

**TITLE: Primary Health Care Nurse Study Scholarship Policy****1. Statement/Purpose**

To ensure Nelson Bays Primary Health (NBPH)-aligned Primary Health Care Nurses (PHCNs) have a documented and equitable process to apply to the Primary Health Care Nurse Study Scholarship (PHCNSS) funding.

To ensure all requests to NBPH for PHCNSS funding meet the standards for funding.

To ensure requests for PHCNSS funding, if they meet the requirements of this policy, will be considered in an equitable and timely manner by the NBPH Clinical Governance Group.

**2. Scope**

All NBPH aligned Registered Primary Health Care Nurses, NBPH Board and Clinical Governance Group (CGG)

**3. Definitions**

The PHC Nurse Study Scholarship is defined in this policy as limited funding from NBPH, for NBPH-aligned Primary health Care 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 Primary Health Care and demonstrate an improvement in health outcomes.

**4. Criteria To Be Met****4.1 Funding**

**4.1.1** Funding may be requested for the cost of travel, course or conference fees. A cap of \$500.00 (GST incl.) is available for any one application per funding cycle; 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 PHCNSS funds allow at the time of application.

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

**4.1.3** Applications cannot be made retrospectively.

**4.1.4** Reimbursement of approved funding will be made to NBPH-aligned PHC Nurses once all original receipts or expenses claimed and evidence that the knowledge gained through the PHCNSS has been shared with clinical colleagues, is received by the CGG..

**4.1.5** Evidence to indicate the sharing of knowledge shall take the form of a CNE session, journal article or other valid method e.g. written report. Any evidence may be used by NBPH to assist other nurses who are considering similar study or research.

**4.1.6** All original receipts and evidence must be submitted no later than 4 weeks after completing the study/activity.

## **4.2 Criteria for Selection and eligibility**

**4.2.1** PHC Nurse must be a NBPH-aligned Registered Nurse with a current Annual Practicing Certificate.

**4.2.2** A PHCNSS application form must be completed and signed by the applicant(s). A typed outline of the planned activity should be attached on a separate sheet of paper and include as much detail as possible to assist the CGG in making an informed decision.

**4.2.3** There should be tangible goals (statements describing overall aims of PHCSS activity) and objectives (expected outcomes in terms which are specific, measurable and time constrained).

**4.2.4** The outline should show that the PHCNSS has the potential for improving the nurse's knowledge, skills and quality of care to patients. This should be relevant to day-to-day Primary Health Care practice and demonstrate an improvement in health outcomes.

**4.2.5** If research is planned, research should be outlined, as well as the ethical and scientific review that will be engaged.

**4.2.6** All research applications will be reviewed and approved by a Clinical Governance approved Ethics Committee.

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**4.2.7** All claimable expenses (GST incl.) should be included in the relevant section and any estimated costs should be highlighted accordingly.

**4.2.8** Applications will only be approved where they can be shown to be in line with NBPH priorities as outlined in its Annual and Strategic Plans.

### **4.3 Selection Priority**

**4.3.1** PHCNSS funding is not available as of right and each application will be considered on its merits (see sections 4.1.1, 4.1.2.) The following priorities will guide the CGG:

**4.3.1.1** Relevance of PHCNSS application in day-to-day Primary Health Care 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.

**4.3.1.5** Any initial applications will have higher priority than subsequent applications for any one individual.

### **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 by the Professional Nursing Advisor (PNA). The letter will advise applicants when the next CGG meeting is scheduled.

**4.4.2** Once a decision is made regarding the application, the PNA will notify the applicant of the decision within 5 working days.

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**5. Related Documentation**

- NBPH Annual Plan
- NBPH Strategic Plan
- NBPH PHCNSS Application Form

**Prepared by: CEO**

**Authorised by: BOARD**

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**Appendix 1 – Primary Health Care Nurse Study Scholarship – Application Form**

<b>Name</b>	
<b>Workplace</b>	
<b>Contact Phone</b>	
<b>Address</b>	
<b>Date of Application</b>	
<b>Annual Practicing Certificate</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Expiry Date</b> _____
<b>Date of proposed study</b>	
<b>Have you received funding from other sources in the past ?– i.e. CTA funding/employer contribution etc.</b>	
<b>Are you receiving any funding from other sources for this proposed study?</b>	

**PRIMARY HEALTH CARE NURSING STUDY SCHOLARSHIP OUTLINE:**

1. Applicants are required to submit a typed outline of **no more than two A4** pages of the planned activity on a separate sheet.

This should include as much detail as possible including:

- The goals of the proposed study/activity (overall aims)
- The objectives of the study/activity (expected outcomes which are specific and measurable)
- The time-frame for completing the study/activity
- The goals and objectives should demonstrate NBPH priorities as outlined in its Annual and Strategic plans
- How you will share what you have learned with others
- Relevance to your area of practice

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**Outline attached**

Tick

**REQUEST FOR FUNDING:**

(NOTE:Funding cap is \$500 (including GST))

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

<b>Travel</b>	
<b>Course /Conference Fees</b>	
<b>Accommodation</b>	

**NOTES:**

1. Meals, equipment, lost income, phone calls, leisure activity cannot be claimed for
2. Applications cannot be made for study that has already been completed (i.e. no retrospective applications).

**REQUIREMENTS FOR FUNDING:**

The applicant acknowledges that they must submit evidence to NBPH outlining how the goals and objectives of this activity have been achieved. This must be submitted no later than four weeks after completing the activity. The applicant acknowledges that there is an expectation of either one of the following related to this scholarship application.

1. CNE Session
2. Journal Article
3. Other valid method e.g written report

**Signed:**.....

**Dated:**.....

You will be notified of receipt of this application within 5 working days. All applications will be reviewed by NBPH Professional Nursing Advisor. A decision regarding your application will be made at the next scheduled NBPH Clinical Governance Group Meeting.

**Applications to be sent to:**

Fenella Hemm  
 Professional Nursing Advisor  
 Nelson Bays Primary Health  
 PO Box 1776  
 Nelson 7040

Email: [Fenella.Hemm@nelsonbayspho.org.nz](mailto:Fenella.Hemm@nelsonbayspho.org.nz)

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