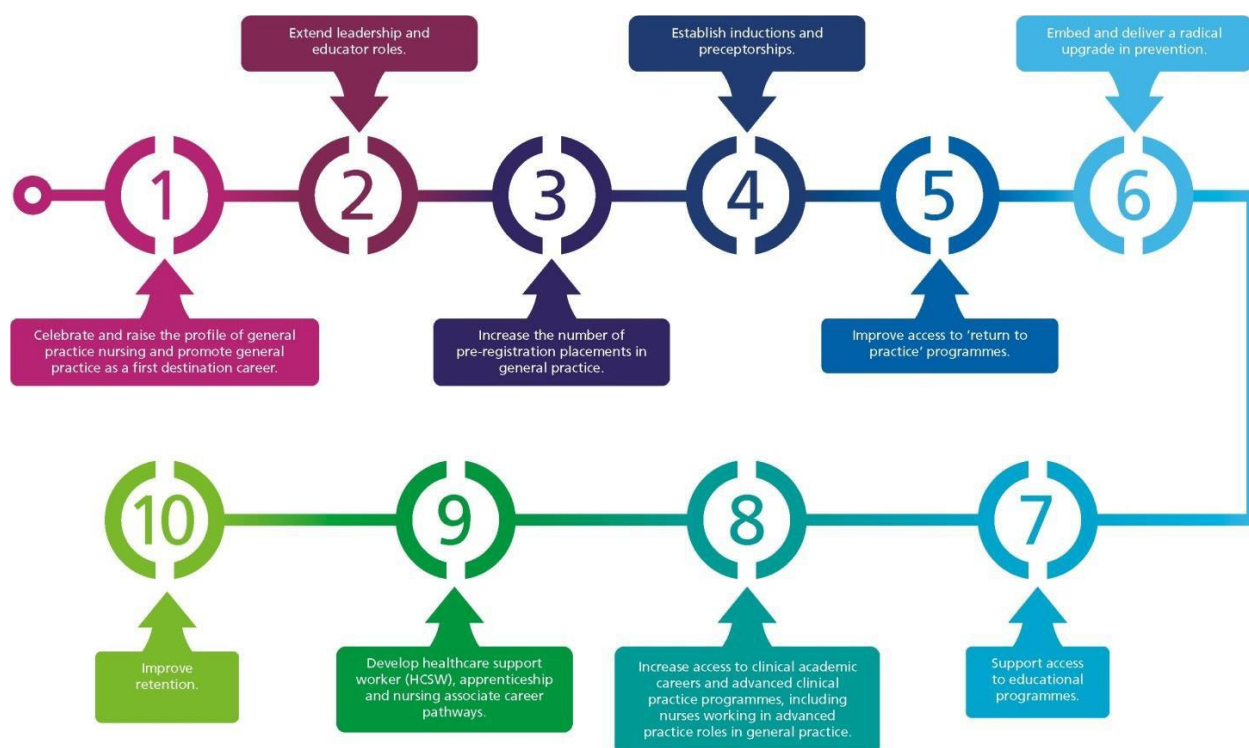


Lancashire & South Cumbria

General Practice Nursing

Resource Pack Guidance





Lancashire & South Cumbria

Resource Pack

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Directory/Contents Page

Mission Statement.....	Page 4
Terms and Conditions.....	Page 6
Nursing and Midwifery Council Professional Indemnity.....	Page 9
Revalidation	Page 15
Induction	Page 16
Preceptorship	Page 38
Clinical Supervision	Page 55
Job Description & Person Specification (examples).....	Page 68
Further Contact Details	Page 112
Resources	Page 115



Mission Statement

The General Practice Nursing workforce must be at the forefront of leading change by making Primary Care 'the place to be' for ambitious nurses to deliver world class care within their community.



NHS England and Clinical Commissioning Groups (CCGs) are regularly asked for advice by Practice Managers and General Practitioners regarding nurse competencies, job descriptions and career pathways including levels of pay, terms and conditions for Nurses working in general practice.

Practices need to be able to attract the best and most talented nurses who are committed to a career pathway within general practice.

Lancashire & South Cumbria General Practice Nurse Collaborative (GPN) has adopted this resource pack from Cheshire & Mersey General Practice Nurse Collaborative in order that practices have standardised advice and guidance available.

The advice contained within the document is based on Health Education England's recommendations as authorised in the Career Framework for General Practice Nursing (HEE 2015)

Please do contact your CCG General Practice Nurse lead if you would like further information or advice on this resource pack which has been designed as a support tool. We hope you find this information useful.

September 2018
Revised May 2019

Review Date:
Annual



TERMS AND CONDITIONS (Guidance)

	L&SC GPN Collaborative recommendations	Agenda for Change (AfC)
Annual Leave	Align to AfC	<ul style="list-style-type: none"> For staff with less than five years NHS service: 27 days (+ 8 days public holiday) pro rata For staff with five to ten years NHS service: 29 days (+ 8 days public holiday) pro rata For staff with more than ten years NHS service: 33 days (+ 8 days public holiday) pro rata
Maternity Pay <i>Employees should have 12 months continuous service with NHS by the eleventh week before expected week of childbirth and intend to return to work in the NHS for a minimum of 3 months to qualify.</i>	Align to AfC	<ul style="list-style-type: none"> 8 weeks full pay minus Statutory Maternity Pay or Maternity Allowance 18 weeks half pay plus Statutory Maternity Pay or Maternity Allowance 13 weeks Statutory Maternity Pay or Maternity Allowance
Sick Pay	Align to AfC	<ul style="list-style-type: none"> During the first year of NHS service: 1 month full pay and (after completing four months service) 2 months half pay During the second year of NHS service: 2 months full pay and 2 months half pay During the third year of NHS service: 4 months full pay and 4 months half pay During the fourth and fifth year of NHS service: 5 months full pay and 5 months half pay After completing 5 years of NHS service: 6 months full pay and 6 months half pay Practices to consider Practice insurance



GUIDE TO PAY (2019/20) & SUGGESTED COMPETENCE – Non-registered nurses

	HCA Band/Level 2 New to General Practice	HCA Band/level 3 Working towards QCF / NVQ 3 or have equivalent experience (2 years or more)	Assistant Practitioner Band/level 4 Awarded a Foundation Degree / Higher apprenticeship	Nurse Associate Band/Level 4 Awarded a Foundation Degree / Diploma
Annual Basic Salary 2019/20	£17,652 - £19,020	£18,813 - £20,795	£21,089 - £23,761	£21,089 - £23,761
Suggested competence	<p>Gaining confidence and understanding of general practice</p> <p>Supervision required</p> <ul style="list-style-type: none"> Core Skills Care Certificate Standards Blood pressure Pulse checks Phlebotomy (if appropriate to practice) 	<ul style="list-style-type: none"> Core Skills NHS Health checks Vac & Imm foundation training (may include Flu, , pneumococcal, Zoster (shingles) and B12) Long Term Conditions basic monitoring under supervision of LTC clinical lead (may include inhaler technique, diabetic foot checks) Smoking cessation Chlamydia screening Brief interventions 	<ul style="list-style-type: none"> Core Skills NHS Health checks Vac & Imm foundation training (may include Flu, pneumococcal, Zoster (shingles) and B12) Long Term Conditions monitoring under supervision of LTC clinical lead (may include inhaler technique, diabetic foot checks) Smoking cessation Chlamydia screening Brief interventions Mentoring (of other HCA's) Spirometry (certified training) 	<p>A regulated support role currently training in 11 test sites</p> <ul style="list-style-type: none"> Core Skills NHS Health checks V&I foundation training (may include Flu, pneumococcal, Zoster (shingles) and B12) Long Term Conditions monitoring under supervision of LTC clinical lead (may include inhaler technique, diabetic foot checks) Smoking cessation Chlamydia screening Brief interventions Mentoring (of other HCA's) Spirometry (certified training)



GUIDE TO PAY (2019/20) & SUGGESTED COMPETENCE - Registered Nurses

	GPN Band/Level 5 Newly qualified / new to Practice Nursing	Experienced GPN Band/level 6 <i>More than 2 years</i>	Senior Practice Nurse/Nurse Practitioner Band/level 7	Advanced Nurse Practitioner Band/Level 8
Annual Basic Salary	£24,214 - £30,112	£30,401 - £37,267	£37,570 - £43,772	£44,606 - £50,819
Suggested competence	<ul style="list-style-type: none"> Core skills: Cytology Childhood immunisations Ear irrigation Travel – (certificated training mandatory either as GPN course or standalone courses) Long term conditions review under supervision of LTC clinical lead e.g. inhaler technique, diabetic foot checks Spirometry –certificated training Smoking cessation Mentor – level 2 STI screening Wound Care Compression bandaging (following ABPI) Zoladex injections Neuroleptic depo injection (mental health) 	<ul style="list-style-type: none"> Core skills plus LTC management (Diploma+ level) e.g. asthma, diabetes, COPD, hypertension Complex travel Spirometry interpretation Contraception (diploma) 	<ul style="list-style-type: none"> Core skills plus Non-medical prescribing LTC lead role Mentorship Teaching e.g. undergrad nurses Lead nurse role – management Minor illness 	<ul style="list-style-type: none"> Core skills plus Master's degree as Advanced Nurse Practitioner or equivalent Managing patients with undifferentiated and undiagnosed problems



A new requirement for registration



Professional indemnity arrangement: A New requirement for registration

Introduction

The UK government has introduced a new requirement for all healthcare professionals to hold an appropriate indemnity arrangement, commencing 17 July 2014.

By law, nurses and midwives must have in place an appropriate indemnity arrangement in order to practice and provide care. While the arrangement does not need to be individually held by the nurse or midwife, it is their responsibility to ensure that appropriate cover is in force.

The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008) has been updated to reflect this change and that having an appropriate indemnity arrangement is now mandatory.

Summary

When you practice as a nurse or midwife you must have an appropriate indemnity arrangement in place. The large majority of nurses and midwives will already meet the new requirement and will not need to take any further action. You meet the requirements where:

- you work exclusively for the NHS, as you will already have an appropriate indemnity arrangement;
- you work in an employed environment in the independent sector where your employer provides you with indemnity cover; or
- you undertake self-employed work and have made your own professional indemnity arrangements.

If you are an employee in the NHS or independent sector, the employer will normally have indemnity arrangements that will cover your work.

However, if you are self-employed you will need your own cover. This may be:

- as part of a membership of a professional body or trade union;
- directly from a commercial provider; or
- a combination of the above.



How will the requirement affect you?

The purpose of this requirement is to make sure that where patients have suffered harm through the negligent action of a nurse or midwife, they will be able to recover any compensation to which they are entitled following a successful claim.

You need to declare that you have in place, or you will have in place when you practice, an appropriate indemnity arrangement.

You will be required to complete this declaration at the following points, as appropriate:

- When you apply for registration with the NMC for the first time.
- Each time you renew your registration.
- If your registration has lapsed and you want to apply for readmission to the register.
- If you are applying for restoration to the register after having been struck-off for fitness to practice reasons.

What is ‘appropriate’ cover?

Appropriate cover is an indemnity arrangement which is appropriate to your role and scope of practice and its risks. The cover must be intended to be sufficient to meet an award of damages if a successful claim is made against you.

Determining what appropriate cover is for you will be influenced by:

- what your job involves and where you work;
- who you provide care to and the level of care you provide; and
- the risks involved with your practice.

We are unable to advise you about the level of cover that you need. We consider that you are in the best position to determine, with your indemnity provider, what level of cover is appropriate for your practice. You should seek advice as appropriate from your professional body, trade union or insurer to inform your decision. You need to be able to demonstrate that you fully disclosed your scope of practice and to justify your decisions if asked to do so.

If you have made your own professional indemnity arrangements, you should make sure that you understand how your cover will work. For example, most indemnity insurance will be offered on a ‘claims made’ basis. This means the cover would need to be in place both when the event causing the claim occurred and when the claim was made (which may be years later). This also includes understanding any requirements to disclose relevant information to your indemnity provider which would influence a provider’s decision whether or not to offer cover.

If your circumstances change while you are registered with the NMC, you must ensure that your indemnity arrangements are still appropriate for the risks of your practice.



If you are employed

If you work for the NHS, you will already have an appropriate indemnity arrangement. The NHS insures its employees for work carried out on their behalf, which means you will be covered if a claim is made against you in that employment and is successful.

If you are employed in private healthcare (for example, a nursing home or general practice), it is likely that your employer will have an appropriate indemnity arrangement for you.

Outside the NHS, many employers are likely to have professional indemnity arrangements which will provide appropriate cover for all the relevant risks related to your job.

Arrangements may vary between employers so you should always check with them.

If you are self employed

If you are self-employed, work as a consultant or through an agency, you are likely to need to have your own indemnity arrangement in place. Professional bodies may offer professional indemnity insurance, or you can arrange your own cover directly through a commercial provider. It is important that you understand the terms of your insurance policy.

If you have a combination of self-employed and employed work

If you undertake a combination of employed and self-employed work, or work for more than one employer, you must have an appropriate indemnity arrangement in place for each area of your practice. An employer's arrangement will only provide cover for activities performed by an employee as part of their duties during that employment.

If you work in education

If you are a nurse or midwife and are employed in education it is likely that your employer will have an appropriate indemnity arrangement for you. Arrangements may vary between employers and so you should always check with them. You need to ensure that your indemnity arrangement provides cover for all aspects of your role, particularly if it includes fulfilling aspects of your role in the practice setting (for example, practice placement based teaching or providing support for learning and assessment in practice settings). An indemnity arrangement may normally be provided by your employer, placement provider or through your own arrangements.

If you have a break in practice

If you decide to take a break from practicing, you do not need to let us know. As long as you are covered when you practice, you can continue to be registered with us. This includes breaks for maternity leave, travelling or a break in employment.



Voluntary work

You are required to be registered with us if you undertake voluntary work where you are practicing as a nurse or midwife. Indemnity cover for voluntary work may be provided by some voluntary organisations or your existing indemnity arrangement. However, if you are unsure, you should ask the organisation you are volunteering for or raise the issue with your insurance provider.

Good Samaritan acts

The NMC does not regard 'Good Samaritan' acts, where someone provides first aid or other emergency assistance to an individual where there is no legal duty to do so, as professional practice for which indemnity insurance is required.

Good neighbour acts

Good neighbour acts (such as helping out in your professional capacity within your local community) are less clear cut and you should use your professional judgement to determine whether you need indemnity cover in such situations. While single, unpaid acts are unlikely to be classed as carrying out work as a nurse or midwife, repeated acts over a sustained period may, even if they are unpaid, require appropriate cover. If you are worried about any potential liabilities as a result of such acts, you should check with your professional body, trade union or insurer whether you have or need cover for such acts.

Evidence of cover

You are responsible for maintaining your registration with us. When you first register or you renew your registration with us, we ask you to sign a number of self-declarations confirming you meet the standards for registration with us. These now include holding appropriate indemnity insurance. By signing these declarations you are stating that you meet the conditions of registration, and that you will continue to do so during the period you are registered.

You must have an appropriate indemnity arrangement in place from July 2014, regardless of when you sign your declaration. If you practice without cover after this time you will be breaking the law, even though you may only have to sign the declaration when you renew your registration.

If you are self-employed or undertake consultation work, it is important that you maintain a record of your cover, or are able to obtain a record of your cover quickly.

You are not required to provide a copy of your documents for your indemnity arrangement when you self-declare. However, maintaining good records of your indemnity arrangement and the disclosure of your scope of practice, which forms the basis of your arrangement, is important and is reflected in the Code. We may undertake compliance checks.

If you are unable to complete the self-declaration you will be unable to apply for registration, renew your registration or apply for readmission or restoration to the register.



If your indemnity arrangement is no longer appropriate for your scope of practice, and you no longer meet our registration requirements, you must inform us immediately by contacting our registration department.

The new requirement and fitness to practice

Our fitness to practice process is the way in which we can consider concerns about nurses and midwives. We will consider taking fitness to practice action under circumstances including:

- making a false declaration that you have professional indemnity cover in place;
- practicing while having an indemnity arrangement that is not appropriate for your practice; and
- cancelling your indemnity cover after registration or renewal and failing to put alternative cover in place while still practicing.

More information

If you have any questions, please contact us, although we cannot offer advice on what level of indemnity cover is appropriate for you. You can contact us at:

Nursing and Midwifery Council
23 Portland Place
London
W1B 1PZ
Tel +44 (0)20 7333 9333



Revalidation

As part of revalidation there is a requirement to declare that you have, or will have when practicing appropriate cover under an indemnity arrangement.

By law, you must have in place an appropriate indemnity arrangement in order to practice and provide care. While the arrangement does not need to be individually held by you, it is your responsibility to ensure that appropriate cover is in force. This declaration will form part of your revalidation application and you will need to record the name of the provider of this. This could be through your employer, a membership with a professional body, or through a private insurance arrangement.

The RCN website has further information about [RCN Indemnity](https://www.rcn.org.uk/professional-development/revalidation/professional-indemnity-arrangements).

Reference:

<https://www.rcn.org.uk/professional-development/revalidation/professional-indemnity-arrangements>



Induction



General Practice Nursing Induction Template

CONTENTS

Background	3
Introduction	3
Aims and Objectives	4
Glossary of Terms	4
General Practice Nursing	5
Orientation	32
Employers	34
Education	41
Resources	49
Acknowledgements	49
External Review Panel	50
References	51

Background

The General Practice Nursing 10 Point Plan (GPN10PP) (<https://www.england.nhs.uk/leadingchange/staff-leadership/general-practice-nursing/>) has given an investment of £15 million from the General Practice Forward View (GPFV) funding allocation, to support action which will address the significant workforce challenges and support improvements in General Practice nursing (GPN) by 2020.

The plan was initially led by Professor Jane Cummings, Chief Nursing Officer for England and its overarching focus is to build and develop the capacity and capability that is needed across the whole primary care workforce, as well as building GPN capability to support improved and innovative approaches in delivering health and wellbeing. The basis of this work has now been taken up by the new CNO, Dr Ruth May, who maintains that:

“Nursing staff will be at the heart of all plans to provide care fit for the 21st century and the nurse leadership voice is crucial to the broad health and care policy debate.” Nursing in Practice (2019)

Within General Practice, it has been identified that there are significant variations between different practices in relation to orientation and induction of GPNs into this new work environment. Some nurses are offered structured courses that develop and steer them into the role gradually, while others are given as little as a week’s induction before being expected to work alone.

Action 4 of the GPN10PP recognises the need to establish a national standard that will benefit all nurses making the transition into General Practice. There needs to be a shift among General Practice employers of the importance of General Practice nursing induction programmes to support nurses transitioning into GPN roles, which often challenge them with new ways of working. This template will offer guidance and shape the experience of new nurses as they progress and develop their career in General Practice nursing.

Introduction

This General Practice Nursing 10 Point Plan (GPN10PP) Induction Template is specifically designed for nurses in a first career destination in General Practice. It may also be beneficial to this group of nurses who require induction, having recently moved from a hospital or other community nursing environment. It is recognised that the template may be useful to those nurses who may have been working in primary care for some time, but who would like updating on their knowledge of GPN issues. It is also acknowledged that the template maybe useful to nursing associates, health care assistants and student nurses preparing for a primary care placement. The approach to the induction checklist updates the guidance within the Health Education England (2016) document ‘Employing a newly qualified Nurse in a General Practice Nurse role: What you need to consider’ by David Claxton, Programme Manager.

This new template will provide definition and guidance for practices employing General Practice Nurses. The template is underpinned by General Practice – developing confidence, capability and capacity – A ten-point action plan for General Practice Nursing (2017) and assist with good practice around induction and orientation, by developing a bespoke checklist with common ‘national’ elements that can be adapted to suit local areas.

Aim

The aim of this Induction Template is to provide a consistent and comprehensive system, ensuring that all newly qualified GPNs who are new to primary care receive an effective period of induction that assists supports them to become confident and competent in their new career.

Objectives

- To enable the General Practice Nurse to understand the requirements of this new role in a structured format;
- To recognise the importance of a well-considered orientation and induction programme;
- To enable the GPN to work safely and effectively within a new work environment;
- To provide guidance to the employer on the relevance and value of induction of nurses new to General Practice;
- Advise the GPN on the Educational and Training requirements of this role beyond initial nurse registration.

There will be an emphasis on the Education and Training of the GPN within this template and the importance of identifying learning needs early, beyond their initial nurse training, in order to develop clinical skills as well as recognising any knowledge deficits that will need to be addressed.

The template will refer to the reader in the 'first person' throughout, to support the GPN to identify the learning in this document as they embark on their new career in primary care.

Glossary of Terms

The language and terminology used around Induction can be ambiguous and interchangeable with some duplication of meaning. Within this document, the context and emphasis will be on primary care and the General Practice setting.

Term	Comment
Terms and Conditions of Employment (separate work being undertaken by NHSE)	Terms of employment are conditions that an employer and employee agree upon for a job. Terms of employment include an employee's job responsibilities, work days, hours, breaks, dress code, annual leave and sick days, salary and more. They also include benefits such as health insurance, life insurance and retirement plans.
Orientation	'Where things are' Involves the function of introducing a new employee to an organisation, its policies, the work environment and the team and the job responsibilities. Orientation is normally conducted within the first few days of employment.
Induction	'How things are done' Induction is the process for welcoming newly recruited employees and supporting them to adjust to their new roles and working environments. Induction can last several weeks or even months.

GPN Role	‘The role of the General Practice Nurse’ General Practice Nurses work as part of a team within GP surgeries and assess, screen and treat patients from across the lifespan. In addition to providing traditional aspects of nursing care such as wound care, immunisations and administration of medicines, they run clinics for patients with Long Term conditions such as asthma, heart disease and diabetes.
Employer	‘Employer Responsibilities’ It is an employer’s duty to protect the health, safety and welfare of their employees and other people who might be affected by their business. Employers must do whatever is reasonably practicable to achieve this.
Education	‘How to develop’ The educational support of the newly qualified GPN in the first 18 months of employment will enable her to develop skills and knowledge to perform in the role and develop a career in primary care. Ongoing education and training for the whole workforce in this setting is also imperative.
Preceptorship (separate work being undertaken by NHSE)	‘Ongoing role development’ A newly qualified nurse requires a period of time to practice the skills acquired as a student under a degree of supervision with a preceptor. Preceptorship is normally a ‘structured time phase’ where a professional can develop confidence and refine these skills, values and behaviours as they practice.

General Practice Nursing Review Job Description

As part of the application process, the GPN would have initially viewed the job description and person specification for the role. This would have assisted the applicant in ensuring that they had the correct credentials, qualifications, knowledge and experience, skills and personal attributes to apply for the post. When entering a new post, it is always good practice to re-visit both documents to clarify the role summary and principal responsibilities.

Contract of Employment and Probationary Period

Within the first few days of employment, the GPN will sign a contract of employment. The main difference when embarking upon a career in Primary Care is that most employers are independent businesses and the responsibility lies with the practice for recruiting and developing their own employees, which may differ from recruitment processes within the NHS. Probationary periods may vary somewhat with different stipulations around performance as an independent employer.

A performance appraisal, also referred to as a performance review, is a method by which job performance of an employee is documented and evaluated. This process of career development will be discussed on an annual basis but may also have a mid-year review.

Professional Indemnity Insurance

In 2014 the UK Government introduced a new requirement for all healthcare professionals to hold an appropriate indemnity insurance arrangement in order to practice and provide care. The new five year GP Contract (2019) in England that comes into effect from April 2019 and will be run by NHS Resolution, will see all NHS GP service providers, including out-of-hours, become eligible to have their indemnity costs covered by NHS England. It means practices will no longer have to cover practice nurse insurance payments out of their own income. However, the clinical negligence scheme will not cover personal legal costs, so it is wise for nurses to maintain their own personal scheme.

Nursing and Midwifery Council Revalidation

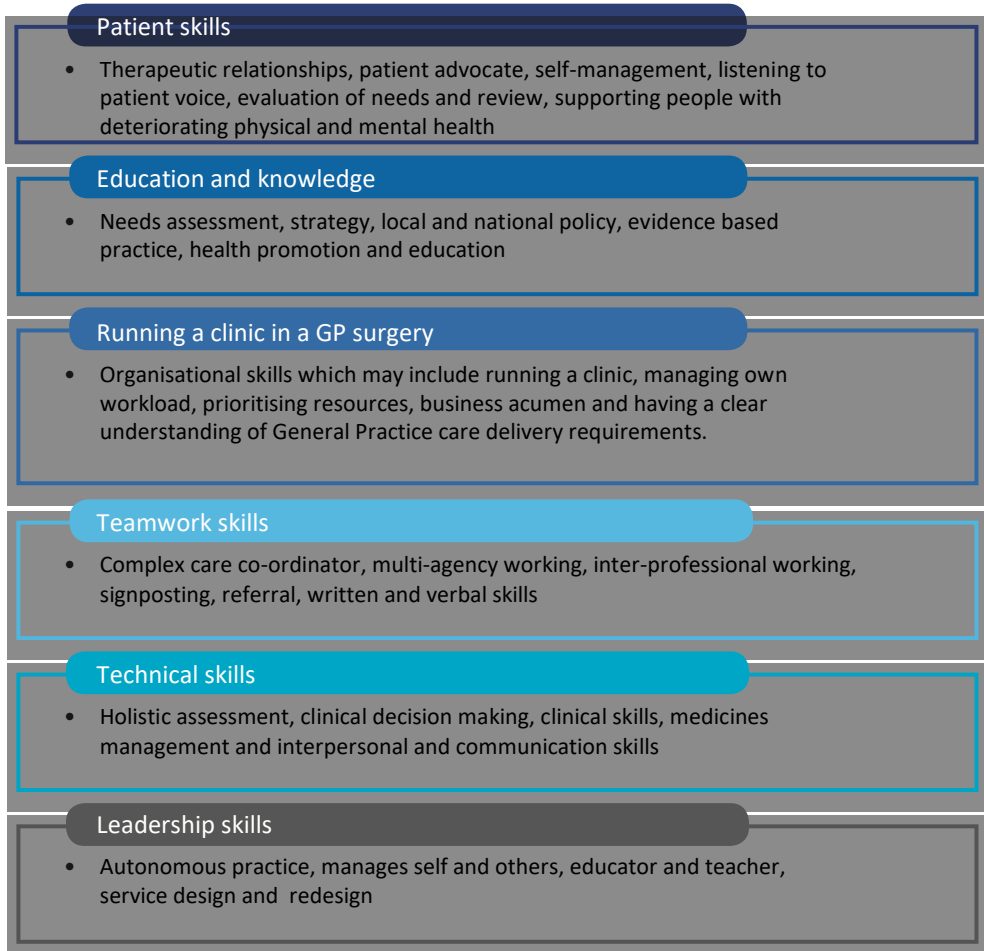
Nursing and Midwifery Council (NMC) Revalidation is the responsibility of nurses and midwives themselves and this revalidation applies in exactly the same way in the primary care setting. One of the main strengths of revalidation is that it reinforces the NMC Code by asking nurses and midwives to use it as the reference point for all the requirements, including their written reflective accounts and reflective discussion. This should highlight the Code's central role in the nursing and midwifery professions and encourage nurses and midwives to consider how it applies in their everyday practice.

Definition of a General Practice Nurse

General Practice Nurses work as part of a multidisciplinary team (MDT) within GP surgeries and assess, screen and treat patients across the lifespan. In addition to providing traditional aspects of nursing care, such as childhood immunisations, cervical cytology and administration of medicines, they run clinics for patients with Long Term conditions such as asthma, heart disease and diabetes. They also offer new patient health checks, NHS Health Checks and well women/ men clinics. Health promotion advice is offered in areas such as contraception, weight loss, smoking cessation and travel immunisations.



Key skills required for a General Practice Nurse



Useful Resources

- HEE (2015) District Nursing and General Practice Nursing Education and Career Framework
https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20off%20the%20framework_1.pdf
- A Day in the life of a GPN - https://www.youtube.com/watch?v=4ff_wNCdT6A

The responsibilities of other community health and social care professionals

Health professional	Description of role and responsibilities
District Nurse	DNs are qualified and registered nurses who undertake further training and education to become specialist community practitioners. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well providing direct patient care, district nurses also have a teaching role, working with patients to enable them to care for themselves or with family members, teaching them how to give care to their relatives.
Community Matron /Case Manager/ Caseload Manager	A highly experienced senior nurse that works with patients with complex health problems. Provides a single point of care to support provide care for patient and prevent hospital admissions. Usually deemed to be working as advanced nurse practitioners. Undertakes variety of tasks and responsibilities including: treating, prescribing, or referring patients to a specialist. Provides skilled care that meets patients' health and social care needs, involving other members of team as appropriate. In homeless care, plays a key role in organising and coordinating care and may run MDT (multidisciplinary team) meetings.
Community Mental Health Nurse / Community Psychiatric Nurse	Has specialist training in mental health. May be attached to a GP practice, community mental health team, or psychiatric units or working within a care home in particular an elderly mental illness unit. Has wide range of expertise and gives advice and support to people with long-term mental health conditions, and administers medication. May specialise in treating children, older people, or people with a drug or alcohol addiction.
General Practice Nurse /Practice Nurse	Works within GP practices as part of primary care team to assess, screen and treat patients of all ages. Runs clinics for patients with long-term conditions such as asthma, heart disease and diabetes. Also offers health promotion advice in contraception, weight loss, smoking cessation, travel immunisations and others.
General Practitioner (GP)	Provides a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. At partner level, may be an independent contractor to the NHS and have responsibility for providing adequate premises and for employing staff. May have an interest/more training in working with people who are homeless.
Health Visitor / Specialist Community Public Health Nurse	Works mainly with families with children under the age of 5, however some have an older person focus. Supports families and children in growth and development, post-natal depression, breastfeeding and weaning, domestic violence and bereavement. Plays a role in safeguarding and protecting children from harm. A registered nurse or midwife with further training.
Learning Disability Nurse	Provides specialist healthcare to people with learning disabilities. Offers support to their families. Nurses in settings such as adult education, residential and community centre, patients' homes, workplaces and schools.
Occupational Therapist	Works to help people overcome the effects of disability caused by physical or psychological illness, ageing or accident.

Physiotherapist	Uses skills including manual therapy, therapeutic exercise and the application of electro-physical modalities. Has an appreciation of psychological, cultural and social factors influencing patients. Advises and treats patients and carers in their own homes, nursing homes, day centers, and health centres.
Rapid Response or integrated Care team	Multidisciplinary health and social care teams made up of physiotherapists, occupational therapists, support workers and nurses. The service aims to prevent unnecessary patient admission to hospital and provide short-term support and rehabilitation in the home.
Social Worker	Senior social workers are concerned with the welfare of communities, families, and individuals. Specialising in adults 65 and over, adult social workers are trained to find solutions to help address the numerous environmental challenges that come with aging. In short, it is their priority to improve the quality of lives of their clients, and ultimately to help protect the older people from those who might try to take advantage of their vulnerabilities.
Specialist Nurse	Plays a key role in the management of patient care. Works closely with doctors and other members of the multidisciplinary team, to educate and support patients, relatives and carers from a variety of specialties, for example, Drug and Alcohol misuse, Tissue Viability, Palliative Care, TB, Diabetes, Epilepsy, Cancer and many others. Admiral Nurses - provide the specialist dementia support that families need. When things get challenging or difficult, these nurses alongside people with dementia, and their families: giving them one-to-one support, expert guidance and practical solutions.
Speech and Language Therapist	Assess and treat speech, language and communication problems in people of all ages to help them better communicate. Will also work with people who have eating and swallowing problems. E.g. dysphagia.
Community Dietician	The role of a dietitian is extremely varied. In general, dietitians work as part of a team, caring for people in hospital or in the community. They also work to promote good health and prevent disease by informing and teaching the public, health professionals and others about diet and nutrition.
Community Pharmacists	Community pharmacists dispense and check prescriptions, and provide advice to patients on medicines that have been prescribed for them. Community pharmacists will take back medicines that are no longer required so they can be disposed of correctly. They can also provide advice on minor illnesses and staying healthy.
Advanced Nurse Practitioner	Advanced Nurse Practitioners are Registered Nurses who have done extra training and academic qualifications to be able to examine, assess, make diagnoses, treat, prescribe and make referrals for patients who present with undiagnosed/undifferentiated problems.

Expansion of Roles in General Practice

In agreement with NHS England, there will now be funding for five additional roles within primary care: pharmacists, social prescribing link workers, physician associates, physiotherapists and community paramedics. By 2024, these roles will become ‘an integral part of the core General Practice model throughout England’. The intention is for the extra roles to ease the workload of GPs, but it may also see practice nurses triage patients more

appropriately NHS LTP (2019).

Personal Skills Assessment

In some instances, a Strengths Weaknesses Opportunities and Threats (SWOT) analysis is a good way to establish an insight into your own abilities. Take a sheet of paper and divide it into four cells and label them 'strengths' 'weaknesses' 'opportunities' and 'threats'. Under each heading within each cell write down as many things that you can think of that relate to your role as a nurse. You can then ask yourself, 'What are the threats that the weaknesses expose us to?' and 'What opportunities arise because of your strengths?' Doing a SWOT analysis allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally.

Transferable Skills Assessment – Four Fields of Practice

Currently in the UK, students qualify in a specific field of nursing practice and may apply to enter the NMC register as a nurse in one or more of four fields: adult, mental health, learning disabilities and children's nursing. All nurses in all four fields of nursing must demonstrate competencies across four areas: professional values, communication and interpersonal skills, nursing practice and decision making and leadership, management and team working.

The NMC (2018) new standards will give nurses a greater understanding across all four fields of nursing practice, in particular mental health - while also increasing the emphasis on teamwork and leadership. Nurses will also have greater responsibilities in the area of public health and will be given the skills to train as prescribers immediately after qualifying - rather than wait three years to be able to undertake this role.

The competencies for General Practice nursing are very different to those for nursing in secondary care; however skills from pre-registration education and previous experience are transferable. The newly-qualified nurse needs to develop the 'expert generalist' skills of the GPN as referred to in Raising the Bar, Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants HEE (2015).

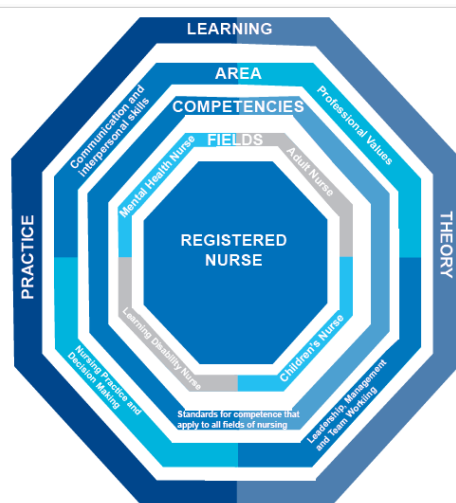


Diagram developed by Aaron Bent (2019)

Clinical Competencies Checklist

Please note that all clinical competency training and education must be underpinned by a clear assessment and supervision strategy.

Skills	Date completed
Assessment and Supervision	
Asthma training	
Cervical Cytology	
Chronic Kidney Disease	
Clinical Supervision	
Clinical Examination	
Clinical Diagnostics	
Compression Bandaging / Doppler Assessment	
Contraception	
COPD: Emphysema, Bronchiectasis, Chronic Bronchitis	
Coronary Heart Disease – Cerebrovascular Disease, Peripheral Arterial Disease, Rheumatic Heart Disease, Congenital Heart Disease, Deep Vein Thrombosis, Pulmonary Embolism	
Dementia	
Diabetes Management Type 1 & 2	
Ear Care	
ECG	
Epilepsy	
Emergency Treatment	
First Aid	
Hypertension – including ambulatory monitoring	
Immunisations – National Immunisation Programme – Childhood & Adult	
Injection Administration - Gonadotrophin releasing hormone antagonist	

Learning Disabilities – health checks	
Leadership	
Non- Medical Prescribing	
NHS Health Checks	
Phlebotomy	
Physical Assessment Skills	
Spirometry – Association of Respiratory, Technology & Physiology	
Sexual Health Screening	
Travel Health	
Triage / Advice	
Therapeutic Drug Monitoring/ Near patient Testing	
Wound Care	

NB This list is not exclusive and skills can be added or removed according to area of practice.

Diagnostic self-assessed identification of learning needs for working in primary care

SWOT Analysis

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

STRENGTHS	WEAKNESSES
<p>Excellent clinical skills</p> <p>Good communication skills Enthusiastic</p> <p>Like being able to make decisions</p>	<p>Have not worked in the community before</p> <p>Lack confidence</p> <p>Worried about additional skills needed Not confident to teach others</p> <p>Lack of knowledge of a wide range of LTCs</p> <p>Lack of clinical skills</p>
OPPORTUNITIES	THREATS
<p>Working in a team</p> <p>Change in career pathway</p> <p>Support from my mentor</p> <p>Opportunity to do the course</p>	<p>Not sure if primary care nursing is for me</p> <p>Working on my own</p> <p>Safety</p> <p>Making the right decisions</p>

Having completed your SWOT Analysis, it will be clear that you possess many transferable skills from your present position that can be used in a different setting. It may also allow you to realise areas you need to develop.

General Support

When embarking on a new career in General Practice nursing, good practice would be for the employer to identify a 'buddy' or 'mentor' in the first instance. Ideally, that person would be a qualified nurse who has suitable experience of the discipline and will be able to assist you with your development, both in terms of making the transition to General Practice and any additional support you may need. Ideally you should try and meet with your buddy or mentor weekly to reflect upon your week's learning and to get an experienced GPN perspective on the challenges you may face.

Preceptorship

The NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment (NMC, 2008).

The role of the 'preceptor' is to:

- Facilitate and support the transition of a new registrant;
- Facilitate the application of new knowledge and skills;
- Raise awareness of the standards and competencies set that the new registrant is required to achieve and support to achieve these;
- To provide constructive feedback on performance.

This is a crucial area of support, as the first year in practice is often a stressful time. The learning that has occurred at university, in order to develop a level of knowledge and proficiency in nursing, produces highly motivated and professional individuals. It is acknowledged that the realistic nature of practice with its resource issues and other

frustrations can lead be quite challenging. A good preceptor will be someone who will support the consolidation of knowledge and skills, be a listening ear and be positive in their approach, to help ensure that there is a low attrition rate. In some areas, courses that are aimed at nurses new to General Practice may fulfil the requirements for your preceptorship year.

Useful Resource

<http://www.nhsemployers.org/campaigns/care-makers/the-care-makers-hub/learning-anddevelopment/preceptorship>

Clinical Supervision

In some areas, there may be access to regular clinical supervision sessions. Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice. GPNs may find that most of their clinical supervision is done informally and possibly in a group, for example at a GPN Forum. Traditionally, clinical supervision may not have been accessible to practice nurses, due to the nature of their employment, often as the only nurse in the practice. However, the Care Quality Commission will seek to establish that nurses have access to clinical supervision during their inspection process. You should contact your Clinical Commissioning Group (CCG) lead nurse or equivalent for further advice.

Useful Resource

The RCN have developed guidance on clinical supervision:

http://www.rcn.org.uk/__data/assets/pdf_file/0007/78523/001549.pdf

Social Media

The influence of social has transformed the way in which we can connect and engage. This is particularly useful when developing new ideas and updating on new initiatives in practice. Twitter when used professionally is a good source of information. Here are a few suggestions of who to follow:

@TheQNI
@WeNurses
@WeGPNs
@NHSE
@PHE
@HEE
@RCN GPN Forum

Building resilience to maintain a patient focus

As a registered nurse working in primary care, you will have to establish a personal authority and assertiveness in order to influence other health and social care professionals, colleagues and patients to promote care. Being assertive means respecting yourself and other people, seeing people as equal to you, not better or less important than you. The goal of assertive behaviour in this context is to stand up for patient's rights and act as an advocate. Being assertive does not always mean you get what you want, but it can help you achieve a compromise. You will need to develop a deeper degree of self-awareness, and self-belief in your ability to convey information with confidence and conviction.

Leadership skills

A nurse working in General Practice will need to be a strong leader and advocate for high quality patient care for those most vulnerable in our communities. This makes them well suited to formal leadership roles in the future. There are a variety of online and face to face educational programmes that may be suitable. It may be useful to make contact with your local Health Education England, CCG or Community Education Provider Network (CEPN) representative or for further information, in respect of local courses and funding opportunities for any universitybased modules. This will apply whether you are working for an NHS trust, in primary care or for a third sector (charitable) organisation.

Supervision and Assessment

Whilst it will not be your initial responsibility as a newly qualified nurse working in General Practice to supervise student nurses completing their pre-registration nursing degree, it would be good for you to be aware of the changes that have happened in the way in which nurses will be trained in the future and the plans for supervision and assessment of students.

Useful Resources

- Standards for student supervision and assessment: Part 2 of Realising professionalism: Standards for education and training
- <https://www.nmc.org.uk/standards-for-education-and-training/standards-for-studentsupervision-and-assessment/>

Record Keeping / Serious Untoward Incidents

Record keeping is a way of collaborating with all those people involved in the care of your patient. Accurate record keeping and documentation is very important in professional practice. Once something is written down, it is a permanent account of what has happened and also what has been said. Remember, if it is not written down there is a sense that somehow 'it didn't happen'. Without a written record of events, there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times. Ensure you are familiar with other records, e.g. General Practitioners, District nurse records, dietician notes and social care notes, to name a few.

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities that provide social services, and GP Practices must have a Caldicott Guardian.

In General Practice you will be using specific computer systems such as System One, VISION, and EMIS for record keeping, medicines management and for clinical information. You should receive appropriate training to enable you to use these systems effectively.

The other element of accurate record keeping relates to investigations and serious untoward incidents (SUI) (DH, 2006b). The principal definition of an SUI is:

'.. something out of the ordinary or unexpected, with the potential to cause serious harm, that is likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service. SUIs are not exclusively clinical issues, for example, an electrical failure may have consequences that make it an SUI.' (NHS, 2009).

Significant Event Analysis is an increasingly routine part of General Practice. It is a technique to reflect on and learn from individual cases to improve quality of care overall. Significant event audits can form part of your individual and practice-based learning and quality

improvement and the process mirrors that of your own reflections on practice as a General Practice Nurse.

Whether clinical, administrative or organisational, the significant event analysis process should enable the practice to answer the following questions:

- What happened and why?
- How could things have been different?
- What can we learn from what happened?
- What needs to change?

Child Protection

It is recognised that all staff working in health care settings, even when their client group is mainly adult, should receive appropriate statutory and mandatory training in matters of child protection. As a General Practice Nurse, you may be exposed to potential 'risks of harm' to patients how you are able to understand and work with risk will evolve as you become more experienced.

Duty of Care

The law imposes a duty of care on practitioners, whether they are support workers, students, registered nurses, doctors or others, when it is 'reasonably foreseeable' that they might cause harm to patients through their actions or their failure to act (Cox, 2010). All nurses have a duty of care to protect people at risk of harm.

It is your responsibility as a health care professional to act promptly if you have any concerns. Duty of care may include:

- Acting in the patient's best interest and in the least restrictive way if they do not have capacity to make the decision at that time;
- Acting to protect the adult at risk from harm or abuse;
- Dealing with immediate needs, as far as possible, central to the decision-making process;
- Report any concerns;
- Get support to make referrals where needed;
- Talk concerns through with your line manager;
- Contact the local safeguarding lead for advice. They will advise if police involvement is necessary if you think a criminal act is involved;
- Accurately record the incident;
- Follow up your concerns.

However, if a patient has capacity to make their own decision, then as clinicians we have a duty of care to follow their wishes, even if this appears to be an unwise decision.

Adults at Risk / Adult Safeguarding

The Care Act (2014) defines an adult at risk, and therefore safeguarding duties apply to an adult who:

'Has needs for care and support (whether or not the local authority is meeting those needs) and is experiencing, or at risk of abuse or neglect and as a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.'

What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered:

Physical abuse	including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
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Domestic abuse	including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence.
Sexual abuse	including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual exploitation and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological abuse	including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, Verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern slavery	encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory abuse	including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
Organisational abuse	including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect and acts of omission	including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

Consent

Patients must give their permission for medical tests, examinations and treatment, other than in some select circumstances. These circumstances are if the patient:

- lacks capacity to consent to treatment of their mental health (for example, in cases of dementia)
- requires hospital treatment for a severe mental health condition
- is a risk to public health (for example due to Ebola, cholera, tuberculosis)
- is severely ill or infirm and living in unhygienic conditions
- needs an additional emergency procedure during an operation
- if the patient requires life-saving treatment and they are unconscious.

Mental Capacity Act (MCA) (2005)

Mental Capacity is the ability to make a decision, however big or small, for example the ability

to choose what to wear, whether to take prescribed medication, where you want to live, or consenting to medical treatment.

A person lacking capacity 'means they lack the capacity to make a particular decision or take particular action themselves at the time the decision or action needs to be taken' (MCA Code of Practice 2005).

The 5 Principles of the Mental Capacity Act aim to protect people who lack capacity and help them take part as much as possible in decisions that affect them.

1. An adult must be assumed to have capacity unless there is proof that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. Don't assume a person lacks capacity to decide just because they make an unwise decision.
4. If you have to make a decision for a person who lacks capacity to decide themselves this must be in their best interests.
5. You must decide on least restrictive way to meet their needs.

Your organisation will offer MCA Awareness Training to develop how to deal with decision making in primary care.

Nursing Skills Person and Relationship-Centred Approaches to care

Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care.

The Health Foundation has identified a framework that comprises four principles of person centred care:

1. Affording people dignity, compassion and respect.
2. Offering coordinated care, support or treatment.
3. Offering personalised care, support or treatment.
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life

Visit the Health Foundation Inspiring Improvement website for more information www.health.org.uk.

Mike Nolan and a team at Sheffield University identified six dimensions that underpin 'relationship centred care' in the Six Senses Framework (2006). These six 'senses' acknowledge the subjective and perceptual nature of the key determinants of care for the three groups of people in the care setting: older people, families and staff. Nolan and his colleagues argue that each of these three groups need to feel:

- a sense of **security** (to feel safe);
- a sense of **continuity** (to experience links and connections);
- a sense of **belonging** (to feel part of things);
- a sense of **purpose** (to have a goal(s) to aspire to);
- a sense of **fulfilment** (to make progress towards these goals); and
- a sense of **significance** (to feel that you matter as a person).

The Senses Framework: improving care for older people through a relationship-centred approach. Getting Research into Practice (GRiP) Report No 2. NOLAN, M. R., BROWN, J., DAVIES, S., NOLAN, J. and KEADY, J (2006) http://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf

Personalised Care and Support Planning is a series of facilitated conversations in which the

person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation.

For more information about the NHSE universal personalised care visit:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf>

Comprehensive Health Assessment – including-history taking, clinical examination and nursing diagnosis

As you develop into this new work environment, there will be a need to develop comprehensive health assessment and skills. History taking is a key component of patient assessment, enabling the delivery of high-quality care. Understanding the complexity and processes involved in history taking allows nurses to gain a better understanding of patients' problems. Care priorities can be identified and the most appropriate interventions commenced to optimise patient outcomes.

As a General Practice Nurse, you will need to develop your physical assessment and safe clinical examination skills, leading to nursing diagnosis and implementation of treatment regimes.'

There are many different training and education programmes to assist with this development, as well as supervision from your mentor in practice.

NHS Health Screening

Several screening tests are carried out in General Practice, in which General Practice Nurses (GPNs) might be involved. Screening is the process of identifying people who are at increased risk of a disease, despite appearing to be in good health.

Medicines Management

The way in which medications are administered and stored in General Practice will be unique to the specific surgery, as well as the primary care setting. Whilst some of the same principles as the hospital setting may apply, it will be for you to access these policies and abide by this new way of working.

Within General Practice, the surgery may operate under Patient Group Direction or PGDs. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs can act as a direction to a nurse to supply and/or administer prescription-only medicines to patients using their own assessment of patient need, without necessarily referring back to a doctor for an individual prescription. PGDs are not intended to be used for planned treatment and are only designed for short term use.

Useful Resources

- Patient Group Direction: <https://www.england.nhs.uk/south/info-professional/pgd/>
- Electronic Medicines Compendium (eMC): <https://www.medicines.org.uk/emc>
- The eMC is a very useful to look up drugs either by their generic or brand name. You can look up information such as the list of excipients, to check for allergies within the Summaries of Product Characteristics (SmPC) or print out Patient Information Leaflets (PIL):
- British National Formulary <https://bnf.nice.org.uk/>

Vaccinations & Immunisations

The area of vaccinations can for nurses new to General Practice seem daunting, especially when administering childhood immunisations. The Green Book is an invaluable resource to assist with current knowledge around administration.

Please note: GPNs should not be giving vaccinations until the 2-day Immunisation and Vaccination training has been completed (included in fundamentals programmes), according to National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners.

Useful Resources

- The Green Book
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Vaccine Update - <https://www.gov.uk/government/collections/vaccine-update>
- Immunisation Training Standards for Healthcare Professionals
- <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare>
- Vaccination of individuals with uncertain or incomplete immunisation status <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

Travel Health

Most GP surgeries offer basic travel advice and vaccinations available on the NHS, for more information see resources below:

- National Travel Health Network and Centre <https://nathnac.net/>
- Travax <https://www.travax.nhs.uk/>
- Centres for Disease and Control Prevention – Yellow Book <https://wwwnc.cdc.gov/travel/page/yellowbook-home>
- Malaria prevention guidelines for travellers from the UK <https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>
- Jane Chiodini – Travel Health Specialist Nurse: <https://www.janechiodini.co.uk/>

Ear Care

Ear care and ear wax removal is one of the areas of care that maybe unfamiliar to a newly qualified nurse in General Practice. The nurse will need to gain additional knowledge in ear anatomy and physiology, preventative care including patient education and advice regarding hearing loss, assessment and management.

Useful Resources

- <https://www.nice.org.uk/guidance/NG9>
- Rotherham Ear Care Guidance

Sexual Health, Contraception and Cervical Screening

Another specialist area of care is sexual health, also known as family planning. A sexual health clinic may offer advice on sexually transmitted diseases and contraception.

The NHS Cervical Screening Programme (NHSCSP) offers screening for all women between the ages of 24.5 years and 64 years at different intervals, depending on their age and whether

their recent cervical cytology sample is abnormal.

There are many different training and education programmes to assist with this development, as well as supervision from your mentor in practice.

Useful Resources

- Family Planning Association <https://www.fpa.org.uk/for-professionals/home>
- Jo's Cervical Cancer Trust <https://www.jostrust.org.uk/information-healthcare-professionals>
- Mandatory reporting of female genital mutilation: procedural information <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-proceduralinformation>
- Brook Free E-Learning <https://www.brook.org.uk/our-work/category/e-learning>
- British Association for Sexual Health and HIV <https://www.bashh.org/>

Wound management

Wound care is a significant and important part of the duties often assigned to the GPN. Diabetes and other illnesses can compromise the strength of an individual's skin. This can result in a greater susceptibility to sustaining a wound. Additionally, once a wound forms, the skin can have a slower rate of healing. Wound care is often considered in a context of treating chronic wounds and making sure that they do not get any worse. Instead of aiming for complete eradication of a chronic wound, the approach may focus on managing a chronic wound and keeping overall damage to a minimum.

Wound care difficulties may be caused by:	
Infection:	An open wound can develop a bacterial infection. If a wound becomes infected, the body will focus on fighting the infection instead of healing the wound.
Dead Skin:	Also known as necrosis, dead skin around a wound may interfere with the body's ability to heal itself and close the wound
Bleeding:	If a wound bleeds on a regular basis, the bleeding may obstruct the body's ability to close the edges of the wound.
Poor Diet:	If an individual is not receiving essential nutrients like protein, vitamin C and zinc, then the wound may heal slower.
Immobility:	Wound care is complicated when a patient is unable to move. Constant friction and pressure can worsen a wound's severity and also cause issues such as pressure ulcers.
Excessive Dryness/ Wetness:	In order to maximize the results of wound care, it is important that wounds are neither too dry nor too wet.

Some practices operate a first dressing or first choice initiative, where a list of tried and tested products are used on a wound in the first instance. The aim of this approach is to provide a clinically effective appropriate and cost-effective use of products to manage the vast majority of wounds. The list should be evaluated and updated on an ongoing basis, to reflect innovations in practice and new, evaluated products.

Introduction to Long Term Conditions

As a nurse, working in General Practice you will come into daily contact with many patients

that are living with one or more Long Term Conditions (LTC). The issue of (LTC) has been at the top of the government's health agenda for many years and now takes up 70% of the health service budget. The NHS Five Year Forward View (2014) notes that managing long term conditions is a central task for the NHS and makes the case for improved personalised care and support for people with LTCs and their carers.

With the introduction of the NHS (2019) Long Term Plan there will be a greater emphasis on primary care and the way in which patients with LTC will be cared for:

'Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments – saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices – typically covering 30-50,000 people – will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff.' NHS (2019) Long Term Plan

Useful Resources

- NHS (2014) Five Year Forward View www.england.nhs.uk/wp-content/uploads/2014/10/5yfvweb.pdf
- NHS (2019) Long Term Plan <https://www.england.nhs.uk/long-term-plan/>

Frailty

Frailty affects older people in many ways and hinders their ability to live independently and to maintain social interactions, and is often related to a decline in mental health. Frailty is closely linked to an increased risk of falls and consequent fractures. It can also lead to social isolation, a need for social care and ultimately transition from home into a residential or nursing care setting.

Frailty can be difficult to define, but older people can present with a combination of the following issues:

- Accumulated impairments in physical, mental or environmental wellbeing;
- A diagnosis of dementia can indicate frailty even when the patient's physical state does not;
- Weak muscles and conditions like arthritis, poor eyesight, deafness and memory problems;
- They typically walk slowly, get exhausted quickly and struggle to get out of a chair or climb stairs. Slow walking speed is a simple test that could help; taking more than five seconds to walk four metres is highly indicative of frailty;
- People with frailty have a substantially increased risk of falls, disability, long-term care and death. Age UK website <http://www.ageuk.org.uk/>

There are several recognised assessment tools used to identify and manage frailty:

- Edmonton Frailty Scale: <https://www.nscphhealth.co.uk/edmontonscale-pdf>
- Kenneth Rockwood – Professor of Geriatric Medicine developed, early screening, and frailty diagnostic tool.
- Rockwood Clinical Frailty Scale: <https://www.cgakit.com/fr-1-rockwood-clinical-frailty-scale>

Diabetes

Diabetes is a complex condition. Many people with type 1 diabetes are still managed within hospital clinics, whereas almost all people with type 2 diabetes are managed within primary care. Find out what is happening in your own locality. Some areas hold virtual clinics where you can discuss individual patients with experts.

Useful Resources:

- NICE Guidance on Diabetes - <https://www.nice.org.uk/guidance/conditions-and-diseases/diabetes-and-other-endocrinal--nutritional-and-metabolic-conditions/diabetes#qualitystandards>
- Type 2 diabetes in adults: management <https://www.nice.org.uk/guidance/ng28>
- Diabetes Foot Screening <http://www.diabetesframe.org/>
- Diabetes UK <https://www.diabetes.org.uk/>
- Diabetes UK – e- learning package <https://www.diabetesinhealthcare.co.uk/Int/Login.aspx?ts=636639574783763332>

Respiratory Care

Respiratory care includes a number of conditions. The main reviews GPNs will undertake are those for patients with asthma and Chronic Obstructive Pulmonary Disease (COPD). There are hundreds of different inhalers, and therefore it is impossible to learn them all. Nevertheless, they are all made up of a quite small group of drugs either given singularly or in combination.

Therefore, it is really important to learn about these drugs.

- Inhaled corticosteroids (ICS).
- Short-Acting Beta-Agonists (SABAs).
- Short-Acting Muscarinic Antagonists (SAMAs).
- Long-Acting Beta-Agonists (LABAs).
- Long-Acting Muscarinic Antagonists (LAMAs)

Useful Resources

- The British Thoracic Society (BTS) / Scottish Intercollegiate Guidelines Network (SIGN) guidelines are a useful resource for anyone managing asthma:
- Asthma: diagnosis, monitoring and chronic asthma management <https://www.nice.org.uk/guidance/ng80/>
- Asthma UK <https://www.asthma.org.uk/>
- Global Initiative for Chronic Obstructive Lung Disease <https://goldcopd.org/wp-content/uploads/2016/12/wms-GOLD-2017-Pocket-Guide.pdf>
- British Lung Foundation <https://www.blf.org.uk/>
- Education for Health – Free E-Learning <https://www.educationforhealth.org/allresources/free-elearning/>
- Primary Care Respiratory Academy <https://respiratoryacademy.co.uk/clinical/cpd-modules/>

Coronary Vascular Disease

The majority of patients with coronary heart disease are supported and managed in the primary and community care setting. Treatment may involve medication management and lifestyle changes. As a GPN you will be running clinics and supporting patients through education and health promotion initiatives.

Useful Resources:

- British Heart Foundation <https://www.bhf.org.uk/>
- British and Irish Hypertension Society <https://bihsoc.org/>
- Hearte <https://www.heartelearning.org/>
- The Open University – Free E-learning <https://www.open.edu/openlearn/science-mathstechnology/science/biology/understanding-cardiovascular-diseases/content-section0?active-tab=description-tab>

Health Promotion / Smoking Cessation

Health promotion is the process of empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral action to increase healthy behaviours. Disease prevention and health promotion share many goals, and there is considerable overlap between functions. Health Promotion in General Practice is a growing field and an area of practice that you will be involved with on a daily basis. An area of success in health promotion has been the development of smoking cessation clinics run by GPNs.

Smoking Cessation Resources

- <https://www.england.nhs.uk/leadingchange/staff-leadership/smoking-cessation/smokingcessation-resources/>

Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care (King's Fund, 2014). Falls are increasingly common with age and frailty and must form part of a prevention care plan for all patients.

NICE Guidance (2015) Falls in older people <https://pathways.nice.org.uk/pathways/preventing-falls-in-older-people>

Loneliness & Social Isolation

Loneliness and social isolation are often discussed in the same sentence; however, they mean different things. Loneliness can be understood as an individual's personal state of mind that perceives themselves to be lonely; whereas social isolation refers to separation from social or familial contact, community involvement, or access to services. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. Older people are particularly vulnerable to loneliness and social isolation and the impact on their health can be detrimental to their quality of life. Social isolation is associated with raised blood pressure, poor physical health, increased mortality and poorer mental health including depression, suicide and dementia.

Aspects of Mental Health & Dementia

Depression can be difficult to detect as symptoms can be non-specific, e.g. tiredness, forgetfulness, malaise or insomnia, which may well be identified in part as consequences of modern-day living.

Dementia is one of the biggest challenges faced by an ageing population in the UK today. Often people who have dementia are looked after by their families for as long as possible at home, and this is where as a General Practice Nurse you will come into contact with them. The symptoms, types and treatment options for dementia are complex and varied and require in-depth specialist knowledge.

Learning Disability

People with learning difficulties are often disadvantaged in relation to accessing good health and health services. This might be for many reasons, including lack of awareness that they might have a health issue, understanding what constitutes a healthy lifestyle and even knowing how to make an appointment. It is important that we give thought to our knowledge and understanding around learning disability, in order to advocate for supporting their health and wellbeing. Primary Care liaison nurses are available in many areas to provide training, advice and support for Primary Care staff in meeting the health needs of people with a learning disability.

Mencap also produce useful resources for healthcare professionals:

<https://www.mencap.org.uk/learning-disability-explained/resources-healthcare-professionals>
Cultural / Spiritual Aspects of Care

Spiritual, cultural and religious needs play an important part in many people's lives and should not be underestimated when considering a patient's health and wellbeing. Religion and spirituality can play an important role in guiding the lives of people and can assist in establishing meaning to their lives. Cultural belief systems can also help with explanations of illness and causal factors. It is with this in mind that when delivering patient care that these aspects are considered and discussed with patients, to assist you further in building a meaningful relationship.

End of Life Care

End of life care is central to the care provided by the General Practice Nurse within primary care. It requires an active compassionate approach that treats comforts and supports individuals who are dying from progressive or chronic life-threatening conditions. The term 'end of life care' includes wider aspects of care of the dying e.g. supportive, palliative and terminal care that could go on for the last weeks, months or years of life. Macmillan nurses and palliative care nurses will be included in the wider multi-disciplinary primary care team and will work closely with GPs and other nurses in sharing expert knowledge and providing support when caring for those patients at the end of life.

Conclusion

The above section focussed upon the fundamentals of nursing in a General Practice setting. It highlighted some of the key responsibilities and skills required to deliver high quality patient care at all times. The complexity of this varied role cannot be underestimated and the importance of continuing to develop your learning to provide the best possible person-centred approaches to care.

GPN Checklist

Role and Organisation Induction Within the first few weeks	Date completed
THE ROLE OF THE General Practice Nurse	
Review Job Description	

Contract of Employment and Probationary Period	
Annual Appraisal / PDR	
Professional Indemnity Insurance	
NMC Revalidation	
Definition of a General Practice Nurse	
Key Skills required	

The role of other community health and social care professionals	
Personal Skills Assessment	
Transferable Skills – Four Fields of Practice	
CLINICAL COMPETENCIES CHECKLIST	
Skills 'SWOT Analysis'	
General Support / Preceptorship / Clinical Supervision	
Social Media	
Personal Resilience	
Leadership Skills	
Record Keeping	
Child Protection	
Duty of Care	
Adults at Risk / Adult Safeguarding	
Consent and Capacity	
NURSING SKILLS	
Person and Relationship- Centred Approaches to care	

Comprehensive Health Assessment – including- history taking, clinical examination and nursing diagnosis	
NHS Health Screening	
Medicines Management / Electronic Medicines Compendium/ British National Formulary	
Patient Group Directives	
Patient Specific Directives	
Vaccinations	
Travel Health	
Ear Care	
Sexual Health/ Contraception/ Cervical Screening	
Wound Management	
Introduction to Long Term Conditions	
Frailty	
Diabetes	
Respiratory Care	
Coronary Vascular Disease	
Health Promotion / Smoking Cessation	
Falls	
Loneliness and Social Isolation	
Aspects of Mental Health and Dementia	
Learning Disability	
Cultural/ Spiritual Aspects of Care	
End of Life	

NB This list is not exclusive and topics can be added or removed according to area of practice.

Orientation Introduction

A good initial orientation into a new work setting could be the difference between retaining an employee, or them deciding that it is too daunting and deciding to leave. Orientation 'sets the scene' for what the employee can expect from an employer, colleagues, clients and the whole organisation.

The beginning of a newly qualified nurse's career can be challenging and initial experience can shape how they develop in their career, so to assist in the best possible start, it is essential that a quality orientation is adopted in a structured and considered manner. The physical introduction to an organisation cannot be underestimated and a planned timely guided tour will in the first instance provide a warm welcome.

Providing information regarding health and safety requirements and responsibilities ensures that the new nurse knows who to contact and where to go to if safety is compromised. By discussing all terms and conditions of employment and setting a detailed induction programme for the individual, communicates clearly early on the commitment to them as a new employee.

Orientation Checklist

Introduction to Workplace Within the first few days	Date Completed
INTRODUCTION TO THE PRACTICE	
Tour of practice premises / site – including emergency exits and door codes	
Practice Profile / Local Hospitals	
Fire Procedures, location of alarms (how to operate) and emergency exits, extinguishers, evacuation and assembly points. Fire wardens	
Location of Emergency equipment e.g. Defib, Oxygen, ECG, Emergency Kit bag, Spillage kit	
Dining facilities /coffee area, fridges, safe storage	
Location of toilets, cloakroom	
Dress code requirements and organisation policy, also access to uniform	
Identification of any special requirements in order that 'reasonable adjustments' can be made	
Introduction to key people, immediate colleagues	
Introduction to a previous identified mentor or buddy	
Socialisation – how to develop and build new relationships within a new team	

General Support	
DOCUMENTATION & INFORMATION	
Health & Safety in the workplace	
Health & Safety Procedures – Moving & Handling, Infection Control/ Sharps	
Accident Reporting & COSHH Folders	
TERMS & CONDITIONS OF EMPLOYMENT	
Working hours, shifts, rotas and breaks	
Security of personal belongings/property, personal safety whilst working	
Safe Working – Security / Panic button / Chaperones	
Lone worker Policy	
Appointment System / Admission & Discharge processes / Handover	
Direct to and provide equipment for role eg computer, stationary, diaries, mobile phones – including passwords and access to IT support	
All equipment shown and discussed and training needs discussed	
Prescribing Protocols, Referral, Test Requests	
Infection Control / Sharps Disposal / Handwashing Techniques / autoclave requirements	
How to order equipment, clinical storage, specimen collection and storage	
Stock Management	
Identification of all local area or Trust specific Induction	
Statutory & Mandatory Training Checklist	
General (Written) plan and discussion of further Induction into the organisation and role	

NB This list is not exclusive and topics can be added or removed according to area of practice.

Conclusion

This section has demonstrated that comprehensive orientation to a new work environment is crucial for the General Practice Nurse, with an emphasis on ensuring true integration to this new area of practice.

Employers

The HEE (2017) General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform stated that:

“There needs to be a cultural shift amongst some General Practice employers and greater recognition in General Practice nursing induction programmes to support nurses transitioning into GPN roles which often challenges them with new ways of working.”

This section will provide an overview of the areas that an employer should be considering when inducting newly qualified General Practice Nurses into this new setting. It discusses the preemployment checks that should be in place in the initial stages and develops a narrative around the ethos of the specific organisation, including a mission statement and business objectives.

Introducing the new employee to policy and procedures and the world of regulation and monitoring is given with a more detailed explanation of Quality Outcomes Frameworks and the role of the Care Quality Commission.

There is an emphasis on the responsibility of the employer from a Health and Safety perspective and consideration of any reasonable adjustments that need to be made in order to support the new employee to be able to carry out their role.

Finally, this chapter examines statutory and mandatory training as there are many frameworks under which employers should be delivering mandatory training. Frameworks will vary depending on the risks encountered in the working environment, the needs of the workforce, insurers' standards, and the governance and legal frameworks in place and country specific requirements.

New GP Contract (2019)

The new GP contract for England is the biggest change to GP services since 2004. The Contract includes changes that will directly impact the work of practice nurses over the next five years, and the future of the profession.

The Quality Outcomes Framework (QOF)

The QOF consists of 'clinical domains' that relate to long term or enduring medical conditions that patients may present with, such as diabetes. Practices are required to hold registers of their patients with these specified conditions and to meet specific targets relating to their management, in order to achieve the additional funding. There are also public health domains such as the primary prevention of cardiovascular disease.

Each domain is worth a fixed number of points and practices score points according to the level of achievement within each domain. The higher the number of points achieved, the higher the financial reward to the practice. The aim of the QOF is to improve standards of care, provide information and to enable practices to benchmark themselves against local and national achievements (The Health and Social Care Information Centre, 2012).

Useful Resources

- Quality Outcomes Framework <https://www.nhsemployers.org/your-workforce/primary-carecontacts/general-medical-services/quality-and-outcomes-framework>
- 2018 /19 The General Medical Services GMS contract Quality Outcomes Framework QOF – Guidance for GMS Contract April 2018 <https://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/QOF/2018-19/2018-19-QOF-guidance-forstakeholders.PDF?>

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act (2012). Primary Care co-commissioning is one of a series of changes set out in the NHS (2014) Five Year Forward View, which gives CCGs an opportunity to take on greater responsibility for GP Commissioning. CCG will have a GPN lead, who can provide information and signpost local GPN networking groups. Some even provide regular emails to those GPNs in their locality regarding events, courses and other information.

Another initiative is the creation of Primary Care Networks sometimes known as ‘Primary Care Homes’ or ‘Primary Care Neighbourhoods’. All GP practices are being encouraged to be part of a local primary care network. Primary care networks are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

It would be an advantage for you to find out more about your local CCG and Primary Care Network.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high quality care. As a General Practice Nurse, you may from time to time be involved when the CQC comes to inspect your place of work. You may also be aware of their monitoring role in your day to day practices as the organisation adheres to their recommendations, action points and reporting measures to improve quality care.

The inspections are based upon five key questions:

1. **Is it safe?** – Patients are protected from physical, psychological or emotional harm or abuse.
2. **Is it effective?** – Patients’ needs are met and care is in line with national guidelines and NICE quality standards, and promote the best chance of getting better.
3. **Is it caring?** – Patients are treated with compassion, respect and dignity and that care is tailored to their needs.
4. **Is it responsive to people’s needs?** – Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to.
5. **Is it well led?** – There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience.

To read more about the Care Quality Commission visit their website.

At the end of an inspection where all the evidence collected is assessed, the inspection team

will make a judgment about the care home's quality of service for each of the five key lines of enquiry.

The ratings are categorised as:

- Outstanding
- Good
- Requires Improvement
- Inadequate

How the CQC monitors, inspects and regulates NHS GP Practices

https://www.cqc.org.uk/sites/default/files/20180306_how-we-regulate-primary-medicalservices-gp-practices_updated.pdf

Sources of information CQC Insight includes a range of information on practice activity and patient experience, including from:

- Quality and Outcomes Framework (NHS Digital)
- GP Patient Survey (NHS England)
- NHS Business Services Authority
- Public Health England

Employers' Checklist

Role and Organisation Induction Within the first few weeks	Date Completed
DOCUMENTATION & INFORMATION REQUIRED	
Documents confirming proof of eligibility of employment withi	
P45 / National Insurance Number	
Salary Information – bank details & paperwork	
Pension Details	
Emergency Contact details	
DBS/NMC Pre- Employment Checks / Revalidation date	
Driving Licence	
EMPLOYER INTRODUCTION	
Organisations – Mission or Values Statement / Business Objectives	
Business Objectives- to include QOF Commitments	

Organisations Structure – lines of responsibility and accountability	
Area of work or Department / Staff Meetings	
Allocation of Mentor	

TERMS & CONDITIONS OF EMPLOYMENT	
Contract of Employment	
Job Description – clarity of duties and role of new staff member	
Indemnity Insurance details	
Probationary Period – 3month date / Action Planning	
Period of notice	
ID badges / access codes / smart cards / car parking	
Uniform Policy	
Leave Policy – annual, sick, maternity, paternity, compassionate, study - All leave booking protocols	
Initial PDR / Appraisal / Performance Review	
Clinical Supervision / Support	
Confidentiality – data protection GDPR Policy	
HEALTH & SAFETY	
Emergency Procedures	
Risk Assessment	
Reporting of Incidents	
Health Surveillance Procedures	
The role of the Safety Representative	
Safety Handbook	

WORKER / EMPLOYER RELATIONS	
Ascertain any 'special requirements' of staff member that may require reasonable adjustments	
Trade Union Membership	
Access to local Trust Policies (if applicable)	
WELFARE & WORKER BENEFITS / FACILITIES	
Childcare vouchers	
Protective Clothing – supply / replacement	
Medical services	
Savings scheme	
Transport / Parking arrangements	
Practice discounts	
POLICY & PROCEDURES	
Audit – Patient Assessment & Monitoring Policy (Track and Trigger tools)	
Complaints Procedure	
Whistleblowing	
Serious Untoward Incidents	
Bullying & Harassment Policy	
Grievance & Disciplinary Policy	
Appeals Processes	
Whistleblowing	
Primary Care & Community Care Structures / Role of the Clinical Commissioning Groups – Link	

REGULATION	
Care Quality Commission – CQC	
NMC Regulation and Revalidation	
EMPLOYEE DEVELOPMENT	
Career options including promotion	
Training & Education Provision	
Statutory & Mandatory Training Checklist	

NB This list is not exclusive and topics can be added or removed according to area of practice.

Statutory & Mandatory Training

Statutory training normally refers to training that an organisation is legally required to provide as defined by law, or where a statutory body has instructed organisations to provide training on the basis of legislation. Mandatory training refers to essential training that an organisation provides for the safe and efficient running in order to reduce organisational risks and comply with policies, government guidelines. Essential or compulsory are also terms used to describe mandatory training. Some organisations use mandatory training as a 'catch all' phrase to cover mandatory and statutory training. There are many frameworks under which employers should be delivering mandatory training. Frameworks will vary depending on the risks encountered in the working environment, the needs of the workforce, insurers' standards, and the governance and legal frameworks in place and country specific requirements.

Statutory & Mandatory Training Checklist

Ongoing	Date Completed
E-Assessments	
Infection Control	
Anaphylaxis / Basic Life Support / CPR	
Management of Emergency Situations	
Health and Safety	
Fire Safety / Evacuation	
Information Governance / GDPR	
Child Protection / Adult Safeguarding	

Equality and Diversity	
Moving and Handling	
Conflict Resolution	
Bullying and Harassment	
Prevent Strategy	

NB This list is not exclusive and aspects can be added or removed according to area of practice.

Education Introduction

If a future GPN workforce is to be successfully recruited there must be a radical review of how GPNs are trained and educated. The traditional route of training GPNs is not sustainable HEE (2018) and therefore the GPN10PP seeks to develop and new and alternative ways of training. All GPNs should have access to accredited training to equip them for each level of their role.

Education and Training Needs Assessment

Throughout this template education and training have been referred to both in the practice setting and more formalised education in the university setting. Both are deemed as crucial elements for the development of the role of the General Practice Nurse. As a new General Practice Nurse along with your mentor and employer it will be important for you to recognise where you have deficits in your education and to seek out relevant courses to support your growth and development as a competent practitioner.

Reflective Practice

Professional reflective practice

However much you prepare and try to address your concerns ahead of beginning your career in primary care, you will find that as you practice new learning, new strengths and new concerns will emerge. Your nursing practice should become the richest source of your learning. In all professional roles it is important to spend time actively thinking back on what happened in practice situations; how you felt, how you managed the situation and what the outcome was.

This kind of thinking is called reflection and regular reflection will help to improve your practice. Reflection is critical thinking and is a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice¹. It is common for people to reflect back on situations when 'something has gone wrong'². It is good reflective practice to reflect on a variety of situations from practice, including ones that ended with positive and negative outcomes.

Models can help some nurses structure their thinking, when undertaking reflective practice. There are many models of reflection that can be used. However, the model that is used is not as important as long as a process occurs. One of the most common models of reflection is Johns (1992), the basics of which are:

Johns' model of reflection³

- Description of the experience - describe the experience and what were the significant factors?
- Reflection - what was I trying to achieve and what are the consequences?
- Influencing factors - what things like internal/external/knowledge affected my decision making?
- Could I have dealt with it better - what other choices did I have and what were those consequences?
- Learning - what will change because of this experience and how did I feel about the experience? ⁴

Models are simply tools that you are free to use to support your own reflective practice. More important than the choice of model itself, are the skills to reflect, read body language, think deeply and laterally, and ask yourself honest exploratory questions with a focus on personal improvement as a nurse.

In the 'Gibbs reflective cycle'¹⁵ there are six steps to aid reflective practice:

1. **Description:** First you describe what happened in an event or situation
2. **Feelings:** Then you identify your responses to the experience, for example "What did I think and feel?"
3. **Evaluation:** You can also identify what was good and bad about the event or situation. **4. Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience.
5. **Conclusions:** With all this information you are now in a position to ask "What have I learned from the experience?"
6. **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

The Driscoll Model⁶

Another model to support reflection is the Driscoll Model. It follows a simple three stage process:

1. What happened? Describe the event in practice
2. So what? Analyse the event
3. Now what? Take action based on the result of learning from experience in clinical practice

Johari Window⁷

When making the transition in to a new working environment, a model such as the Johari Window might help to raise your self-awareness, personal development and group relationships. Your relationship with your colleagues and employer may feel very different.

1 The KNOWN SELF Things that you know about yourself and that other people know about you	2 The HIDDEN SELF Things that you know about yourself and other people do not know about you
3 The BLIND SELF Things that other people know about you that you do not know about yourself	4 The UNKNOWN SELF Things that neither you nor other people know about you

The Johari Window may help you explore your own behaviour and attitudes at a deeper level. By working with others to complete it, you can learn new things about your impact on others. The challenge is to explore and understand a little bit more about you using this framework.

By considering the four domains it should assist you to identify what is known by you, what is known by others and what is yet to be discovered. It can assist to get feedback on performance and increase self-awareness of your own practice.

An example: using the Johari Window to reflect on a scenario

A patient is admitted to the care home you are working in, and you observe that their general condition has deteriorated in the last twenty-four hours. Your assessment is that they present as over anxious and depressed although their general observations are within normal limits. You feel the need to act as an advocate for this patient and decide to contact the GP.

1. Known self - these are things that you know about yourself and that you may consciously present to others.

I felt happy that I had the ability to rely on my knowledge of the deteriorating resident.

2. Hidden self - these are things that you know about yourself but you choose to hide from others.

I felt a degree of concern that the GP would not take my word for the general deterioration of the patient especially as her vital signs were not in question. This was giving me a physical reaction to my anxiety and my heart was beating faster.

3. Blind self - these are things about you that others can see but are unknown to you.

When reporting back to my senior nurse the anxieties I had about this patient and how I acted, I was somewhat surprised at the amount of faith she had in my ability to cope. She stated that she could see how I had developed over previous months and knew that this type of situation 'would not faze me.'

4. Unknown self - these are feelings and abilities that you are not aware of and which others have not seen.

As I grow in experience, I feel that I am working towards a more senior role within the practice and the GP trust my clinical decisions.

How well do you feel you engage with patients in the clinic setting? The Burford Model of Reflection⁸ is a series of questions designed to promote deeper thinking about a patient and their life circumstances. The tool may help you to reflect on your patients and their families.

Although models can be helpful to guide your process, the key to writing reflectively is to structure reflective work into your everyday practice, to be brave and ask yourself tough and difficult questions, to be honest with yourself and to be committed to learn from experiences.

Some questions to use when writing reflectively

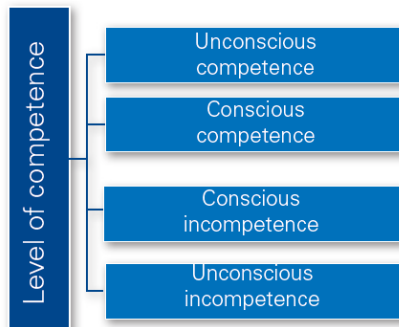
The questions you can ask yourself when reflecting are limitless, and the best insights may come from the questions you have thought of yourself. However, as a starting point here are some questions you could use to think back over an experience to extract key learning to improve your practice.

- Where the event took place?
- Who was involved?
- What actually happened?
- How you were involved?
- What your feelings were at the time?
- What contribution did you make?
- What happened after the situation?
- What did you learn from this experience?
- Did you gain any new knowledge?
- Did you gain any new skills?
- What does this mean for your ongoing personal and professional development?

Working within your own scope of practice

In all nursing, it is essential for you to know what your level of knowledge is, to ensure you are working within your competence at all times. This ensures that you are protected and that the care you provide is safe and effective.

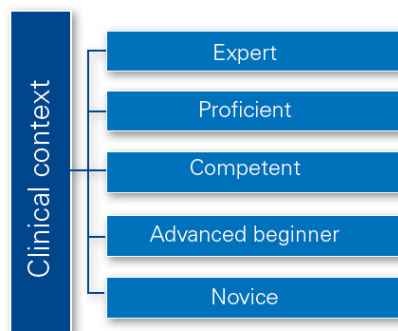
Look at the diagram below and read the description below - where would you place yourself on the ladder of competence?



- Unconscious Incompetence – You don't know that you don't know
- Conscious Incompetence – You know that you don't know
- Conscious Competence – You know that you know
- Unconscious Competence – You don't know that you know, it just seems easy!

Using this ladder as a tool will assist you in identifying where more learning needs to take place, but it also helps you reflect on your areas of competence.

Benner's Model – Ranking your competence



Benner's model describes how nurses pass through five levels of proficiency, as they develop a new skill: novice, advanced beginner, competent, proficient, and expert. This model may help you and your buddy to identify those areas of skill and knowledge requiring further development.

National Organisations

DHSC	The Department of Health and Social Care (DHSC) helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.
NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHSfunded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.
NHS England	NHS England – abbreviated to NHSE - leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS, encourages, and informs the national debate to improve health and care.
The Royal College of Nursing	The Royal College of Nursing (RCN) is the world's largest nursing union and professional body. It represents more than 435,000 nurses, student nurses, midwives and health care assistants in the UK and internationally.
The Queen's Nursing Institute	<p>The Queen's Nursing Institute (QNI) is a registered charity dedicated to improving the nursing care of people in the home and community and primary care setting. The QNI achieves its objectives:</p> <ul style="list-style-type: none"> • Through our national network of Queen's Nurses, who are committed to the highest standards of care and who lead and inspire others • By funding nurses' own ideas to improve patient care, helping them develop their skills through leadership and training programmes • By publishing research into nursing practice, workforce and education, improving knowledge and standards • By influencing government, policy makers and employers, and campaigning for investment in high quality community nursing services • By offering educational grants to enhance nurses' clinical knowledge • By helping working and retired community nurses in times of financial need or life crisis • By linking up working and retired nurses for regular telephone contact.

The role of Health Education England (HEE)

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

Association of Academic General Practice Nurse Educators (AAGPNE) – HEIs

This initiative arose following findings arising from the QNI project to develop voluntary standards for senior General Practice Nurses, and is funded by NHSE. Telephone interviews undertaken as part of the project with GPN HEI (university) educators identified feelings of

isolation and limited collaboration between HEIs. A forum has now been established, bringing HEI GPN programme leads from England, Northern Ireland and Wales together to network and work collaboratively.

Community Education Provider Networks (CEPNs) – Training Hubs

Community Education Provider Networks (CEPNs) are organisations which run non-academically accredited courses for Primary Care staff. They are primarily funded by Health Education England and are based in General Practice. The CEPNs sometimes work with the University around supporting the GPN workforce.

General Practice Nursing 10 Point Plan – GPN10PP

The GPN10PP is a vital document for all nurses working in General Practice to read and understand, as it outlines the future direction and career progression of General Practice nursing. <https://www.england.nhs.uk/wp-content/uploads/2018/01/general-practice-nursing-ten-pointplan-v17.pdf>

Key Educational Resources

All GPNs should have access to accredited training to equip them for each level of their role. Training should be aligned with the following:

- RCGP General Practice Foundation, General Practice Nurse Competencies [file:///C:/Users/user/Downloads/RCGP-GPF-Nurse-Competencies%20\(1\).pdf](file:///C:/Users/user/Downloads/RCGP-GPF-Nurse-Competencies%20(1).pdf)
- QNI (2015) Transition to General Practice Nursing Resource <https://www.qni.org.uk/wpcontent/uploads/2017/01/Transition-to-General-Practice-Nursing.pdf>
- HEE (2015) District Nursing & General Practice Nursing Services Education & Career Framework https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf
- QNI/QNIS (2016) Voluntary Standards for General Practice Nurse Education and Practice. <https://www.qni.org.uk/wp-content/uploads/2016/09/GPN-Voluntary-Standards-for-Web.pdf>

Education Checklist

Knowledge and Skills Assessment Within the first few weeks and as part of Induction	Date Completed
Education and Training Needs Assessment	
Assessment and Supervision	
Study Leave entitlement / Application processes	
Protected Learning Time	
Reflective Practice	
Working within a scope of Practice / Competence	
Leadership Development	

GPN10PP	
Primary Care & Community Care Structures	
Role of National Organisations	
Education Programmes	
AAGPNE	
CEPN's – Community Education Provider Networks	
KEY EDUCATIONAL RESOURCES	
RCGP General Practice Nurse Competencies	
QNI Transition to General Practice Nursing Resource	
HEE Framework DN & GPN Practice Education and Career Framework	
QNI Voluntary Educational Standards	

NB This list is not exclusive and aspects can be added or removed according to area of practice

Resources

- HEE (2017) General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform
- HEE (2015) District Nursing and General Practice Nursing Service- Education and Career Framework
- HEE (2015) Raising the Bar- Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants
- Kings Fund (2015) Placed based systems of care – A way forward for the NHS in England
- NHSE (2016) The General Practice Forward View
- NHSE (2017) General Practice – Developing confidence, capability and capacity: A ten point action plan for General Practice Nursing
- NHS (2019) The NHS Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>
- PHE (2016) Making Every Contact Count
- Primary Care Workforce Commission (2015) The Future of Primary Care – Creating teams for tomorrow
- QNI (2016) Transition to General Practice Nursing Resource
- QNI (2016) General Practice Nursing in the 21st Century: A time for Opportunity

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<https://spark.adobe.com/page/tlR3zcqpuiTfa/>

External Review Panel

Name	Role	Organisation
Dr Pete Lane	Clinical Lead	HEE Primary Care Workforce and Training Hubs across Yorkshire and Humber
Gillian Beardmore	Primary Care Workforce Lead	HEE East Midlands Office
Dr Susan Walker	Senior Lecturer	Anglia Ruskin University
Elaine Biscoe	National Clinical Advisor	Primary Medical Services
Pippa Rose	GPFV Transformation Programme Nursing Lead	NHSE Cheshire & Merseyside
Ellen Nicholson	Forum Member	RCN GPN Forum
Beth Hawkes	Lecturer in Primary Care Nursing	University of Plymouth
Sheinaz Stansfield	Practice Manager	Tyne & Wear
Jane Hubble	Lead Nurse Primary Care	NHS Birmingham and Solihull CCG
Nicky Sheerin	Lead Nurse	Midlands Medical Partnership
Julie Garrick	Director of Nursing	GPS Healthcare, Solihull
Beverley Williams	Practice Nurse	Sutton Coldfield
Hilary Kemp	Advanced Nurse Practitioner	Birmingham
Angie Hack	Project Manager	QNI

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General Practice Nurses

Note: DBS/NMC/Pre-employment checks must be completed as part of the Pre-employment assessment prior to induction.

Practice Nurse: Annual Appraisal

Although circumstances vary between practices, this form is recommended for use, by arrangement, as the basis of discussion between a GPN and their appraiser whether a doctor, practice manager or nurse colleague. It is important for GPNs that they are given time to prepare this form and gather information at least three months before their appraisal interview is due.

Section 1: Details of the Interview



Name of Appraisee:			
NMC Number			
Reregistration Date			
Professional Organisation Membership e.g. RCN, UNISON			
Are you named under the practice's indemnity cover?			
Mailing Address:	Email Address:	(Please mark preferred method of contact)	
Practice Telephone No:			
Name (s) of Appraiser (s)			
Role/relationship Internal Appraiser GP PM Nurse Colleague External Appraiser Practice Nurse Advisor Other			
Date of Appraisal Interview			
Is there an agreed current job description for this post?	Yes	No (please circle)	
Do you have a contract of employment for this post?	Yes	No (please circle)	

We have discussed the aspects of this interview relating to confidentiality
To be ticked by the appraisee in confirmation at the start of the interview



Section 2: The job you do

What effective qualifications do you hold on the NMC register relevant to your current job?

If appropriate, describe the practice(s) in which you work:
What is the practice list size?
Describe the structure of the practice nursing service in your practice e.g. number staff, number sessions, and work undertaken
Are you a specialist working with a specific group of patients, or are you a generalist working with all patient groups?

Please examine your role within the practice, broadly describing your clinical work, including any duties which require particular clinical knowledge or skills, or for which you have particular clinical responsibility



Details of management/administrative responsibility and activity:

Partnership role (i.e. partner in practice)

Management role (within the practice and/ or nursing team)
Administrative role e.g. data collection, collation, analysis, call and recall audit
Details of teaching and/or research activities: Staff mentoring/Clinical Supervision

Teaching (all staff levels)
Research activity



Details of work for regional, national or international organisations:

Details of other professional activities:

As you consider the time since your last appraisal, what have been your achievements? These might be professional or personal)



Section 3a: Self-Assessment

This section allows self-reflection and helps you to identify key strengths and areas where you may be less skilled. The area chosen may be clinical or non-clinical.

What strengths or skills do you possess which help you deliver a high standard of care?

On reflection, what skills would you like to develop to benefit you and the practice in your role?

Are there barriers in place which prevent you from developing or utilising certain skills?

What could you do to improve this? How could you develop these skills

How could the practice help you improve these skills



Section 3b: Using your Evidence

This section gives you the opportunity to reflect on a specific area of practice

Which area of practice have you chosen to reflect on?
<div></div>
Why have you chosen this area of practice?
<div></div>
What have you learnt form the evidence you have collected?
<div></div>
Can you identify areas for further development and learning?
<div></div>



Section 4 (a): Review of Your Personal Development Plan from Last Year

If you have a plan from last year, complete the questions below and INSERT A COPY OF YOUR PLAN HERE. Where you have no development plan to review, you should move directly to Section 5.

In your previous personal development plan you identified specific learning needs. Which learning needs have you met and how did you meet them?

How has this helped maintain or enhance your delivery of care

Which learning needs have you not met?

Have you reflected on why this happened? Please consider any barriers you encountered and how you might overcome them



Section 4 (b): Review of your additional learning from last year

It is very likely that you will have engaged in other learning activities apart from those you planned to do in your personal development plan (or you may have had no formal plan at all. This section allows you and your appraiser to reflect on other learning activities you have undertaken and it may be useful to bring your PDP to the appraisal for reference when discussing your current and future plans.

What were the learning activities?
<div></div>
How has this helped maintain or enhance your delivery of care?
<div></div>
Your professional body requires that you can demonstrate a minimum of 5 days or 35 hours learning in the last 3 years. For convenience you may wish to list these here or bring your Prep folder
<div></div>

The Prep and revalidation requirements are professional standards set by the NMC. There are legal requirements, which you must meet in order for nurse and midwife registration to be renewed. See page 15 and <https://www.rcn.org.uk/professional-development/revalidation/professional-indemnity-arrangements>



Section 5: Your current personal development plan

Your identified learning need.

During the course of the year you will have identified development needs to help maintain the delivery of a high level of patient care. Reflecting on your needs, the needs of the practice, and the wider practice population, what do you need, or would like to change, develop or do differently in the way you practice? Remember that this should not be viewed as a wish list, rather a process of individual development which fits with the strategic development of the practice and the needs of the patient population.

What has made you highlight this as an area you need to change or develop? (For example, it may be as a result of the patient survey, or a critical event, a patient complaint, or personal observation. It may be that you have skills which are not recognised which you wish to utilise).



Discussion with your appraiser about how to meet the identified learning needs

What are your learning needs?

How are you going to learn this? For example, is the learning practice based, mentoring by a colleague, study day attendance, accredited training, distance learning, blended learning, self-directed learning?

How will you know when you have met this need, i.e. what will you be doing differently?



Section 6. Accountability

Use the space to review any issues surrounding your accountability within the practice. For example: Are you and your partners clear as to the boundaries of your role? Are you clear about where your accountability for staff and other issues begins and ends? In deciding whether there are matters to raise, you should bear in mind the advice of the NMC Code.

The Code says that:

“As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions” AND “You must always act lawfully, whether those laws relate to your professional practice or personal life.”

(Accessed 25.02.2009)

Section 7. Health and Other Personal Circumstances

Please may wish to use this space to reflect on any circumstances or conditions in your personal or professional life which could have an impact on your personal health and/or on your ability to carry out this role.



How will you know when you have met this need i.e.; what will you be doing differently?

The Future

Considering the future plans of the Practice – how would you anticipate your job could develop or otherwise change over the next year?



Section 8: Any other issues

Please note any other issues you wish to discuss with your appraiser. (For example, are there any particular circumstances which have helped or hindered your performance over the last year? These may include time management, work< load management, skill mix, autonomy and personal and practice development).

SAMPLE



Preceptorship

Preceptorship Framework

Introduction

This preceptorship framework is a resource for Primary Care across Lancashire & South Cumbria to support the practice of newly registered nurses, nurses returning to practice and registered nurses new to working in general practice nursing (GPN) roles.

This recommended 'best practice' approach to preceptorship has been developed by the Fylde & Wyre Enhanced Training Practice.

This approach recognises that where preceptorship is firmly established as part of an employer's organisational culture, there are significant benefits for the nurses, other staff and the organisation itself in terms of retention, recruitment and staff engagement.

Background

Preceptees benefit from increased competence and confidence through a preceptorship programme. Odelius *et al* (2017)

Newly registered nurses become accountable as soon as they are registered and this transition from student to 'accountable practitioner' is known to be challenging (Higgins *et al* 2010). The purpose of preceptorship is to provide support during this transition.

Preceptorship programmes may include classroom teaching and attainment of role-specific competencies, however the most important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered nurse to develop their confidence, competence and autonomy.

Who is Preceptorship for?

Lancashire & South Cumbria GPN collaborative recommends that Preceptorship should be available to all newly registered nurses, nurses returning to practice and registered nurses new to working in general practice nursing (GPN) roles.

Preceptorship may be utilised by other organisations for other nurses such as overseas nurses or return to practice nurses. Preceptorship is also pertinent for Allied Health Professionals. For nurses working in general practice it provides a professional support and career structure and potential solution to recruitment and retention of GPNs.

Currently, the Nursing and Midwifery Council (NMC) states that a new registrant on a preceptorship programme should have learning time protected in their first year of qualified practice and access to a preceptor with whom regular meetings are held. They also strongly recommend that all new registrants should have a formal period of preceptorship of about four months but this may vary according to individual need.

Length of Programme

The recommended length of a preceptorship programme is 12 months from the date of joining the practice.

The length of preceptorship may be flexible for some in terms of individual needs or practice/employers requirements. It should be a minimum of 6 months for all newly registered nurses, nurses returning to practice and registered nurses new to working in general practice nursing roles; which falls in line with national recommendations of 6-9 months.

During the 12-month programme there will be certain expectations of both the Preceptor and Preceptee in terms of engagement in the relationship and completion of defined competences. These should comply with HEE Standards and examples of indicative content of a preceptorship programme can be found in Appendix One.

It should include a minimum supernumerary period of two weeks to cover local practice induction. This should be agreed locally with the practice/employer, Preceptor and line manager and the expected outcomes of the supernumerary period made explicit.

Protected Time

Protected time should be allocated for both the Preceptor and the Preceptee, which should be supported by the practice /employer.

The purpose of this protected time is to support the newly registered nurse, nurses returning to practice and registered nurses new to working in general practice nursing roles, build confidence and competence, consolidate learning and build resilience.

This can be achieved through a combination of working together with a Preceptor, reflection, action learning, supervision and work-based learning. The provision and format of this protected time may vary dependent on the working environment. The recommended requirements are:

- The Preceptee and the Preceptor should work alongside each other at least four working days in the first month.
- Regular formal meetings during the preceptorship period.
- Half-day initial training workshop for preceptors – blended learning approach
- It is recommended that there are formal review meetings between the Preceptor and Preceptee at regular intervals during the preceptorship period: Initial meeting – to set expectations and learning plan

- Interim meetings to monitor progress, share reflection and further consider development needs. It is recommended that these formal reviews are held at 3, 6 and 9 months
- Final meeting to establish competence and sign off after 12 months.

The purpose of these meetings is to provide a supportive safe place for the Preceptee to reflect on their progress and experience. Responsibilities and expectations for both Preceptor and Preceptee are outlined in Appendix 2. Meetings should be documented briefly, and this record dated and signed by both the Preceptor and Preceptee. Templates to help guide the meetings can be found in Appendix 3.

The timing of preceptorship meetings may be amended and outcomes shared with the appropriate manager, in order to inform decisions about the probationary period.

Preceptee

The Preceptee is responsible for engaging fully in the preceptorship programme. This involves a number of activities including completing induction and other required training, attending regular meetings with their preceptor, actively seeking feedback, escalating concerns, reflecting on their professional practice and taking ownership of their own development.

Preceptees should be encouraged to utilise their preceptorship period, and develop their portfolio towards NMC revalidation. It should be recognised that although formal study days are important, learning is achieved in a variety of ways including observation, workplace learning, e-learning, experiential learning, reflection and working with others. The Preceptee should be encouraged to make full use of all of these opportunities for learning.

Preceptors

Preceptors should be nurses with a minimum of 12 months' experience working as a registered nurse. They may volunteer or be asked to undertake the role by their lead nurse, line manager or clinical nurse managers. Research shows that the best preceptors are those who are volunteers and have more recent experience of being newly registered.

A Preceptor should have no more than two Preceptees at any one time. Some practices/employers/emerging GP federations may adopt a team preceptorship model.

The role of the Preceptor is to provide guidance to the Preceptee by facilitating the transition into their new role. The Preceptor supports the Preceptee to gain experience and apply learning in a clinical setting during the preceptorship period. A role descriptor for a Preceptor can be found in Appendix 4.

Preceptor Support and Development

Preceptors should be prepared for their role and be offered some development in understanding the preceptorship programme and skills required. Ongoing support for

Preceptors should be available from the organisation leads. A pan-Lancashire & South Cumbria approach to preceptorship is to be adopted.

Preceptorship Lead

Each practices/employer GP federation should have an appointed preceptorship lead who is responsible for overseeing the preceptorship programme which may include:

- Identifying Preceptors, knowing who they are and providing appropriate level of preparation and support
- Identifying all newly registered nurses requiring preceptorship and others for whom preceptorship is deemed beneficial
- Allocating or delegating the responsibility for identifying preceptors in time for the Preceptees start date
- Monitoring and tracking completion rates for all Preceptees
- Performing regular checks that the Preceptor / Preceptee relationship is working satisfactorily
- Identifying any development / support needs of Preceptors or Preceptees
- Measuring the effectiveness and impact of preceptorship programmes on retention and staff engagement

Ensuring preceptorship is operating within the DH framework (2010)

Preceptee Development

Preceptees should be provided with learning opportunities, including study days/sessions, over the first year, in addition to the supernumerary period. The content, frequency and running of these study days/sessions will depend on the practice/employer's needs, however the purpose is to ensure that the Preceptee is able to meet the required clinical and professional competences by the end of their preceptorship period.

Areas should include the nine domains of the Nurse Career Framework, which incorporates the fourteen elements outlined in the HEE standards, as referenced in appendix one.

Appendix One - Domains

The following provides additional description for the nine domains of the Nurse Career Framework to inform Preceptee development programmes to be completed over the 12 months*

Nurse Framework Domain	What it means – behaviours and outcomes
Clinical Practice	<ul style="list-style-type: none"> • Delivering person-centered, safe and effective care • Assessing and managing risks in delivering safe effective care to patients • Maintaining own skills and competence
Communication	<ul style="list-style-type: none"> • Sharing of health and care related information between a nurse and those in their care with both participants as sources and receivers. Information may be verbal or non-verbal, written or spoken • Understanding techniques to facilitate courageous conversations • Understanding ways of managing conflict, taking ownership and using effective communication in difficult situations
Teamwork	<ul style="list-style-type: none"> • Working effectively as part of a team to achieve value-added patient, staff and organisational outcomes • Working with colleagues and other multi- disciplinary professionals to provide a cohesive approach to patient care • Understanding the components of effective team work
Leadership	<ul style="list-style-type: none"> • Effectively utilising personal skills and attributes to inspire people to achieve a common goal • Taking ownership and responsibility for self and practice. Acting as a role model for others • Understanding role as a leader, reflect on leadership styles and qualities of a good leader

Professionalism and Integrity	<ul style="list-style-type: none"> • Demonstrating a strong sense of professionalism through values, behaviours and relationships in line with NMC Code of Conduct (2015) • Understanding range and remit of roles and scope of own responsibility. • Understanding professional accountability surrounding delegation
Research and Evidence	<ul style="list-style-type: none"> • Contributing to the body of nursing knowledge and using evidence to inform safe and effective practice • Understanding quality measures i.e. KPIs, friends and family, patient experience • Seeking out ways to develop and improve quality of practice and care
Safety and Quality	<ul style="list-style-type: none"> • Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care • Taking active measures to reduce the risk of harm and ensure the best possible health outcomes for people receiving care. • Understanding risks and safe levels of staffing. • Knowing how and with whom to raise issues • Understanding the appropriate policies
Facilitation of learning	<ul style="list-style-type: none"> • Creating an environment for learning and engaging in teaching and assessment • Learning with and from others, teaching others to improve patient care and collaboration • Understanding each other's professional roles and their contribution to the patient journey • Actively reflecting on positive and difficult situations and learning from these to improve practice



Development of self and others	<ul style="list-style-type: none"> • Helping self and others to identify learning needs and opportunities to achieve agreed goals • Taking an active part in own professional, personal and clinical development with PDP in place and planned learning activities • Understanding NMC revalidation requirements • Using emotional intelligence to work for, rather than against, promoting good working relationships. • Finding ways to manage stress and develop resilience • Identifying support networks and how to access help.
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Appendix Two - Charter between the Preceptor and the Preceptee

Preceptee

I, _____ commit to fulfilling my responsibilities as a newly registered practitioner and Preceptee. This includes:

- Completing all practice/employer local induction, statutory and mandatory training
- Attending study days and doing all required training to complete my preceptorship
- Observing and adhering to organisation values
- Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor
- Working collaboratively with my preceptor to share my reflections and identify learning and development needs
- Seeking feedback from others to inform my progress
- Owning my learning and development plan

Signature:

Date:

Preceptor

I, _____ commit to fulfilling my responsibilities as a preceptor. This includes:

- Providing support and guidance to the newly registered nurse
- Acting as a role model and critical friend
- Facilitating introductions and promoting good working relationships



- Participating in all preceptorship activities including completing required training, preparing for, attending and documenting regular scheduled meetings
- Providing timely and appropriate feedback to the Preceptee
- Liaising with manager about Preceptee's progress as appropriate
- Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources

Signature:

Date:

Contact Details:



Appendix Three – Meeting Templates

The following templates are suggested formats for formal review meetings to be completed by both Preceptor and Preceptee, signed, dated and each maintaining a copy.

INITIAL MEETING

Preceptee Name:
Preceptor Name:
Date of Meeting

Expectations:
Induction Checklist:
Study days / eLearning Planned:
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound
Comments / Notes:



Next Meeting Date:

Preceptee Signature:
Preceptor Signature:
Date:

INTERIM MEETING

Preceptee Name:
Preceptor Name:
Date of Meeting:

Reflection on what has gone well and any challenges:
Study days / eLearning completed. Future study days planned:
Review of previous development objectives:
Development plan:
Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

Comments / Notes:

Next Meeting Date:

Preceptee Signature:

Preceptor Signature:

Date:



FINAL SIGN-OFF MEETING

Preceptee Name:

Preceptor Name:

Date of Meeting:

Reflection on what has gone well and any challenges:

Study days / eLearning completed. Future study days planned:

Review of previous development objectives:

Development plan:

Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

PRECEPTORSHIP SIGN-OFF DECLARATION

This is to confirm that the Preceptee has completed all aspects of the preceptorship programme satisfactorily



Preceptee Name:

Signature:

Preceptor Name:

Signature:

Practice/Employer Lead Name:

Date of Completion:

Appendix 4

Role Descriptor for a Preceptor

Role Overview

To provide guidance to the graduate nurse by facilitating the transition from student to registered nurse by gaining experience and applying learning in a clinical setting during the preceptorship period.

Responsibilities

The role of the Preceptor is to:

1. Possess a good understanding of the preceptor framework requirements and communicate these to the newly registered nurse clearly and concisely
2. Ensure induction has been completed and check that the Newly Registered Nurse is fully aware of local ways of working and appropriate policies
3. Facilitate introductions for the newly registered nurse to colleagues, multi-disciplinary staff and others, promoting effective working relationships
4. Guide in assessing learning needs and setting achievable goals with regular and confidential review with the newly registered nurse
5. Use coaching skills to enable the newly registered nurse to develop both clinical and professionally and to develop confidence
6. Facilitate a supportive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered nurse.
7. Give timely and appropriate feedback to newly registered nurse on a regular basis
8. Act as a critical friend and advocate
9. Liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review

Clinical Supervision

Refer to CCG GPN Lead for specific guidance



Introduction

1.0 Definition

- 1.1 Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance safety of care. Clinical supervision is a designated interaction between two or more practitioners within a safe environment that enables a continuum of reflective critical analysis of care, to ensure quality patient services, and the wellbeing of the practitioner. Clinical Supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations (NMC 2006).

2.0 Policy Statement

- 2.1 Clinical supervision is a process by which professionals are assisted to improve practice, develop both professionally and personally, and manage complex situations associated with the care and treatment of patients. It is a method of supporting and developing competence by providing practitioners with the opportunity to meet either on a regular or adhoc basis with an experienced colleague or peer to discuss, reflect and learn from their experiences in clinical practice.
- 2.2 The aims of this document are:
- To provide a clear understanding of supervisory processes at CCG/Appropriate Practice that focus on the personal and professional development of clinical staff.
 - To provide CCG staff with a framework for reporting of supervisory activity undertaken, this can then be reported for governance purposes.
 - Primary Care providers should have their own processes to monitor levels of clinical supervision.
 - To facilitate and develop staff in order to ensure the service user / patient receives high quality care.

3.0 Scope

- 3.1 This policy is a framework for clinical supervision that can be used locally to develop models and systems suited to local need particularly with general practice.
- 3.2 Clinical supervision is an additional means of support and development and does not seek to replace managerial supervision. The role of the line manager, providing supervision for their staff is an important part of ensuring effective performance is maintained.



4.0 Accountabilities & Responsibilities – CCG/Federation/Local Primary Care Networks

4.1. Overall accountability for ensuring that there are systems and processes to effectively for Clinical Supervision lies with the Governing Body.

Responsibility is also delegated to the following individuals:

<p>Chief Nurse - Has delegated responsibility for:</p> <ul style="list-style-type: none"> • An annual audit is undertaken to ascertain the robustness and adequacy of the clinical supervision systems and structures. • Regular audits will take place to ensure the quality and effectiveness of supervision. • Staffs are in receipt of regular clinical supervision which meets the needs of the area and its staff.
<p>Line Managers- Has delegated responsibility for:</p> <ul style="list-style-type: none"> • Recognising the benefits that clinical supervision provides for staff and highlighting staff for which this would be a particularly useful mode of personal and professional development. • Providing time for clinical supervision within working hours. • Providing on-going managerial supervision for all their staff.
<p>Supervisors- Has delegated responsibility for:</p> <ul style="list-style-type: none"> • Providing an environment in which the supervisee feels safe to explore potentially difficult situations, behaviours and attitudes. • Ensuring that they focus on the developmental needs of the supervisee and maintain a non-judgmental approach. • Utilise appropriate skills to ensure that supervision sessions are effective and purposeful. • Agree with supervisee at the outset regarding any communication that will take place with the supervisee's line manager. • Maintain supervision/coaching records. • Complete a record of supervisory activity and participate in audits as required
<p>Individual Staff - Responsibilities of Staff (including all employees, whether full/part time, agency, bank or volunteers) are:</p> <ul style="list-style-type: none"> • Actively engaging in clinical supervision activities in accordance with the requirements from their professional body. • Ensuring that they take up supervision to meet their personal and professional development needs. • Recognising that supervision is a positive and effective means of improving



performance and supporting development. It is not solely aimed at improving poor performance.

- The direction of their supervision and identification of areas of practice that could be explored in a supervisory session.
- Maintaining a record of learning from supervision/coaching in their personal professional portfolio.

5.0 Accountabilities & Responsibilities – Primary Care Providers

5.1. Overall accountability for ensuring that there are systems and processes to effectively for Clinical Supervision lies with the Primary Care Provider.

Recommended responsibility within Primary Care should be delegated to the following individuals:

Line Managers- Has delegated responsibility for:

- Recognising the benefits that clinical supervision provides for staff and highlighting staff for which this would be a particularly useful mode of personal and professional development.
- Providing time for clinical supervision within working hours.
- Providing on-going managerial supervision for all their staff.

Supervisors- Has delegated responsibility for:

- Providing an environment in which the supervisee feels safe to explore potentially difficult situations, behaviours and attitudes.
- Ensuring that they focus on the developmental needs of the supervisee and maintain a non-judgmental approach.
- Utilise appropriate skills to ensure that supervision sessions are effective and purposeful.
- Agree with supervisee at the outset regarding any communication that will take place with the supervisee's line manager.
- Maintain supervision/coaching records.
- Complete a record of supervisory activity and participate in audits as required

Individual Staff- Responsibilities of Staff (including all employees, whether full/part time, agency, bank or volunteers) are:

- Actively engaging in clinical supervision activities in accordance with the requirements from their professional body.
- Ensuring that they take up supervision to meet their personal and professional development needs.



6.1 Dissemination

6.2 Training

6.2.1 All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through their HR Department.

The Clinical Policy should be read in conjunction with the CCG/Federation/Local Primary Care Network or Primary Care Provider Equality and Diversity policy.

In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Promoting diversity embodies the principles of fair treatment for all and will, as a result, improve the retention of staff. The CCG/Federation/Primary Care Network and Primary Care Provider values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the required standards.

SECTION B – PROCEDURE

7.0 Types of Supervision

7.1 Group Supervision

Supervision can be undertaken as an individual practitioner or with a group of practitioners. A group can consist of singular or mixed professional/occupational



groups. The principles of group supervision are the same as that of individual supervision. However, greater consideration needs to be made to the establishment reference of ground rules at the start of the process and there should be a shared common purpose between the group members.

7.2 Supervision for Nurses

The Nursing and Midwifery Strategy 2013 encourages the participation of all nurses in clinical supervision. However, it identifies a mandatory requirement for all nurses and midwives that deliver direct patient care should participate in clinical supervision. Clinical Supervision can be used as evidence as part of Continuing Professional Development (CPD), as this includes coaching/mentoring, but may also be used in individual evidence for Practice related development (five pieces of evidence over the three year period) in order to support nurse revalidation.

It is the responsibility of each individual nurse to make arrangements for their supervision which can be undertaken on an individual basis or as part of a group. Nurses who are undertaking a coaching programme do not need to participate in additional clinical supervision unless they specifically choose to do so. Nurses are expected to undertake a minimum of four clinical supervision sessions per year.

8.0 Process for requesting supervision

The processes for requesting supervision are outlined in a flow chart in Appendix 1.

9.0 Confidentiality

The supervision process is confidential between the supervisor and the supervisee. Any discussion of the content of a supervision session should not be discussed outside of the session without the agreement of both parties. However, should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the supervisor is required to take appropriate action. A contract should be signed by both parties (appendix 2).

10.0 Documentation and Reporting

10.1 As a minimum the supervisor must record the date, time name and workplace of supervisee on the supervision record sheet (appendix 3) for all supervision sessions.

10.2 Before starting supervision with an individual or group the supervisor must explain that this type of record of their supervision will be maintained and used in reports to demonstrate levels of supervision activity. These reports do not include the names of individual supervisees nor do they contain any detail of the content of a supervision session. They simply record that the activity has taken place. Supervisors are encouraged to maintain records of their supervision session although this should be agreed with their supervisee at the start of the process. Supervisor records are encouraged as they form a



useful reference point for future session, are helpful in the evaluation of progress and are a reminder regarding the agreement of actions.

- 10.3 Supervisors may develop their own record template or utilise the one found in Appendix 4. Note for those wishing to undertake group supervision, template available in Appendix 4A.
- 10.4 Supervisees are encouraged to keep records of supervision for their personal professional portfolio. In this instance any reference to patient care/ colleagues/visitors etc. should be anonymous. Written reflections on learning that has taken place as a result of supervision are encouraged.

11.0 Supervision and Development for Supervisors

- 11.1 Supervisors for registered professionals will have a minimum of two years post registration experience and will undertake a form of taught preparation for their role. This could be a coaching course (or equivalent) with external accreditation but may also be an internal preparatory programme.
- 11.2 Supervisors are accountable for their own development and support. However, they are advised to meet formally with a fellow supervisor at least once yearly for personal development and reflection upon their supervisory skills. Supervisors should hold a personal record of this meeting.

12.0 Monitoring Compliance and Effectiveness

- 12.0 The amount of supervision that is undertaken by staff at CCG/Appropriate Practice will be monitored annually in the form of an audit by relevant organisation/individual/Directorate, Appendix 5.
- 12.1 Primary Care Providers should have their own processes to monitor levels of clinical supervision.

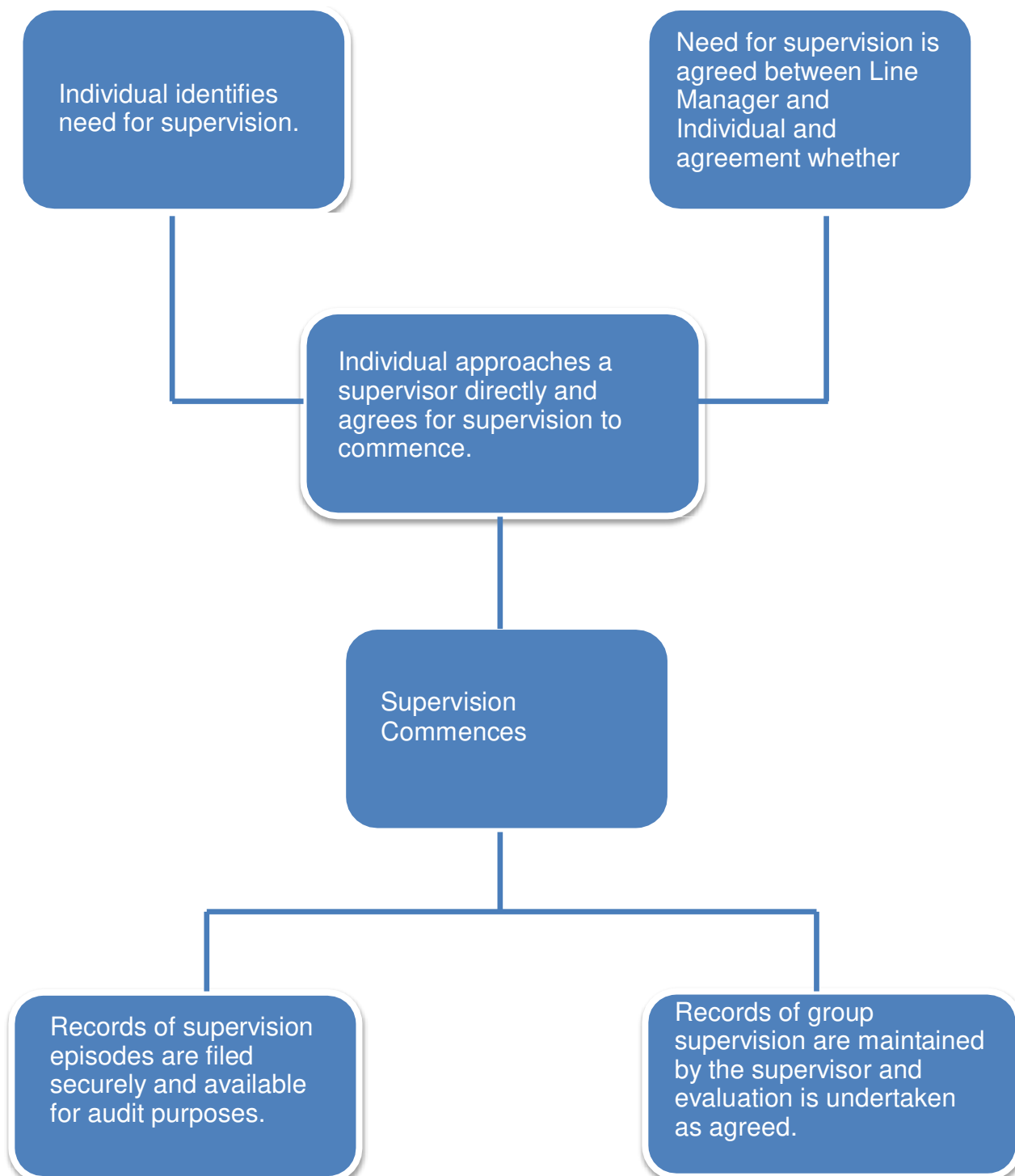
13.0 References

- Nursing and Midwifery Council (2006)
- Nursing and Midwifery Strategy (2013)



Appendix 1

Process for Requesting Supervision



Appendix 2

Clinical Supervision Contract

Supervision contract agreed between:			
Supervisee Name:		Supervisor Name:	
Supervisee Designation:		Supervisor Designation:	
For the period (insert to and from dates):			
1. Identified Needs			
2. Frequency of Supervision			
3. Length of Supervision Sessions			
4. Agreed Place to Meet			
5. Record Keeping			
6. Agenda setting mechanism			
7. Confidentiality			
8. Process for resolving conflicts/ issues of difference/ tensions within the supervisory relationship:			
9. Process for feedback to line manager			
Supervisee Signature		Date	
Supervisor Signature		Date	



Appendix 3

Record of Supervision Activity

Name of Supervisor:

Date of Activity from:

to:

Date of Supervision Session	Time of Supervision Session	Duration of Supervision Session	Name of Supervisee	Workplace of Supervisee	Evaluation of Supervision Process Undertaken (Y/N)



Appendix 4A

Supervision Record

Name of Supervisor		Name of Supervisee	
Date of Supervision Session		Supervisee Job Role & Workplace	
Start Time		Finish Time	
Session Number		Location	
Agreed Goals for Session			
Summary and Context of discussion			
Action Points			
Reflection on original aims for supervision			
Supervisee feedback/ comments			
Signature of Supervisee			
Signature of Supervisor			
Date			



Appendix 4A

Group Supervision Record

Name of Supervisor		Name of Supervisees (max 5) and job roles	
Date of Supervision Session			
Start Time		Finish Time	
Session Number		Location	
Agreed Goals for Session			
Summary and Context of discussion			
Action Points			
Reflection on original aims for supervision			
Group Supervisee feedback/ comments			
Signature of Supervisees			
Signature of Supervisor		Date	



Appendix 5

Clinical Supervision Audit Template

Question	4 – Excellent	3 – Good	2 – Fair	1 - Poor
How would you rate the quality of the supervision you have received?				
Did you receive the clinical supervision you expected?				
To what extent does clinical supervision meet your needs?				
	Comments			
How many group clinical supervision sessions have you attended annually?				
How satisfied are you with the amount of clinical supervision offered?				
Has clinical supervision helped you deal more effectively in your role as a practitioner?				
Overall, how satisfied are you with the clinical supervision you have received?				



Job Description & Person Specification Examples



EXAMPLE JOB DESCRIPTION

Job Reference	
Job Title:	Health Care Assistants
Band:	3
Hours:	
Directorate:	
Department:	
Location:	
Responsible to:	
Accountable to:	
Responsible For Supervising:	

Job Summary:

Staff in this role work under the supervision of a registered practitioner but supervision may be remote or indirect. They will have achieved the basic competencies of the Care Certificate and will be able to work alone in patients' homes or in clinic settings, taking responsibility for well- defined routine clinical and non-clinical duties delegated by a registered practitioner including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work but as the worker is working alone in a variety of community settings they will be expected to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients, carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy they may be asked to support the development of this skill in other staff.

Principal Responsibilities:

- Have underpinning knowledge of key interventions and conditions cared for in community and general practice settings. They must be able to recognise factors that impact on health and be able to offer simple health advice and support strategies for patients and carers.
- Must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered healthcare practitioner or level 4 AP and be accountable for the care provided, ensuring they have undergone the necessary preparatory training.
- Will be expected to understand basic reflective techniques to enhance their self-awareness and to develop resilience when facing adverse situations. They must

- be able to report back on any difficult situations encountered to enable support and guided learning to be offered.
- Will offer a range of care to patients in a variety of community and general practice settings. Examples may include undertaking simple dressings, preparing patients for complex dressings such as compression bandaging, administering eye drops, and assisting patients to undertake activities linked to rehabilitation programmes, undertaking new patient checks in general practice.
- Must understand the principles of team working and actively contribute to the team.
- Will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner.
- Will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct.
- Must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols.
- Must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to support level 2 brief intervention behaviour change and self-management for patients or refer on if this is beyond their competence.
- Must role model the values identified in Compassion in Practice, and evaluation of care should identify positive experiences of care from patients, families and carers.
- Within their delegated workload they will be able to prioritise, plan and organise their work. Where appropriate they must participate in the support and teaching of students, new members of staff and other HCAs.
- Must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately.
- Are able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements and a range of quality assurance activities, including involvement with audits.

Confidentiality:

Working within primary care you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Codes of Conduct and Accountability:

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

Health and Safety:

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG/Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

Safeguarding Children and Adults

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

Postscript:

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Federation/Local Primary Care Network/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature..... Date.....

Person Specification

Job Title	Health Care Assistant		
AfC Band	2 -3 dependent on experience & qualification	Job Code	

Method of Assessment: **‘A’ Application Form** **‘I’ Interview & assessment**
Process

Person Specification		Essential	Desirable	Assessment
Qualifications & Training				
1	Care certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role.		x	A
2	Level 2 brief intervention training		x	A
3	QCF Level 3 diploma in Clinical Healthcare support or equivalent.		x	A
Knowledge and experience				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of working in Primary Care		x	A/I
3.	Experience of relevant clinical skills including phlebotomy, ECG, urinalysis etc.		x	A/I
4.	Knowledge of clinical governance, confidentiality, data protection and information governance	x		A/I
5.	Awareness of safeguarding children and adults policies and procedures	x		A/I
Skills				
1.	Ability to use own initiative	x		A/I
2.	Ability to work as an effective team member	x		A/I
3.	Effective communication skills	x		A/I
4.	Adaptable	x		A/I
5.	Diplomatic and assertive	x		A/I
6.	Ability to travel to home visits		x	A/I
Attributes and Behaviours				
1.	Pleasant and professional	x		A/I
2.	Able to work under pressure	x		A/I
3.	Able to work in a changing environment	x		A/I
4.	Willingness to ask questions	x		A/I
5.	Willingness to undertake training needed to fulfil role	x		

EXAMPLE JOB DESCRIPTION

Job Reference	
Job Title:	Assistant Practitioner
Band:	4
Hours:	
Directorate:	
Department:	
Location:	
Responsible to:	
Accountable to:	
Responsible For Supervising:	Health care Assistants

Job Summary:

Staff in this role work under the supervision of a registered healthcare practitioner but have received a level of educational preparation to enable them to take responsibility for delegated activity including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work but within this the worker will be expected to work alone in a variety of community and general practice settings and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. Depending on the skill mix of the team they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs and may take a role in supporting students experiencing community placements and the roles within the nursing teams.

Principal Responsibilities:

- Must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered practitioner and be accountable for the care provided, ensuring they have undergone the necessary preparatory training.
- Will be expected to use reflection to enhance their self-awareness and to develop resilience when facing adverse situations. They must recognise the personal impact on them of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths. Level 4 staff will offer a range of care to patients in a variety of community and surgery settings. Examples may include phlebotomy, non-complex wound dressings, supporting and developing staff in residential homes to enhance basic care of patients, supporting patients in lifestyle and

behaviour changes to meet agreed care plans, teaching patients to administer eye drops, and supporting the development of level 3 HCAs.

- Will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner.
- Will exercise a degree of autonomy as they are working alone whilst recognizing the limits of their competence and working to the HCA Code of Conduct.
- Must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols.
- Must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to use and support level 2 brief intervention behaviour changes and self-management for patients. Must role model the values identified in Compassion in Practice (NHSE 2014) and evaluation of care should identify positive experiences of care from patients, families and carers.
- Within their delegated workload they will be able to prioritise, plan and organise their work.
- Will be able to assess patients' and carers' learning needs and implement or support the implementation of teaching strategies to enable better understanding and management of their conditions for patients and carers and utilise basic behaviour change techniques.
- Where appropriate, they must participate in the support and experience of students, new members of staff and other HCAs.
- Must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately.
- Be able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements, and a range of quality assurance activities, including involvement with audits.

Confidentiality:

Working within primary care you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Codes of Conduct and Accountability:

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

Health and Safety:

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

Safeguarding Children and Adults

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

Postscript:

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Federation/Local Primary Care Network/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....

Person Specification

Job Title	Assistant Practitioner		
AfC Band	4	Job Code	

Method of Assessment: **'A' Application Form** **'I' Interview & assessment**
Process

Person Specification		Essential	Desirable	Assessment
Qualifications & Training				
1	Higher Care Certificate		x	A
2	Hold or working towards Foundation degree at Level 5	x		A
3	QCF Level 5 diploma.	x		A
Knowledge and experience				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of working in Primary care		x	A/I
3.	Experience of undertaking a range of clinical and non-clinical interventions	x		A/I
4.	Evidence of CPD	x		A/I
5.	Understands the limits of the AP role and responsibility	x		A/I
6.	Ability to autonomously manage caseload as delegated	x		A/I
7.	Knowledge of principles of clinical governance, confidentiality, data protection and information governance	x		A/I
8.	Knowledge of safeguarding children and adults policies and procedures	x		A/I
Skills				
1.	Ability to use own initiative	x		A/I
2.	Ability to work as an effective team member	x		A/I
3.	Effective communication skills	x		A/I
4.	Adaptable	x		A/I
5.	Diplomatic & assertive	x		A/I
6.	Ability to travel to home visits		x	A/I
7.	I.T Literate	x		A/I
				A/I
Attributes and Behaviours				
2.	Pleasant and professional	x		A/I
3.	Able to work to deadlines	x		A/I
4.	Able to work in a changing environment	x		A/I
5.	Willingness to ask questions	x		A/I
6.	Willingness to take training needed to fulfil role	x		A/I
7.	Commitment to focus on quality	x		A/I
8.	Acts as a champion for patients and carers	x		A/I
9.	Has motivation, integrity, compassion and self-awareness	x		A/I
10.	Attention to detail	x		A/I

EXAMPLE JOB DESCRIPTION

Job Reference	
Job Title:	General Practice Nurse (novice)
Band:	5
Hours:	
Directorate:	
Department:	
Location:	
Responsible to:	
Accountable to:	
Responsible For Supervising:	HCA's & Assistant Practitioners

Job Summary:

This role requires consolidation of registrant standards of competence and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a general practice setting will have a period of preceptor ship. Depending on the organisational structures of local areas this role may work within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of practice nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and, where possible, take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development.

Principal Responsibilities:

Demonstrate developing competence and clinical skills in the assessment of patients in community and general practice settings, ensuring care plans are developed in partnership and all information is clearly and objectively recorded as required by local policies. This requires the following:

- Ability to assess patients, taking into account their physical, mental and social states alongside the impact of their environment and social support available to

them and negotiating care plans that are person centered and focused on self-care with clear objectives.

- Using a range of assessment tools pertinent to the patient's needs to inform the assessment and assess risk for both patients and staff.
- Articulation of risk and strategy for risk management.
- Knowledge of a broad range of conditions, local care pathways and evidence-based management experienced by patients in community and general practice settings. This will include LTCs, for example diabetes, coronary heart disease, heart failure, hypertension and stroke, COPD, arthritis, dementia and other common mental illnesses, frailty, and palliative and end of life care.
- An understanding of the presentations of multiple pathology, depression and anxiety states and frailty predominantly in older people.
- Knowledge of the management of uncomplicated symptoms in those patients with palliative or terminal care needs and enhanced communication skills to confidently manage uncertainty.
- Role model the values expected in Compassion in Practice (2014), ensuring that patient, family and carer feedback supports that care received was compassionate.
- Ensuring information is recorded objectively and reported back to the community or general practice nursing team.

Facilitation of Learning:

- Able to recognise personal development needs and also facilitate learning for patients, carers, other staff and students. This requires:
- Ability to reflect on practice and utilise clinical supervision and other development opportunities and support.
- Emotional intelligence and the ability to support staff in levels 2, 3 and 4, to debrief and reflect on difficult situations experienced to improve learning and enhance self-awareness.
- Engagement with appraisal and the development and activation of a personal development plan.
- Providing effective mentorship for nursing students and the maintenance of a supportive learning environment with a range of learning opportunities.
- Creativity in developing learning materials for patients and adapting care to support individual needs in patients.

Leadership & Management:

- Is part of a community or general practice nursing team with delegated accountability and responsibility for patient care, being accountable to the General Practice Nurse team leader. This requires:

- Ability to prioritise a delegated caseload/workload and effectively manage time and work effectively within the team.
- Knowledge of resource management to ensure care is clinically effective and signposted to the patient and family ensuring principles of confidentiality and disclosure are maintained.
- Recognition of personal accountability and responsibility to monitor and evaluate care to ensure optimal practice.
- Using opportunities to suggest improvements to services or introduction of other innovations or evidence.
- Engage actively in data collection for quality assurance and take responsibility for on-going evaluation of delegated care.
- Participation in personal development, appraisal and development of other team members and the links between organisation and team goals.
- Ability to recognise poor performance and take appropriate measures.
- Acting up for the team leader when absent.
- Assist the team leader in undertaking and reviewing needs assessments and community profiles (in district nursing) or other data in general practice that reflect the demographics and case management within the caseload and the broader public health issues within the local community and practice populations.
- Have an awareness of and participate in public health campaigns aimed at addressing public health issues both locally and nationally.
- Collaborate effectively with a range of other healthcare professionals and agencies that may be involved in patients' interdependent care, ensuring awareness of their scope of practice, roles and responsibilities to ensure correct referral and on-going relationships.
- Participate in educational audit

Evidence, Research & Development:

- Has an enquiring approach to practice to ensure best quality care is offered within any constraints of the service. This requires:
- Ability to articulate the evidence underpinning patients' care plans and interventions.
- Ability to source evidence and to appraise it to underpin practice. Recognise any ethical implications of audit, research, clinical trial or service user involvement strategies.

Clinical Practice:

Demonstrate specialist competence, innovation and clinical leadership in the assessment, intervention in and delivery of general practice nursing in all contexts appropriate to individuals' needs across the whole age range for the general practice population. This requires:

- Ability to assess and manage the range of conditions encountered in general practice using a variety of assessment tools and consultation models appropriate to the patient and situation using physical and clinical examination skills to inform the assessment and decision-making for the on-going management of the patient.
- Advanced communication skills that include skills of influencing and negotiation to enable information to be delivered in understandable formats for patients and behaviour change supported where necessary.
- Effective multidisciplinary and multi-agency team working, alongside the ability to work independently and accept professional accountability and responsibility for the delivery of whole episodes of care, and supporting and developing others in the general practice nursing team to collaborate effectively, ensuring nursing care is guided by precedent and clearly defined policies, procedures and protocols.
- Delivery and co-ordination of evidence-informed, person-centered and negotiated care across the age spectrum.
- Use of technology to support independence and patient self-care at home to improve self-care and reduce exacerbations
- Role modelling and embodiment of non-judgmental, value-based care encompassing the 6Cs in practice and expectation and promotion of these values in other team members.
- Competence in delivering evidence-informed care across a wide range of minor acute and LTCs, ensuring effective evaluation of therapeutic and other approaches to condition management alongside ability to assess patient concordance.

Confidentiality:

Working within primary care you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Codes of Conduct and Accountability:

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

Health and Safety:

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG / Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

Safeguarding Children and Adults

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

Postscript:

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Federation/Local Primary Care Network/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....

Person Specification

Job Title	General Practice Nurse		
AfC Band	5	Job Code	

Method of Assessment: **‘A’ Application Form** **‘I’ Interview & assessment**
Process

Person Specification		Essential	Desirable	Assessment
Qualifications & Training				
	Registered part 1 of the Nursing & Midwifery Council (NMC) register.	x		A/I
	Hold or working towards a degree.		x	A/I
	Mentorship Award		x	A/I
	Modules to support mentorship, prescribing or generic community nursing practice.		x	A/I
	Foundation graduate certificate (Level 6) or postgraduate certificate (Level 7) as locally defined		x	A/I
Knowledge and experience				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of long term condition management		x	A/I
3.	Experience of implementing protocols and clinical guidelines	x		A/I
4.	Experience of quality initiatives such as clinical benchmarking		x	A/I
5.	Knowledge of accountability of own role and other roles in a nurse led service	x		A/I
6.	Knowledge of public health issues	x		A/I
7.	Ability to identify determinants on health in the local area		x	A/I
8.	Knowledge of principles of clinical governance, confidentiality, data protection and information governance	x		A/I
9.	Knowledge of safeguarding children's and adults policies and procedures and how to apply these	x		A/I
Skills				
1.	Clinical leadership	x		A/I
2.	Clinical skills e.g. cervical cytology, immunisation and vaccination		x	A/I
3.	Change management skills and ability to support patients to change lifestyle	x		A/I
4.	Communication skills, written and verbal	x		A/I
5.	Ability to communicate difficult messages to patients and families	x		A/I
6.	Negotiation and conflict management skills		x	A/I
7.	Ability to provide teaching and mentorship in a clinical setting		x	A/I
8.	I.T skills	x		A/I
Attributes and Behaviours				
2.	A complete finisher.	x		A/I
3.	Resilience and drive	x		A/I
4.	Personal and professional integrity and confidence.	x		A/I
5.	Flexibility	x		A/I

6.	Resourceful	x		A/I
9.	Strong facilitating skills	x		A/I
11.	Calm and resolute under pressure.	x		A/I
12.	Self-motivated and enthusiastic.	x		
13.	High workload capacity and capable of sustained effort over a long period.	x		A/I
14.	Effective delegator	x		A/I
15.	Full driving licence.	x		A/I



EXAMPLE JOB DESCRIPTION

Job Reference	
Job Title:	General Practice Nurse
Band:	6
Hours:	
Directorate:	
Department:	
Location:	
Responsible to:	
Accountable to:	
Responsible For Supervising:	Junior Staff (HCA, Assistant Practitioner, Associate Nurse, Junior GPN)

Job Summary:

This role requires consolidation of specialist knowledge and skills in general practice nursing demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making, and care in general practice and related settings. Those new to this role will need a period of preceptor ship. This role will require personal resilience, management, clinical leadership and supervision and mentorship of others in the general practice nursing team and providing an effective learning environment for staff and students in the wider team. The role will require an innovative approach in supporting and developing new models and strategies for service delivery, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. General Practice Nurses deliver care to the practice population, but also need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need.

Principal Responsibilities:

This role requires the ability to work independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires:

- Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.

- Ability to analyse service provision in relation to both quality assurance and quality monitoring, and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice. Emotional intelligence to recognise pressures on staff and the development of mechanisms to support and develop staff to recognise the impact of caring for people who may be experiencing complex healthcare issues.
- Enhanced knowledge of the local community and needs and resources available, and the ability to signpost people to appropriate resources.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community. Build strong relationships with the secondary care teams, particularly for patients receiving shared care, to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for themselves and for others.

Facilitation of Learning:

Actively contributing to a variety of professional networks and sharing learning from these:

- Development of effective team systems for on-going supervision and promotion of clinical reflection for all staff, preceptor ship programmes and mentorship.
- Identify and support the learning needs of individuals or the team in response to personal development needs identified at appraisal or service need.
- Evaluate the impact of educational interventions.
- Where appropriate, participate in teaching and student selection in higher education institutions and/or other education organisations.
- Develop a positive learning environment for students and the staff team, giving and receiving feedback in an open, honest and constructive manner.

Leadership & Management:

- Clinical leadership of the team, recognising the stressors encountered in general practice nursing and developing systems to ensure team members continue to build resilience.
- Work effectively across professional and agency boundaries, actively involving and respecting others' contributions.
- Role modelling of the values expected in Leading Change, Adding Value (2016) and the values and behaviours of effective leaders.

- Enhanced and advanced general practice nursing clinical expertise to guide the nursing team in the management of patients with complex needs.
- Ability to manage the workload effectively and develop business cases where appropriate in response to changing demands.
- Display an innovative approach to practice, encouraging other team members and, where possible, patients and service users, to contribute and, where appropriate, instigate and evaluate a managed change process.
- Ensuring the team is risk aware when working with patients, and health and safety aware within the surgery. Develop regularly reviewed systems to ensure risk is managed safely and effectively. Develop a learning culture within the immediate team to improve patient safety and ensure staff are supported and can learn from and in future prevent untoward incidents.
- Awareness and application of appropriate legislation that informs nursing and healthcare delivery.
- Ability to work independently but also to co-ordinate, delegate and supervise team members for a designated group of patients.
- Undertaking performance management when appropriate. Management of the nursing team within ethical and policy frameworks and knowledge and application of human resource law to enable effective staff management.
- Ensuring care and service delivery meets quality requirements but be actively involved in quality improvement strategies and service development innovations.
- Ability to demonstrate political awareness and translate policy into practice, demonstrating knowledge and awareness of healthcare commissioning and contracting mechanisms and systems, awareness of health and social policy contexts and local variations, and be skilled in developing effective external relationships with a variety of health, social and third sector agencies, recognising the importance of working within a governance framework.
- Where appropriate take delegated responsibility for the management of a budget that may include the purchasing of assets, equipment or other resources and staff costs.
- Where appropriate participate in clinical trials and research projects.
- Ensure active management of the workload, taking into consideration public health priorities and local community health needs and changing demographics.
- Participate in public health strategies where these are aligned to the practice population and work collaboratively with others to undertake risk stratification, case management and other strategies developed to improve health or avoid hospitalisation.

Evidence, Research & Development:

- Ability to access databases and other information sources and critically appraise information.

- Contribution to the development of local guidelines and policy locally and regionally, and nationally where appropriate.
- Participation in research-related activity such as audit, data gathering and patient feedback.
- Sharing of information and practice development through a range of means including writing for publication.
- CPD for Independent No- Medical Prescribing
- National Institute for Health Research: <http://www.nihr.ac.uk/>
- Information Governance Framework: <http://www.england.nhs.uk/ourwork/tsd/ig/>
- Leadership and Management learning activities

Clinical Practice:

Demonstrate specialist competence, innovation and clinical leadership in the assessment, intervention in and delivery of general practice nursing in all contexts appropriate to individuals' needs across the whole age range for the general practice population. This requires:

- Ability to assess and manage the range of conditions encountered in general practice using a variety of assessment tools and consultation models appropriate to the patient and situation using physical and clinical examination skills to inform the assessment and decision-making for the on-going management of the patient.
- Advanced communication skills that include skills of influencing and negotiation to enable information to be delivered in understandable formats for patients and behaviour change supported where necessary.
- Effective multidisciplinary and multi-agency team working, alongside the ability to work independently and accept professional accountability and responsibility for the delivery of whole episodes of care, and supporting and developing others in the general practice nursing team to collaborate effectively, ensuring nursing care is guided by precedent and clearly defined policies, procedures and protocols.
- Delivery and co-ordination of evidence-informed, person-centered and negotiated care across the age spectrum.
- Use of technology to support independence and patient self-care at home to improve self-care and reduce exacerbations
- Role modelling and embodiment of non-judgmental, value-based care encompassing the 6Cs in practice and expectation and promotion of these values in other team members.
- Competence in delivering evidence-informed care across a wide range of minor acute and LTCs, ensuring effective evaluation of therapeutic and other approaches to condition management alongside ability to assess patient concordance.

Confidentiality:

Working within primary care you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Codes of Conduct and Accountability:

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

Health and Safety:

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG /Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

Safeguarding Children and Adults

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

Postscript:

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Federation/Local Primary Care Network/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....

Person Specification

Job Title	General Practice Nurse		
AfC Band	6	Job Code	

Method of Assessment: **‘A’ Application Form** **‘I’ Interview & assessment**
Process

Person Specification		Essential	Desirable	Assessment
Qualifications & Training				
1.	Registered Part 1 NMC	x		A/I
2.	NMC specialist Community Practitioner Qualification – Practice Nurse		x	A/I
3.	NMC Mentorship Qualification		x	A/I
4.	Educated to degree Level or equivalent experience	x		A/I
5.	Successful completion of post registration accredited foundation course in general practice nursing level 6 or 7 and able to meet RCGP Practice Nurse competencies.	x		A/I
Knowledge and experience				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of nurse led management of long term conditions	x		A/I
3.	Experience of implementing protocols and clinical guidelines	x		A/I
4.	Audit Experience	x		A/I
5.	Knowledge of accountability of own role and other roles in a nurse led service	x		A/I
6.	Knowledge of public health issues in the local area	x		A/I
7.	Ability to identify the determinants of health in the local area	x		A/I
8.	Knowledge of principles of Clinical Governance, confidentiality, data protection and Information Governance	x		A/I
9.	Knowledge of the safeguarding children's and adults policies and procedures and how to apply these	x		A/I
Skills				
1.	Clinical leadership	x		A/I
2.	Clinical skills e.g. cervical cytology, immunisation and vaccination	x		A/I
3.	Change management skills and ability to support patients to change lifestyle	x		A/I
4.	Communication skills, both written and verbal	x		A/I
5.	Ability to communicate difficult messages to patients and families	x		A/I
6.	Negotiation and conflict management skills	x		A/I
7.	Ability to provide teaching and mentorship in a clinical setting	x		A/I
8.	I.T skills	x		A/I
Attributes and Behaviours				
1.	A complete finisher.	x		A/I
2.	Resilience and drive	x		A/I
3.	Personal and professional integrity and confidence.	x		A/I
4.	Flexibility	x		A/I
5.	Self-starter	x		A/I
6.	Resourceful	x		A/I

7.	Strong facilitating skills	x		A/I
8.	Calm and resolute under pressure.	x		A/I
9.	Self-motivated and enthusiastic.	x		
10.	High workload capacity and capable of sustained effort over a long period.	x		A/I
11.	Effective delegator	x		A/I
12.	Political awareness.	x		A/I
13.	Full driving licence.	x		A/I



EXAMPLE JOB DESCRIPTION

Job Reference	
Job Title:	Senior General Practice Nurse/
	Nurse Practitioner
Band:	7
Hours:	
Department:	
Location:	
Responsible to:	
Accountable to:	
Responsible For Supervising:	HCA, Nurse Associate, Assistant Practitioner, Junior GPN

Job Summary:

This role is to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex, contemporary general practice nursing practice to be critiqued. Senior General Practice Nurses must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-professional and multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in delivering care within these contexts. At this level the clinician will be highly experienced in their field and either continues to develop this expertise for managing complex cases or supporting less experienced staff, or may have more management responsibilities for the general practice team whilst retaining a clinical component to their role. They will be expected to provide training, support and supervision to staff and to participate at local and national levels in relation to general practice nursing.

Principal Responsibilities:

Able to undertake complex general practice nursing interventions for a wide range of general practice issues and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but also a critical understanding of the range of theories and principles that underpin the general practice nursing approach.

- Assess capacity for informed consent and support other staff to develop this skill.

- Highly developed specialist knowledge and understanding of LTCs, health behaviours, minor illness and interventions to improve health outcomes, including the use of technologies to support patients at home.
- Advanced knowledge and skills in therapeutics to prescribe effective pharmacological and non- pharmacological approaches for the management of specific acute and LTCs and assess patient concordance.
- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.
- Participate in opportunities to influence national and local policy.
- Is able to develop, deliver and evaluate training and education packages, for individual and groups, across a broad range of general practice nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.

Facilitation of Learning:

Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory, or leadership and management theory.

- Design, plan, implement and evaluate learning and development programmes
- Focus on the improvement of patient safety by developing systems to disseminate learning from incidents and follow up to ensure best practice is embedded in delivery of care.
- Act as an experienced work-based learning educator/assessor by providing advice and support to other practitioners and build capability and capacity to support learning in practice settings.

Leadership & Management:

The size of the team being led will depend on local practice needs; however, the leadership and management requirements of this role over that of level 6 are:

- Role modelling of the values expected in Leading Change, Adding Value (2016).
- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives even when limited information is available.
- Is able to participate in strategy development, presenting a positive role model for general practice nursing, and ensuring this translates into practice development to improve the quality of care.

- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development and utilise conflict management and resolution strategies where appropriate.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Is able to appreciate the broadest context of clinical governance and initiate and support others, including service users, to be involved in a range of quality assurance and monitoring activities. Ensure that quality and audit cycles are completed and results and learning are fed back into practice.
- Develop processes for monitoring clinical effectiveness and efficiency to enhance management of resources.
- Where required undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation and in presenting this information orally if required.
- Able to work effectively with a wide range of professionals and agencies and participate in multi- professional/agency strategies.
- Oversee the appraisal process for the nursing team, ensuring organisational objectives are reflected in personal and team objectives.

Evidence, Research & Development:

Develop at least one special area of expertise to be seen as a local expert and role model able to articulate the most contemporary evidence, approaches to practice and management.

- Identify and utilise skills and knowledge of staff to support or undertake research-related activity such as audit, evaluation and wider research for the benefit of the organisation.
- Monitor impact of evidence utilisation.
- Adults with Incapacity: The assessment of capacity for Health Care Professionals
- Patient Safety: <http://www.npsa.nhs.uk/>
- Knowledge of Quality Improvement Cycle
<http://www.england.nhs.uk/ourwork/qual-clin-lead/nhsiq/>
- Advanced Management and Leadership programmes

Confidentiality:

Working within primary care you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Codes of Conduct and Accountability:

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.



Health and Safety:

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG / Federation/Primary Care Network/ Practice policies and procedures. To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

Safeguarding Children and Adults

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

Postscript:

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Federation/Primary Care Network/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



Person Specification

Job Title	Senior General Practice Nurse/Nurse Practitioner		
AfC Band	7	Job Code	

Method of Assessment: Process

'A' Application Form

'I' Interview & assessment

Person Specification		Essential	Desirable	Assessment
Qualifications & Training				
1.	Registered Part 1 NMC	x		A/I
2.	NMC Mentorship Qualification	x		A/I
3.	NMC Specialist Community Practitioner Qualification.		x	A/I
4.	MSc in Nursing Studies or working towards		x	A/I
5.	Independent / supplementary nursing prescribing – V300		X	A/I
6.	Clinical supervision training and experience	x		A/I
Knowledge and experience				
1.	Experience of working within the NHS.	x		A/I
2.	Knowledge of the local and National health policy and wider health economy	x		A/I
3.	Advanced Nurse Practice.	x		A/I
4.	Knowledge of clinical governance, confidentiality, data protection and information governance in primary care	x		A/I
5.	Knowledge of safeguarding children's and adults policies and procedures and how to apply them	x		A/I
6.	Autonomous practitioner	x		A/I
7.	Management of minor illness, minor ailments and injuries	x		A/I
8.	Experience of nurse triage		x	A/I
9.	Physical assessment and clinical examination skills	x		A/I
10.	Experience of compiling protocols and clinical guidelines	x		A/I
11.	Leadership in quality initiatives such as clinical benchmarking	x		A/I
12.	Management of patient with long term conditions	x		A/I
13.	Management of patients with complex needs	x		A/I
Skills				
1.	Clinical leadership skills	x		A/I
2.	Change management skills and ability to support patients to change lifestyle	x		A/I
3.	High level communication skills	x		A/I
4.	Ability to communicate difficult information to patients and families	x		A/I
5.	Negotiation and conflict management skills	x		A/I
6.	I.T skills	x		A/I
7.	Ability to undertake audit	x		A/I
8.	Research knowledge and understanding	x		A/I
Attributes and Behaviours				
1.	A complete finisher.	x		A/I
2.	Resilience and drive	x		A/I
3.	Personal and professional integrity and confidence.	x		A/I



4.	Flexibility	x		A/I
5.	Self-starter	x		A/I
6.	Resourceful	x		A/I
7.	Strong facilitating skills	x		A/I
8.	Calm and resolute under pressure.	x		A/I
9.	Self-motivated and enthusiastic.	x		
10.	High workload capacity and capable of sustained effort over a long period.	x		A/I
11.	Effective delegator	x		A/I
12.	Strong commitment to public services.	x		A/I
13.	Political awareness.	x		A/I
14.	Full driving licence.		x	A/I



EXAMPLE JOB DESCRIPTION

Job Reference	
Job Title:	Nurse Clinician
Band:	8
Hours:	
Directorate:	
Department:	
Location:	
Responsible to:	
Accountable to:	
Responsible For Supervising:	Junior Staff members

Job Summary:

This role will have achieved and consolidated Advanced Clinical Practitioner status, demonstrating highly specialised knowledge in general practice nursing. This role encompasses research, advanced nursing practice, service development and improvement, and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ACP they will continue to have clinical patient contact and may specialise in one area of practice but may use this in a consultancy capacity.

Principal Responsibilities:

Able to work clinically acting in a consultancy capacity for complex general practice nursing interventions.

This may be in a broad range of general practice nursing interventions or the level 8 staff may have specialised in a key area of general practice nursing and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but also a critical understanding of the range of theories and principles that underpin the approach in general practice and the ability to assess patients presenting with undifferentiated, undiagnosed presentations and use advanced assessment, diagnostic reasoning skills and a range of other diagnostic support tools to manage, treat or refer these patients.

- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.



- Proactively develops opportunities to influence national and local policy and strategy.
- Is able to develop, deliver and evaluate training and education packages, for individuals and groups, across a broad range of community nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.

Facilitation of Learning:

- Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory or leadership and management theory.
- Lead on the development and implementation of research projects related to general practice nursing and build effective working relationships between practice and higher education institutions.
- Collaborate proactively with public health agencies and local authorities to ensure general practice nursing is actively engaged in the health improvement strategies for the local community

Leadership & Management:

- The management role of a level 8 practitioner will vary according to the employer expectations of the role:
- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives even when limited information is available.
- Lead the development of strategy and ensures collaborative working with others to translate this into practice development to improve the quality of care.
- Represent general practice nursing at local, regional and national political, strategic or policy events.
- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Able to lead on key aspects of quality assurance to develop robust outcome indicators for general practice nursing and other aspects of clinical governance.



- Ensure others in general practice nursing recognise the importance of data collection and quality assurance and ensure that findings and other results are disseminated in meaningful ways to staff.
- Where required undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation.
- Able to work effectively with a wide range of professionals and agencies and participate in multi- professional/agency strategies.

Evidence, Research & Development:

- Develop at least one special area of expertise to be seen as a local expert able to articulate the most contemporary evidence, approaches to practice and management.
- Involvement with review and monitoring of clinical policies to ensure they are based on contemporary evidence.
- Involvement in clinical policy and research communities to identify deficits in evidence and identification of potential funding sources for practice or research development.
- Contribute to the development of implementation of research and development strategies and applications for funding.
- Collaborate with local research partners and universities to understand new projects, developments and findings and ensure frameworks for research governance are applied appropriately.
- Where appropriate undertake research as a principal investigator.
- Support the development of staff in research and practice development activities.
- Present research findings in peer reviewed journals, at conferences and at other dissemination events or via electronic mechanisms.

Confidentiality:

Working within primary care you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Codes of Conduct and Accountability:

You are expected to comply with relevant CCG/Federation/Primary Care Network/Practice codes of conduct and accountability.

Health and Safety:

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course



of work and co-operate with CCG/Practice and others in meeting statutory Regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG / Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

Safeguarding Children and Adults

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

Postscript:

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Federation/Primary Care Network/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



Person Specification

Job Title	Nurse Clinician		
AfC Band	8	Job Code	

Method of Assessment: **'A' Application Form** **'I' Interview & assessment Process**

Person Specification		Essential	Desirable	Assessment
Qualifications & Training				
1.	Registered Part 1 NMC	x		A/I
2.	NMC Mentorship Qualification	x		A/I
3.	Independent / supplementary nursing prescribing – V300	x		A/I
4.	NMC Specialist Community Practitioner Qualification.		x	A/I
5.	Meet RCGP/RCN ANP competencies	x		A/I
6.	Postgraduate diplomas to include level 8 high intensity interventions	x		A/I
7.	MSc in Nursing Studies or equivalent	x		A/I
Knowledge and experience				
1.	Experience of working within the NHS.	x		A/I
2.	Knowledge of the local and national health policy and wider health economy	x		A/I
3.	Knowledge of clinical governance, confidentiality, data protection and information governance in primary care	x		A/I
4.	Knowledge of safeguarding children's and adults policies and procedures and how to apply them	x		A/I
5.	Autonomous practitioner	x		A/I
6.	Experience of nurse triage including telephone triage	x		A/I
7.	Advanced physical assessment and clinical examination skills (MSc level)	x		A/I
8.	Experience of initiating protocols and clinical guidelines, implementing them and evaluating the effectiveness	x		A/I
9.	Leadership in quality initiatives including clinical benchmarking	x		A/I
10.	Manage in a consultation capacity complex general practice nursing interventions	x		A/I
Skills				
1.	Advanced clinical leadership	x		A/I
2.	Advanced change management skills and ability to support patients to change lifestyle	x		A/I
3.	Advanced communication skills	x		A/I
4.	Advanced negotiation and conflict resolution skills	x		A/I
5.	I.T skills to support clinical work, research and audit	x		A/I
6.	Research, innovation and audit skills	x		A/I
Attributes and Behaviours				
1.	A complete finisher.	x		A/I
2.	Resilience and drive	x		A/I
3.	Personal and professional integrity and confidence.	x		A/I
4.	Flexibility	x		A/I
5.	Self-starter	x		A/I
6.	Resourceful	x		A/I



7.	Strong negotiating and influencing skills	x		A/I
8.	Strong facilitating skills	x		A/I
9.	Strong commercial instincts	x		A/I
10.	Calm and resolute under pressure.	x		A/I
11.	Self-motivated and enthusiastic.	x		
12.	High workload capacity and capable of sustained effort over a long period.	x		A/I
13.	Effective delegator	x		A/I
14.	Strong commitment to public services.	x		A/I
15.	Political awareness.	x		A/I
16.	Full driving licence.	x		A/I



RCN Credentialing for Nurses working at Advanced level without current Master's Degree Qualification.

RCN definition of advanced practice: “Advanced practice is a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.” Any nurse who works at an advanced level of clinical practice, has non-medical prescribing rights and has an active registration with the NMC can apply.

Eligibility is linked solely to an applicant's ability to demonstrate that they meet our requirements for qualifications, experience and competence. The initial credential is for three years.

<https://www.rcn.org.uk/professional-development/professional-services/credentialing>



Appendix 1

Further contact details

L&SC CCG General Practice Nurse/CCG Nurse Leads

Organisation	Name	Designation	Email
NHS West Lancashire CCG	Alison Lumley		alison.lumley1@nhs.net
NHS East Lancashire CCG	Adele Thornburn		a.thornburn@nhs.net
NHS Blackburn with Darwen CCG	Anne Greenwood	Service Transformation Manager	anne.greenwood4@nhs.net
NHS Fylde & Wyre CCG	Tracy Riddick		t.riddick@nhs.net
NHS Morecambe Bay CCG	Lauren Butler		lauren.butler4@nhs.net
NHS Chorley & South Ribble & NHS Greater Preston CCGs	Vicky Webster		vicky.webster@nhs.net
Blackpool CCG	Lesley Andreson-Hadley Jean Hayhurst		lesley.anderson-hadley@blackpool.nhs.uk jean.hayhurst@blackpool.nhs.uk

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Resources

<p>Career Framework for General Practice Nursing (2015)</p> <p>https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf</p>
<p>Currie L, Watts C (2012) Preceptorship and pre-registration nurse education</p> <p>www.williscommission.org.uk/data/assets/pdf_file/0011/479936/Preceptorship_and_pre-registration_nurse_education.pdf</p>
<p>Department of Health (2010) Preceptorship framework for newly qualified Nurses, midwives and allied health professionals. London. Department of Health. Online. Available at:</p> <p>https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf</p> <p>https://matrix.rcn.org.uk/data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf</p>
<p>Evans J., Bell J., Sweeney A.E., Morgan J., & Kelly H. (2010) Confidence in critical care nursing. <i>Nursing Science Quarterly</i> 23 (4),334-340</p>
<p>Health Education England (2016) Raising the Bar: Shape of Caring: Health Education England's Response.</p> <p>https://www.hee.nhs.uk/sites/default/files/documents/Raising%20the%20Bar%20-%20Shape%20of%20Caring%20-%20HEE%27s%20response%20%281%29_0.pdf</p>
<p>Health Education England (2015) Health Education England Preceptorship standards. Online. Available at:</p> <p>https://hee.nhs.uk/sites/default/files/documents/Preceptorship%20Standards%202015.pdf</p>
<p>Higgins G., Spencer R.L. & Kane R. (2010) A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. <i>Nurse Education Today</i> 30, 499-508.</p>



<p>Odelius, A., Traynor, M., Mehigan, S., WAsike, M. & Caldwell, C. (2017) Implementing and assessing the value of nursing preceptorship. <i>Nursing Management</i> 23, 9, 35-37</p>
<p>Nursing & Midwifery Council Revalidation http://revalidation.nmc.org.uk/ http://revalidation.nmc.org.uk/what-you-need-to-do</p>
<p>Nursing & Midwifery Council Advice and information for employers of nurses and midwives https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/advice-for-employers.pdf</p>
<p>Skills for Health HCA Code of Conduct http://www.skillsforhealth.org.uk/standards/item/217-code-of-conduct</p>
<p>Royal College of General Practitioners Healthcare Assistants Competency Framework http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.ashx</p>
<p>Royal College of General Practitioners General Practice Nurse Competency Framework https://www.rcgp.org.uk/membership/practice-teams-nurses-and-managers/~media/Files/Membership/GPF/RCGP-GPF-Nurse-Competencies.ashx</p>
<p>Royal College of General Practitioners Advanced Nurse Practitioner Competency Framework http://www.rcgp.org.uk/membership/practice-team-resources/~media/16411E76AC5B4E818547E331F9D3CA97.ashx</p>



District Nursing and General Practice Nursing Service, Education and Career Framework

[https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework 1.pdf](https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework%201.pdf)

Leading Change, Adding Value 2016.

<https://www.england.nhs.uk/leadingchange/about/>

General Practice – Developing confidence, capability and capacity (2017)

<https://www.england.nhs.uk/publication/general-practice-developing-confidence-capability-and-capacity/>

