesized the existing evidence from fourteen studies on the utilization of NPs to care for PLWD in primary care. Although the authors found that most NPs were engaged in co-management roles, emerging evidence suggests that NPs also serve as primary care providers for PLWD. Findings describe the impact of NP care on the health system, PLWD, and caregiver outcomes. The authors conclude that the optimal utilization of NPs can increase the capacity of delivering dementia-capable primary care.

[Workforce issues in home- and community-based long-term care in Germany](#)

Author(s): Gruber et al.

Source: Health & Social Care in the Community 29(3) pp. 746-755

Publication date: 2021

The study addresses staffing and workforce issues for home- and community-based long-term care in Germany. It is based on a study aimed at developing staffing recommendations for home-care provider organisations. The study was commissioned within the regulation of the German long-term care act. Following an exploratory literature search on staffing issues in home- and community-based care qualitative interviews with 30 experts in home care were conducted. In addition, time needed for different interventions in homes of people in need of care (n = 129) was measured. Ethical approval for the study was obtained. The literature on the topic is limited. In Germany, no fixed staff-to-client ratio exists, but staffing is determined primarily by reimbursement policies, not by care recipients' needs. The results of the interviews indicated that staffing ratios are not the main concern of home-care providers. Experts stressed that general availability of staff with different qualification levels and the problems of existing regulation on services and their reimbursement are of higher concern. The measurement of time needed for selected interventions reveals the huge heterogeneity of home-care service delivery and the difficulty of using a task-based approach to determine staffing levels. Overall, the study shows that currently demand for home-care exceeds supply. Staff shortage puts a risk to home care in Germany. Existing approaches of reimbursement-driven determination of staffing levels have not been sufficient. A new balance between staffing, needs and reimbursement policies needs to be developed.

[Understanding the general practice nursing workforce in New Zealand: an overview of characteristics 2015–19](#) Abstract only*

Author(s): Hewitt et al.

Source: Australian Journal of Primary Health 27(1) pp. 22-29

Publication date: 2020

Limited knowledge about the nursing workforce in New Zealand general practice inhibits the optimal use of nurses in this increasingly complex setting. Using workforce survey data published biennially by the Nursing Council of New Zealand, this study describes the characteristics of nurses in general practice and contrasts them with the greater nursing workforce, including consideration of changes in the profiles between 2015 and 2019. The findings suggest the general practice nursing workforce is older, less diverse, more predominately New Zealand trained and very much more likely to work part-time than other nurses. There is evidence that nurses in general practice are increasingly primary health care focused, as they take on expanded roles and responsibilities. However, ambiguity about terminology and the inability to track individuals in the data are limitations of this study. Therefore, it was not possible to identify and describe cohorts of nurses in general practice by important characteristics, such as prescribing authority, regionality and rurality. A greater national focus on defining and tracking this pivotal workforce is called for to overcome role confusion and better facilitate the use of nursing scopes of practice.

[A cross-sectional survey of the pharmacy workforce in general practice in Scotland](#)

Author(s): Stewart et al.

Source: Family Practice 37(2) pp. 206-212

Publication date: March 2020

Background: In Scotland, there has been significant investment in pharmacy teams in general medical practices over recent years, aligned to current government policy. Objectives: To characterize the national pharmacy workforce including activities

undertaken, perceived competence and confidence, as well as perception of integration of the intervention.

Methods: A cross-sectional survey of all pharmacists and pharmacy technicians in general practices. Survey items were demographics, activities undertaken and experiences. The NoMAD tool (Improving the Normalization of Complex Interventions) was included as a measure of perspectives of implementation. Post-piloting, a questionnaire link was sent to all pharmacists (n = 471) and pharmacy technicians (n = 112). A total NoMAD score was obtained by assigning 1 (strongly disagree) to 5 (strongly agree) to each item. **Results:** Responses were received from 393 (83.4%) pharmacists and 101 (91.8%) pharmacy technicians. Three quarters of pharmacists (74.6%) and pharmacy technicians (73.3%) had been qualified for over 10 years. Two-thirds of pharmacists (68.4%) were independent prescribers, with three quarters (72.3%) currently prescribing. Respondents worked in a median of two practices and were providing a range of activities including medication/polypharmacy reviews, medicines reconciliation, prescribing efficiencies and training. Respondents reported high levels of competence and confidence (median 8, scale 0-10 highest). Median NoMAD total score (scale 20-100 highest, Cronbach's alpha 0.89) was 80 for pharmacists and 75 for pharmacy technicians, $P \leq 0.001$. **Conclusions:** The general practice pharmacy workforce in Scotland is experienced, well-qualified and integrated within general practices, delivering a range of activities. These findings have implications for workforce planning and future education and training.

[General practice nurse workforce review: Findings from York](#)

Abstract only*

Author(s): Smith and Berry

Source: Practice Nursing 29(6)

Publication date: 2018

Polly Smith and Lyeanda Berry discuss the findings of a workplace review designed to investigate the diversity of the practice nurse workforce in a cohort of GP surgeries in York, including roles, responsibilities, skills, education and competencies of staff. As part of a collaborative initiative between an NHS foundation Trust and a GP federation, a project was developed to review and understand the diversity of the practice nurse workforce in a cohort of GP surgeries in York, including roles, responsibilities, skills, education and competencies of staff. The workforce review highlighted that GP practices have a rich wealth of knowledge and experience in their nursing workforce. In order to develop and future-proof the service, it is important for practices to work on role development, maximising the non-registered workforce and the recruitment and retention of staff.

[The potential impact of Brexit and immigration policies on the GP workforce in England: a cross-sectional observational study of GP qualification region and the characteristics of the areas and population they served in September 2016](#)

Author(s): Esmail et al.

Source: BMC Medicine 15(191)

Publication date: 2017

Background: The UK is dependent on international doctors, with a greater proportion of non-UK qualified doctors working in its universal health care system than in any other European country, except Ireland and Norway. The terms of the UK exit from the European Union can reduce the ability of European Economic Area (EEA) qualified doctors to work in the UK, while new visa requirements will significantly restrict the influx of non-EEA doctors. We aimed to explore the implications of policy restrictions on immigration, by regionally and spatially describing the characteristics of general practitioners (GPs) by region of medical qualification and the characteristics of the populations they serve. **Methods:** This is a cross-sectional study on 37,792 of

41,865 GPs in England, as of 30 September 2016. The study involved age, sex, full-time equivalent (FTE), country and region of qualification and geography (organisational regions) of individual GPs. Additionally at the practice and geography levels, we studied patient list size by age groups, average patient location deprivation, the overall morbidity as measured by the Quality and Outcomes Framework (QOF) and the average payment made to primary care per patient. Results: Non-UK qualified GPs comprised 21.1% of the total numbers of GPs, with the largest percentage observed in East England (29.8%). Compared to UK qualified GPs, EEA and elsewhere qualified GPs had higher FTE (medians were 0.80, 0.89 and 0.93, respectively) and worked in practices with higher median patient location deprivation (18.3, 22.5 and 25.2, respectively). Practices with high percentages of EEA and elsewhere qualified GPs served patients who resided in more deprived areas, had lower GP-to-patient ratios and lower GP-to-cumulative QOF register ratios. A decrease in pay as the percentage of elsewhere qualified GPs increased was observed; a 10% increase in elsewhere qualified GPs was linked to a £1 decrease (95% confidence interval 0.5–1.4) in average pay per patient. Conclusions: A large percentage of the UK general practice workforce consists of non-UK qualified GPs who work longer hours, are older and serve a larger number of patients in more deprived areas. Following Brexit, difficulties in replacing this valuable workforce will primarily threaten the care delivery in deprived areas.

[Surviving or thriving in the primary health care research workforce: the Australian experience](#) Abstract only*

Author(s): Oliver-Baxter et al.

Source: Australian Journal of Primary Health 23(2) pp. 183-188

Publication date: May 2017

Primary healthcare research strives for high-quality, priority-driven research to inform policy and practice. This relies on a

robust and sustainable workforce to tackle complex problems faced in primary health care locally and globally. The current study investigated characteristics, experiences and career paths of the Australian primary healthcare research workforce. Thirty-seven former Research Higher Degree students from University Departments of General Practice and Rural Health completed a survey. Number of provisions for researchers and career path clarity were associated with job satisfaction. Motivators to stay in research included job satisfaction, research in role descriptions, and identification of problems requiring change. Barriers related to funding, time, and other work roles taking priority were identified. Comparisons were made between participants self-identifying as working in primary healthcare research ('stayers'; n=22) and those no longer part of this workforce ('leavers'; n=15). Leavers were more likely to be in permanent full-time work whereas stayers had experienced more career progression and mentoring. This study raises challenges faced by primary healthcare researchers and will inform strategies for supporting the sustainability of this workforce.

Workforce planning and demographics

[Does workforce explain the relationship between funding and patient experience? A mediation analysis of primary care data in England](#)

Item Type: Journal Article

Authors: Salant, Natasha;Massou, Efthalia;Awan, Hassan and Ford, John Alexander

Publication Date: // ,2024

Journal: BMJ Open 14(2), pp. e072498

Abstract: OBJECTIVES: To determine whether general practitioner (GP) workforce contributes to the link between practice funding and patient experience. Specifically, to determine whether increased practice funding is associated with better patient experience, and to what degree an increase in

workforce accounts for this relationship., SETTING: Primary care practice level analysis of workforce, funding and patient experience of all NHS practices in England., PRIMARY AND SECONDARY OUTCOME MEASURES: The link between NHS-provided funding to general practice (payments per patient) and patient experience, as per the General Practice Patient Survey, was evaluated. Subsequently, mediation analysis, adjusted for covariates, was used to scrutinise the extent to which GP workforce accounts for this relationship (measured as the number of GPs per 10 000 patients)., PARTICIPANTS: We included all general practices in England for which there was relevant data for each primary variable. Atypical practices were excluded, such as those with a patient list size of 0 or where the workforce variable was recorded as being more than 3 SD from the mean. After exclusion, 6139 practices were included in the final analysis., RESULTS: We found that workforce (GPs per 10 000 population) significantly ($p < 0.001$) acts as a mediator in the effect of practice funding on overall patient experience even after adjusting for rurality, sex and age, and deprivation. On average, the mediated effect constitutes 30% of the total effect of practice funding on patient experience., CONCLUSIONS: The increase in the number of doctors in primary care in England appears to be a mechanism through which augmented practice funding could positively impact patient experience. Policy initiatives targeting improved patient experience should prioritise considerations related to workforce and practice funding. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

[Health workforce governance and professions: a re-analysis of New Zealand's primary care workforce policy actors](#)

Item Type: Journal Article

Authors: Rees, Gareth H.

Publication Date: // ,2023

Journal: BMC Health Services Research 23(1), pp. 449
Abstract: BACKGROUND: This article contributes to the health workforce planning literature by exploring the dynamics of health professions in New Zealand's Primary Care sector and deriving broad lessons for an international audience. Professions tend to influence health policy and governance decisions and practices to retain their place, status and influence. Therefore, understanding their power dynamics and the positions that they have on workforce policies and issues assists workforce governance or health system reform plans., METHODS: Using the infrequently reported health workforce policy tool, actor analysis, a reanalysis of previously collected data is undertaken using an actor-based framework for the study of professionalism. Two models were developed, (1) the framework's original four-actor model and (2) a five-actor model for the comparison of the Medical and Nurse professions. Existing workforce actor data were reclassified, formatted, and entered into actor analysis software to reveal the professions' relative power, inter-relationships and strategic workforce issue positions., RESULTS: In the four-actor model, the Organised user actor is found to be most influential, while the others are found to be dependent. In the five-actor model, the Medical and Nurse professions are individually more influential than their combined position in the four-actor model. Practicing professionals and Organised user actors have strong converging inter-relationships over workforce issues in both models, though in the five-actor model, the Nurse profession has weaker coherency than the Medical profession. The Medical and Nurse professions are found to be in opposition over the workforce issues labelled divisive., CONCLUSIONS: These results reflect the professions' potential to influence New Zealand's Primary Care sector, indicating their power and influence over a range of policy and reform measures. As such, the four lessons that are derived from the case indicate to policy makers that they should be aware of situational contexts and actor power, take care when encountering divisive issues and try

to achieve broad-based support for proposed policies. Copyright © 2023. The Author(s).

[Implementing leading practices in regional-level primary care workforce planning: Lessons learned in Toronto](#)

Item Type: Journal Article

Authors: Simkin, Sarah;Chamberland-Rowe, Caroline;Damba, Cynthia;Sava, Nathalie;Lim, Ting and Bourgeault, Ivy Lynn

Publication Date: // ,2023

Journal: Healthcare Management Forum 36(1), pp. 15-20

Abstract: Investment in capacity for implementation of leading practices in regional-level health workforce planning is essential to support equitable distribution of resources and deployment of a health workforce that can meet local needs. Ontario Health Toronto and the Canadian Health Workforce Network (CHWN) co-developed and operationalized an integrated workforce planning process to support evidence-based primary care workforce decision-making for the Toronto region. The resultant planning toolkit incorporates planning processes centred around engagement with stakeholders, including environmental scanning tools and a quantitative planning model. The outputs of the planning process include estimates of population need and workforce capacity and address challenges specific to Toronto, such as patient mobility, anticipated rapid population growth, and physician retirement. We highlight important challenges and key considerations in the development and operationalization of workforce planning processes, particularly at the regional level.

[An integrated primary care workforce planning toolkit at the regional level \(part 1\): qualitative tools compiled for decision-makers in Toronto, Canada](#)

Author(s): Chamberland-Rowe et al.

Source: BMC Human Resources for Health 19(85)

Publication date: 2021

Background: A regional health authority in Toronto, Canada, identified health workforce planning as an essential input to the implementation of their comprehensive Primary Care Strategy. The goal of this project was to develop an evidence-informed toolkit for integrated, multi-professional, needs-based primary care workforce planning for the region. This article presents the qualitative workforce planning processes included in the toolkit. Methods: To inform the workforce planning process, we undertook a targeted review of the health workforce planning literature and an assessment of existing planning models. We assessed models based on their alignment with the core needs and key challenges of the health authority: multi-professional, population needs-based, accommodating short-term planning horizons and multiple planning scales, and addressing key challenges including population mobility and changing provider practice patterns. We also assessed the strength of evidence surrounding the models' performance and acceptability. Results: We developed a fit-for-purpose health workforce planning toolkit, integrating elements from existing models and embedding key features that address the region's specific planning needs and objectives. The toolkit outlines qualitative workforce planning processes, including scenario generation tools that provide opportunities for patient and provider engagement. Tools include STEEPLED Analysis, SWOT Analysis, an adaptation of Porter's Five Forces Framework, and Causal Loop Diagrams. These planning processes enable the selection of policy interventions that are robust to uncertainty and that are appropriate and acceptable at the regional level. Conclusions: The qualitative inputs that inform health workforce planning processes are often overlooked, but they represent an essential part of an evidence-informed toolkit to support integrated, multi-professional, needs-based primary care workforce planning.

[An integrated primary care workforce planning toolkit at the regional level \(part 2\): quantitative tools compiled for decision-makers in Toronto, Canada](#)

Author(s): Simkin et al.

Source: BMC Human Resources for Health 19(8)

Publication date: 2021

Background: Health workforce planning capability at a regional level is increasingly necessary to ensure that the healthcare needs of defined local populations can be met by the health workforce. In 2016, a regional health authority in Toronto, Canada, identified a need for more robust health workforce planning infrastructure and processes. The goal of this project was to develop an evidence-informed toolkit for integrated, multi-professional, needs-based primary care workforce planning for the region. This article presents the quantitative component of the workforce planning toolkit and describes the process followed to develop this tool. Methods: We conducted an environmental scan to identify datasets addressing population health need and profession-specific health workforce supply that could contribute to quantitative health workforce modelling. We assessed these sources of data for comprehensiveness, quality, and availability. We also developed a quantitative health workforce planning model to assess the alignment of regional service requirements with the service capacity of the workforce. Results: The quantitative model developed as part of the toolkit includes components relating to both population health need and health workforce supply. Different modules were developed to capture the information and address local issues impacting delivery and planning of primary care health services in Toronto. Conclusions: A quantitative health workforce planning model is a necessary component of any health workforce planning toolkit. In combination with qualitative tools, it supports integrated, multi-professional, needs-based primary care workforce planning. This type of planning presents an opportunity to address inequities in access and outcome for regional populations.

[Primary care workforce paradox: A physician shortage and a PA and NP surplus](#)

Author(s): White et al.

Source: Journal of the American of Physicians Assistants 34(10) pp. 39-42

Publication date: October 2021

Objective: Primary care workforce projections continue to predict significant physician shortages. An oversupply of primary care physician assistants (PAs) and NPs also is predicted. This paradox calls into question the assumptions that underlie workforce projection models, which likely underestimate the primary care contributions of PAs and NPs. Methods: Federally qualified health center data from the 2016-2019 Uniform Data System were used to calculate the number of clinic visits per full-time equivalent (FTE) physician, PA, and NP. Visits per FTE were compared across provider type to determine provider-specific productivity ratios. Results: The combined PA and NP productivity ratio increased relative to physicians in each year, ranging from 0.85 in 2016 to 0.88 in 2019. Clinic visits per FTE for PAs and family physicians were nearly equivalent. Conclusions: Primary care workforce projection models should be reexamined to more accurately capture the productivity of PAs and NPs.

[Modern work patterns of “classic” versus millennial family doctors and their effect on workforce planning for community-based primary care: a cross-sectional survey](#)

Author(s): Hedden et al.

Source: BMC Human Resources for Health 18(67)

Publication date: 2020

Background: There are ongoing accessibility challenges in primary care in British Columbia, Canada, with 17% of the population not having a regular source of care. Anecdotal evidence suggests that physicians are moving away from a community-based comprehensive practice model, which could

contribute to shortages. Thus, we aimed to identify and describe how family physicians are currently organizing their primary care practices in a large health region in British Columbia and to examine differences between newer graduates and more established physicians. Methods: Data for this cross-sectional study were drawn from an annual physician privileging survey. N = 1017 physicians were invited to participate. We categorized practice style into five distinct groupings and compared features across respondent groups, including personal and practice location characteristics, hospital and teaching work, payment and appointment characteristics, and scope of practice. We discuss the implications of styles of practice and associated characteristics on health workforce policy and planning. Results: We received responses from 525 (51.6%) physicians. Of these, 355 (67.6%) reported doing at least some community-based primary care. However, only 112 (21.3%) provided this care full time. Most respondents supplemented community-based work with part-time hours in focused practice, hospitals, or inpatient facilities. We found diversity in the scope and style of practice across practice models. Compared to established physicians, new graduates (in practice less than 10 years) work more weekly hours (more patient care, and paperwork in particular). However, we found no difference between new and established physicians in the odds of providing any or full-time community-based primary care. Conclusions: Despite a lack of formalized structural reform in British Columbia's primary care system, most physicians are finding alternative ways to model their practice and shifting away from work at single-location, community-based clinics. This shift challenges assumptions that are relied on for workplace planning that is intended to ensure adequate access to longitudinal, community-based family medicine.

[Integrating a nationally scaled workforce of community health workers in primary care: a modelling study](#)

Author(s): Hayhoe et al.

Source: Journal of the Royal Society of Medicine 111(12) pp. 452-461

Publication date: December 2018

Objective: To model cost and benefit of a national community health worker workforce. Design: Modelling exercise based on all general practices in England. Setting: United Kingdom National Health Service Primary Care. Participants: Not applicable. Data sources: Publicly available data on general practice demographics, population density, household size, salary scales and screening and immunisation uptake. Main outcome measures: We estimated numbers of community health workers needed, anticipated workload and likely benefits to patients. Results: Conservative modelling suggests that 110,585 community health workers would be needed to cover the general practice registered population in England, costing £2.22bn annually. Assuming community health workers could engage with and successfully refer 20% of eligible unscreened or unimmunised individuals, an additional 753,592 cervical cancer screenings, 365,166 breast cancer screenings and 482,924 bowel cancer screenings could be expected within respective review periods. A total of 16,398 additional children annually could receive their MMR1 at 12 months and 24,716 their MMR2 at five years of age. Community health workers would also provide home-based health promotion and lifestyle support to patients with chronic disease. Conclusion: A scaled community health worker workforce integrated into primary care may be a valuable policy alternative. Pilot studies are required to establish feasibility and impact in NHS primary care.

[Experiences of primary care physicians and staff following lean workflow redesign](#)

Author(s): Hung et al.

Source: BMC Health Services Research 18(274)

Publication date: 2018

Background: In response to growing pressures on primary care, leaders have introduced a wide range of workforce and practice innovations, including team redesigns that delegate some physician tasks to nonphysicians. One important question is how such innovations affect care team members, particularly in view of growing dissatisfaction and burnout among healthcare professionals. We examine the work experiences of primary care physicians and staff after implementing Lean-based workflow redesigns. This included co-locating physician and medical assistant dyads, delegating significant responsibilities to nonphysician staff, and mandating greater coordination and communication among all care team members. Methods: The redesigns were implemented and scaled in three phases across 46 primary care departments in a large ambulatory care delivery system. We fielded 1164 baseline and 1333 follow-up surveys to physicians and other nonphysician staff (average 73% response rate) to assess workforce engagement (e.g., job satisfaction, motivation), perceptions of the work environment, and job-related burnout. We conducted multivariate regressions to detect changes in experiences after the redesign, adjusting for respondent characteristics and clustering of within-clinic responses. Results: We found that both physicians and nonphysician staff reported higher levels of engagement and teamwork after implementing redesigns. However, they also experienced higher levels of burnout and perceptions of the workplace as stressful. Trends were the same for both occupational groups, but the increased reports of stress were greater among physicians. Additionally, members of all clinics, except for the pilot site that developed the new workflows, reported higher burnout, while perceptions of workplace stress

increased in all clinics after the redesign. Conclusions: Our findings partially align with expectations of work redesign as a route to improving physician and staff experiences in delivering care. Although teamwork and engagement increased, the redesigns in our study were not enough to moderate long-standing challenges facing primary care. Yet higher levels of empowerment and engagement, as observed in the pilot clinic, may be particularly effective in facilitating improvements while combating fatigue. To help practices cope with increasing burdens, interventions must directly benefit healthcare professionals without overtaxing an already overstretched workforce.

[Primary Care Teams and Pharmacist Staffing Ratios: Is There a Magic Number? Abstract only*](#)

Author(s): Marie A Smith

Source: The Annals of Pharmacotherapy 52(3) pp. 290-294

Publication date: March 2018

Primary care physician (PCP) shortages are predicted for 2025, and many workforce models have recommended the expanded integration of nurse practitioners and physician assistants. However, there has been little consideration of incorporating clinical pharmacists on primary care teams to address the growing number of patient visits that involve medication optimization and management. This article summarizes various estimates of pharmacist staffing ratios based on number of PCPs, patient panel size, or annual patient encounters. Finally, some steps are offered to address the practice- and policy-based implications of expanding primary care pharmacist activities at the local and state levels.

[A comparison of job descriptions for nurse practitioners working in out-of-hours primary care services: implications for workforce planning, patients and nursing](#)

Author(s): Teare et al.

Source: Journal of Clinical Nursing 26(5-6) pp. 707-716

Publication date: March 2017

Aims and objectives: To compare and contrast job descriptions for nursing roles in out-of-hours services to obtain a general understanding of what is required for a nurse working in this job.

Background: Out-of-hours services provide nursing services to patients either through telephone or face-to-face contact in care centres. Many of these services are newly created giving job opportunities to nurses working in this area. It is vital that nurses know what their role entails but also that patients and other professionals know how out-of-hours nurses function in terms of competence and clinical role. Design: Content analysis of out-of-hours job descriptions. Method: Content analysis of a convenience sample of 16 job descriptions of out-of-hours nurses from five out-of-hours care providers across England was undertaken. The findings were narratively synthesised, supported by tabulation. Results: Key role descriptors were examined in terms of job titles, managerial skills, clinical skills, professional qualifications and previous experience. Content analysis of each out-of-hours job description revealed a lack of consensus in clinical competence and skills required related to job title although there were many similarities in skills across all the roles. Conclusion: This study highlights key differences and some similarities between roles and job titles in out-of-hours nursing but requires a larger study to inform workforce planning. Relevance to clinical practice: Out-of-hours nursing is a developing area of practice which requires clarity to ensure patient safety and quality care.

Competency Frameworks

[Primary Care and General Practice Nursing Career and Core Capabilities Framework](#)

Source: Health Education England

Publication date: 2022

The career and core capability framework will help to promote and support nurses, employers, workforce planners and people to understand the wealth of knowledge, skills and attributes that the nursing profession can provide in primary care/general practice, to meet the needs of the population.

[General Practice Assistant \(GPA\)](#)

Source: Health Education England

Publication date: 2022

This competency framework specifies a range of core capabilities expected of the General Practice Assistant (GPA) working within general practice/primary care. The framework is structured around 5 key domains: • Care • Administration • Clinical • Communications • Managing Health Record

[A competency for all Prescribers](#)

Source: Royal Pharmaceutical Society

Publication date: September 2021

To support the effective and timely implementation of this framework, organisations, healthcare professional regulators, higher education institutes and individuals will have until September 2022 as a transition period to fully implement the framework in practice. However, higher education institutes and other organisations are encouraged to implement and embed the framework as soon as possible.

[A Gambling Competency Framework for Primary Care Improving the Awareness and Responsiveness of Primary Care to Gambling Harms](#)

Source: Royal College of General Practitioners; Royal Society of Public Health; Gamble Aware; National Gambling Treatment Service; GamCare

Publication date: June 2021

The aims of the framework are as follows: • To provide a set of professional competencies to assess, treat and manage problem gamblers. These have been developed in partnership with relevant stakeholders. • This framework will support primary care, which includes GPs and other members of the primary care team, to build up the appropriate knowledge, skills and attitudes to be competent in identification and management of gambling disorders. • To provide competencies that are tiered to ensure the role adequacy of the individual involved with gambling disorders. • To develop, following on from the competency framework, a curriculum of educational requirements and a training programme to equip the primary care team with the appropriate skills and knowledge.

[National Competency Framework for Primary Care: Pharmacy Technicians](#)

Source: APTUK

Publication date: September 2020

The framework provides a set of standard core competencies that underpin the knowledge, skills, behaviours and attitudes required for pharmacy technicians working in and across primary care roles. It is designed to support the safe practice and professionalism required to meet a portfolio of roles across primary care, not limiting to one particular area of practice. It also informs the education and training requirements and provides a basis to further the professional development of pharmacy technicians working in these roles.

[Advanced Clinical Practice \(Nurses\) Working in General Practice / Primary Care in England \(2020\)](#)

Source: Skills for Health

Publication date: 2020

Primary care and general practice are ever evolving to meet the increasing and more complex needs of local communities / populations. This will require new ways of working and the development of multi-professional general practice and primary care teams.

This framework provides a standard and greater clarity on the capabilities for nurses working at the advanced clinical practice level within general practice.

[An integrated career and competency framework for pharmacists in diabetes](#)

Source: Diabetes UK

Publication date: May 2018

To deliver care successfully, pharmacists need to be clear about what competencies are required to deliver high-quality diabetes care in patient-facing role and demonstrate those competencies. Furthermore, experienced pharmacist should be able to assess need and be innovative, and to evaluate and demonstrate they achieve desired health outcomes. This framework supports the commissioning of appropriate levels of pharmacists to deliver diabetes services and provides a clear definition of the pharmacist role – and their expected competencies – within diabetes care.

[The QNI/QNIS Voluntary Standards for General Practice Nursing Education and Practice](#)

Source: The Queen's Nursing Institute and the Queen's Nursing Institute Scotland

Publication date: 2017

The Queen's Nursing Institute (QNI) and Queen's Nursing Institute Scotland (QNIS) worked together with leading experts from across the UK to develop a set of voluntary standards to support Senior General Practice Nurse (GPN) education and practice. The Standards are focused on the level 6 role¹ and make explicit the practice expectations of Senior General

Practice Nurses, to enable them to map themselves against the standards if they have previously completed accredited programmes of study. The Standards will also guide education providers who wish to develop courses to support the development of Senior GPNs. The term “voluntary standards” differentiates them from regulatory or mandatory standards, such as those set by the Nursing and Midwifery Council (NMC).

[The development of professional practice standards for Australian general practice nurses](#) Abstract only*

Author(s): Halcomb et al.

Source: Journal of Advanced Nursing 73(8) pp. 1958-1969

Publication date: August 2017

Aims: The aim of this study was to explore the current role of general practice nurses and the scope of nursing practice to inform the development of national professional practice standards for Australian general practice nurses.

Background: Increasing numbers of nurses have been employed in Australian general practice to meet the growing demand for primary care services. This has brought significant changes to the nursing role. Competency standards for nurses working in general practice were first developed in Australia in 2005, but limited attention has been placed on articulating the contemporary scope of practice for nurses in this setting.

Design: Concurrent mixed methods design. Methods: Data collection was conducted during 2013-2014 and involved two online surveys of Registered and Enrolled Nurses currently working in general practice, a series of 14 focus groups across Australia and a series of consultations with key experts.

Findings: Data collection enabled the development of 22 Practice Standards separated into four domains: (i) Professional Practice; (ii) Nursing Care; (iii) General Practice Environment and (iv) Collaborative Practice. To differentiate the variations in enacting these Standards, performance indicators for the Enrolled Nurse, Registered Nurse and Registered Nurse Advanced Practice are

provided under each Standard. Conclusion: The development of national professional practice standards for nurses working in Australian general practice will support ongoing workforce development. These Standards are also an important means of articulating the role and scope of the nurses' practice for both consumers and other health professionals, as well as being a guide for curriculum development and measurement of performance.

[Core competencies in sexual and reproductive health for the interprofessional primary care team](#) Abstract only*

Author(s): Cappiello et al.

Source: Contraception 93(5) pp. 438-45

Publication date: May 2016

Objective: A primary care workforce that is well prepared to provide high-quality sexual and reproductive health (SRH) care has the potential to enhance access to care and reduce health disparities. This project aimed to identify core competencies to guide SRH training across the primary care professions. Study design: A six-member interprofessional expert working group drafted SRH competencies for primary care team members. Primary care providers including family physicians, nurses, nurse practitioners and certified nurse midwives, physician assistants and pharmacists were invited to participate in a three-round electronic Delphi survey. In each round, participants voted by email to retain, eliminate or revise each competency, with their suggested edits to the competencies incorporated by the researchers after each round. Results: Fifty providers from six professions participated. In Round 1, 17 of 33 draft competencies reached the 75% predetermined agreement level to be accepted as written. Five were combined, reducing the total number to 28. Based on Round 2 feedback, 21 competencies were reworded, and 2 were combined. In Round 3, all 26 competencies reached at least 83.7% agreement, with 9 achieving 100% agreement. Conclusion: The 33 core competencies encompass professional ethics and reproductive

justice, collaboration, SRH services and conditions affecting SRH. These core competencies will be disseminated and adapted to each profession's scope of practice to inform required curricula. Implications: SRH competencies for primary care can inform the required curricula across professions, filling the gap between an established standard of care necessary to meet patient needs and the outcomes of that care.

Care Navigation: A Competency Framework

Source: Health Education England

Publication date: 2016

The purpose of this document is to describe a core, common set of competencies for care navigation. These core competencies are brought together in a tiered competency framework, recognising three successive levels; essential, enhanced and expert. This will help provide a coherent benchmark or set of standards for care navigation, to help ensure relevant staff receive the necessary education, training and support to work effectively. This framework may be used by employers, education providers and individuals to inform education and training needs. It will also help lay the foundations for a career pathway framework for non-clinical staff, within primary and secondary care sectors. This is important to secure a sustainable current and future workforce, offering opportunities for development.

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