

TITLE: Practice Nurse Study Fund Procedure

1. Statement / Purpose

To ensure Nelson Bays Primary Health (NBPH) aligned Practice Nurses have a documented and equitable process to apply to the Practice Nurse Study Fund to assist with ongoing professional development.

To ensure all requests to this fund meet the standards for funding.

To ensure requests for funding, if they meet the requirements of this procedure, will be considered in an equitable and timely manner.

2. Scope

All NBPH aligned Practice Nurses, currently working in General Practice.

3. Definitions

The Practice Nurse Study Fund is defined in this procedure as limited funding from NBPH, for NBPH-aligned Practice Nurses, to contribute to the cost of attending a course, or conference or to pursue research which has the potential for improving the nurse's knowledge, skills and quality of care to patients, be relevant to day-to-day general practice and demonstrate an improvement in health outcomes.

4. Details

4.1 Funding

4.1.1 Funding may be requested for the cost of the course, conference fees or research and travel. A cap of \$500.00 (GST incl.) is available for any one application in a 12 month period; this is dependent on available NBPH funds available at the time of application. If the total cap amount applied for is not available, a lesser amount will be allocated as funds allow at the time of application.

4.1.2 Funding is not available for accommodation, meals, equipment, lost income, phone calls or leisure activity.

4.1.3 Applications will not be made retrospectively.

4.1.4 Reimbursement of approved funding will be made to successful applicants on submission of all original receipts.

4.1.5 All original receipts and evidence must be submitted no later than 4 weeks after completing the study/activity. All receipts must be presented at the same time and only one payment will be processed

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4.2 Criteria for Selection and Eligibility

- 4.2.1** The applicant must be an NBPH-aligned Registered Nurse working in general practice and with a current Annual Practicing Certificate. If the applicant is not employed as a permanent employee further information will be required to support the application.
- 4.2.2** An application form must be completed and signed by the applicant(s).
- 4.2.3** An outline of the planned activity should be attached to the application and include as much detail as possible to assist the committee in making an informed decision.
- 4.2.4** The outline should show that the study has the potential for improving the nurse's knowledge, skills and quality of care to patients. This should be relevant to practice nursing, quality nursing care and demonstrate an improvement in health outcomes for the practice population.
- 4.2.5** All claimable expenses (GST incl.) should be included in the relevant section and any estimated costs should be highlighted accordingly.

4.3 Selection Priority

- 4.3.1** Funding is not available as of right and each application will be considered on its merits (see sections 4.1.1, 4.1.2). Applications will be reviewed at the start of each quarter. The following priorities will guide the committee:
- 4.3.1.1** Relevance of the study application to day-to-day Practice Nursing.
- 4.3.1.2** Likelihood that the knowledge and skills gained will benefit patients.
- 4.3.1.3** Value for money (i.e. the cost of the activity compared to the knowledge and skills gained).
- 4.3.1.4** Demonstration of an area of special need in a practice or community.

4.4 Notification of Acceptance or Declination

- 4.4.1** Applicants will receive a letter of acknowledgement of receipt of their application as soon as it is received. The letter will advise applicants when the next review is scheduled.
- 4.4.2** Once a decision is made regarding the application, the applicant will be notified of the decision within 10 working days.
- 4.4.3** Applicants may request a reconsideration if their application is denied by contacting the Primary Health Coordinator, and then submitting further information to support their application to the next quarterly review meeting.

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5. Related Documents

- a) NBPH Operational Plan
- b) NBPH Strategic Plan
- c) NBPH Practice Nurse Study Fund Application Form (attached)

Procedure Author: Chief Executive/Primary Health Manager

Approved By: Clinical Governance Committee

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Practice Nurse Study Fund – Application Form

Name	
Workplace (If you are not a permanent employee please provide details to support your application)	
Contact Details Telephone: Email:	
Address	
Date of Application	
Annual Practicing Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date _____
Name of proposed Course / Conference or study	
Date of proposed study	
Have you received funding from NBPH in the past 12 months?	
Are you receiving any funding from other sources for this proposed study? e.g. Employer	

PRACTICE NURSE STUDY FUND OUTLINE:

Applicants are required to submit an outline of the planned activity on a separate sheet.

This should include as much detail as possible including:

- An outline of course content
- The time-frame for completing the study/activity
- How you will share what you have learned with others
- Relevance to your area of practice

Outline attached

Tick

REQUEST FOR FUNDING:

(NOTE: Funding cap is \$500.00 (excl. GST))

Costs are: **Estimated** **Exact** Please circle one

Travel	
Course or Conference Fees	
Account Details for processing payments	Account Name: Account Number: Reference if required:

NOTES:

1. Meals, accommodation, equipment, lost income, phone calls, leisure activity are not claimable
2. Applications must be lodged and approved prior to the study commencing. Applications cannot be made for study that has already been completed (i.e. no retrospective applications).

Signed:.....

Dated:.....

You will be notified of receipt of this application within 10 working days. A decision regarding your application will be made at the next scheduled NBPH Quarterly meeting.

Applications to be sent to:

Primary Health Education Administrator Or email to: sarah.foster@nbph.org.nz
 Nelson Bays Primary Health
 PO Box 1776
 Nelson 7040