NES General Practice Nursing Vocational Training Scheme

Consultation on Recommendations
Final Report
May 2012

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1. Background

Nurses employed in General Practices across Scotland are estimated to conduct almost one third of all general practice consultations (ISD 2010) and this level of care provision is set to rise as primary care meets the challenges of a modernising NHS.

In order to meet the employers’ varied workforce requirements, a structured learning programme is needed to support the development of their new nurse employees. This consultation sought opinions from a range of key stakeholders on the scope and design of a NHS Education for Scotland Vocational Training Scheme for General Practice Nursing/ General Practice Specialised Training for Nurses (referred to as the programme).

Brief details of this work and previous General Practice Nursing initiatives are given below to contextualise this consultation report.¹

The challenges posed for and by this development are not new and this initiative builds on what has previously been achieved. In 2004 the Scottish Executive provided a Framework for Nursing in General Practice which considered education issues for General Practice Nursing (GPN). Some of these issues have not been acted on since the Framework was published while others have been fully or partially fulfilled.

To progress the recommendations from the Framework for Nursing in General Practice, NHS Education for Scotland Nursing, Midwifery, and Allied Health Professionals Directorate (NMAHP) supported a Learning and Networking for GPN project from November 2006 – March 2009. This resulted in significant advances in GPN issues.

Building on this work, NHS Education for Scotland (NES) proposes to initiate an annual learning programme for approximately 12 registered general nurses, new to employment in general practice that is delivered as work based learning and is supported by General Practice Nursing Education Supervisors who have undertaken specific educational preparation for this role. The NES National Co-ordinator for GPN (NCGPN) will be responsible for the delivery of the programme. Formal recognition of learning will be available to successful nurse participants on this programme (NES 2012).

¹ The full consultation documents is available from the NCGPN (susan.kennedy@nes.scot.nhs.uk)
2. Stakeholder consultation process

This consultation stage in the development of the programme focuses on the views of a range of key stakeholders.2

The specific aims of the consultation were to:
• seek opinions and contributions from key stakeholders on the design and delivery of a NES educational programme to support the learning and development of registered nurses newly employed in general practice
• establish an agreed way forward to develop the learning outcomes so that the educational programme is fit for purpose as a national programme of GPN education.
• clarify the views of nurses employed in general practice and their employers on the practical issues for delivering such a programme.3
• determine the next steps in formal recognition of this programme of learning.

The previous stages in the consultation process have focused on:
• an analysis of current GPN educational provision in Scotland and the wider UK.
• a national GPN scoping exercise
• development of recommendations for a NES GPN Vocational Training Scheme (VTS)

These earlier stages focussed on the views of individuals. For example, individual GPNs had the opportunity to attend consultation events and express their views.

Brief details about each of the stages of development to date are given below.

2.1 Analysing existing educational provision

This process included examining existing accredited courses against four key indicators which NES considers are integral to delivering the programme. These are:
• that it contains a taught component that supports the learning and development of registered nurses newly employed in general practice to reach Level 6 of the planned Career and Development Framework for General Practice Nursing (Scottish Government 2012) 4 with consolidation of learning
• there is a competency based assessment
• there is credibility with GPNs and academic accreditation to at least to SCQF 10 or 11
• the programme ethos that includes experiential learning

The NCGPN also took account of the other NMAHP Career & Development Frameworks developed by NES and the four pillars of nursing practice:
• leadership
• clinical practice
• facilitation of learning
• research and development

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2 See Appendix 3
3 This was carried out before this stakeholder consultation.
4 This document was in press at the time of writing this report.
The content of these pillars were pivotal for writing the draft learning outcomes for the programme, and will be important for developing learning outcomes as part of the programme assessment criteria to become a capable nurse employed in general practice.

2.2 National scoping exercise

Nationally, 56 GPNs attended meetings to discuss the development of the programme. Participants were invited to describe the content of a ‘vocational training scheme’. The first group considered that there are essential features which should be taught throughout the programme. This resulted in a first draft for consultation on the specification for an educational programme to prepare nurses for working in the general practice environment. This was used as the basis for this stage of the consultation.

There was agreement that ‘GPN Education and Development’ should be seen in three stages:
1. nurses seeking to become employed in a general practice
2. nurses newly employed in general practice
3. nurses working in general practice seeking to work at an advanced practice level

Discussions frequently focused on the importance of preparation for becoming a safe and effective GPN. The importance of having a work based education programme was emphasised. However, there was less idea about how long it was practical for the programme to be.

Specific areas of knowledge and skills were identified in relation to the three stages which were early (skill focus), middle (decision making focus) and later (preparing for autonomous practice). The areas of practice they identified are illustrated in Appendix 1.

Development of recommendations for the programme

The information gathered as part of the activities above was used to develop the draft specification and recommendations for the programme. These recommendations are the focus of this stage of the consultation process.
3. Online stakeholder consultation process

The work carried out to date by the NCGPN in analysing the current GPN educational provision in Scotland and the wider UK and the national GPN scoping exercise focussed on providing the information needed to develop the draft specification and recommendations for the programme.

This stakeholder consultation focused on inviting comment from a range of key stakeholders in an online questionnaire using Questback survey software. The survey questions focussed on the draft specification and recommendations in relation to a set of key questions. Details of these questions can be found in Appendix 2. The responses to this stage of the consultation process will inform the next stage of development of the scheme.

The consultation questions asked for the respondent’s level of agreement with a series of statements and questions about the draft specification and descriptor, and invited further comment.

In this report the closed questions are reported as numerical values rather than percentages because of the small numbers involved. The responses received are illustrated in the table below.

Table 3.1: Consultation responses

| Responses from invited stakeholder group | 22 |
| Additional responses                   | 5  |
| **Total Responses**                    | **27** |

The additional responses were not included in the initial reporting, but were later reviewed and relevant comments included. However, these responses, to both open and closed questions, followed the general pattern of the invited respondents.

The text responses, from respondents who did not complete the questionnaire but sent an email or Word document with their comments were reviewed, and the main issues and themes are detailed alongside the relevant open question responses. There were five email responses from stakeholders who were invited to participate. Information from two respondents who gave enough detail on the question subjects for the closed questions to be answered in full was added to the questionnaire by the NCGPN. There was not sufficient detail from the others to do this and their comments were considered alongside the responses to the relevant open questions.
4. Consultation findings

The presentation of the findings follows the pattern of the questionnaire and they are organised under the following headings:

- participants and responses
- programme structure
- learning outcomes
- learning support
- formal recognition of learning
- recruitment
- other comments

4.1 Participants and responses

A wide range of stakeholders were invited to contribute to this consultation and they fall broadly into the following representative groups:

- Nursing organisations and groups in Scotland
- NHS Education for Scotland groups and directorates
- Modernising Nursing in the Community Education Sub-committee
- Higher Education Institutions (Scotland) and other organisations
- Medical organisations
- Other stakeholder organisations

Fuller details of the stakeholders who were invited to participate in the consultation are given in Appendix 3. The majority of those invited to respond participated. No response was received from two organisations/groups.

It was noted from an early stage that there was overlap between individuals who were members of groups, or the organisations they represented. Some organisations nominated a different colleague from the original contact to respond. Additionally, where the consultation document was sent to more than one representative from an HEI, only one responded.

Details of the respondents are given below.
Table 4.1: Participating organisations and groups

<table>
<thead>
<tr>
<th>Participating Organisation</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Practice Nurse Association</td>
<td>1</td>
</tr>
<tr>
<td>Scottish General Practice Nursing Leads Group</td>
<td>1</td>
</tr>
<tr>
<td>Queens Institute for Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Nursing: Scottish Government</td>
<td>1</td>
</tr>
<tr>
<td>Royal College of Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Nursing: Other</td>
<td>2</td>
</tr>
<tr>
<td>Higher Education Institutions</td>
<td>8</td>
</tr>
<tr>
<td>Royal College of General Practitioners</td>
<td>1</td>
</tr>
<tr>
<td>British Medical Association (Scottish General Practitioners Committee)</td>
<td>1</td>
</tr>
<tr>
<td>Practice Managers</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

The response from the NMC indicated that they did not feel it appropriate to participate in the consultation, as the programme cannot be NMC approved.

4.2 Programme structure

The aim of the programme will be to *provide registered nurses employed in general practice with the knowledge and skills to meet the competencies of a nursing member of the General Practice multidisciplinary team.* Respondents were asked two questions about the structure of the programme which were:

- does the design support the aim of the programme?
- is the programme length appropriate to level of content?

4.2.1 Programme design

As indicated in the table below, there was agreement that the design of the programme supports the aim.

Table 4.2: Opinion on the design meeting the programme aims

<table>
<thead>
<tr>
<th>Agreement that the design meets the aims</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>I do not know</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

There were a range of comments on the programme design that will be useful in taking the development of the programme forward.

The work based approach was viewed positively, as was the inbuilt ‘mentorship’ and there were some suggestions that this should be increased, and that there should be opportunities to shadow or work with nurses in other practices. Along with Educational Supervisor support, this was seen as increasing the breadth of learners’ experience and as a valuable strategy for dealing with the isolation that nurses working in general practice can experience.
“Practice nursing is sometimes isolating and exposure to new and different ways of working requires exposure to different systems and GP practices.”

However, the differences in skills, knowledge and experience of GPNs who come from a wide range of backgrounds, may be newly qualified or enter GPN with little primary care or general practice experience was recognised as an influence on their ability to achieve the learning outcomes within the proposed timeframe.

It was also suggested that:

“It would be difficult in a one year programme to be competent in all areas of chronic disease management and physical examination.”

4.2.2 Length and content

Mixed views on the one year proposed timeframes for the programme were expressed and this can be seen in the table below.

Table 4.3: Opinion on the proposed programme timeframes

<table>
<thead>
<tr>
<th>Agreement with proposed programme timeframes</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>I do not know</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
</tr>
</tbody>
</table>

Some respondents stated that the one year timeframe was reasonable, but others disagreed expressing the view that it would be challenging, and some respondents advised a longer timeframe for completion. It was recognised that there is a lot of learning for the GPN in a limited timeframe, but that generally the content reflected the breadth of knowledge and skills expected of GPNs. One view was that the content was at a more advanced level than needed was expressed. It was also highlighted that the depth of knowledge and skills that could be achieved was limited.

However, the differences in skills, knowledge and experience of GPNs who come from a wide range of backgrounds, may be newly qualified or enter GPN with little primary care or general practice experience was recognised as an influence on their ability to achieve the learning outcomes within the proposed timeframe.

Where the respondent felt that they were unsure about the length and content, some suggested increased flexibility in the time for completion to allow this to be 12 or 18 months. There was also the suggestion that there needed to be clearer definitions of the content and learning and teaching strategies (e.g. physical examination) to allow them to make this judgement.

It was seen that there needed to be commitment to the programme to allow completion within a year and that there would be challenges for the GPNs in doing this. There were also issues around the need to provide a service in the practice, and tensions between working and learning for part and full-time workers in completing the programme.
Other issues raised were related to:

- the programme sitting within a medical model
- specific aspects of the content
- the inclusion of ‘vocational’ and ‘training’ in the title

These issues are discussed in specific sections of this document.

4.2.3 Key points

- there was general agreement with the proposal for the programme and many of the comments are in line with discussion with the NCGPN about the ongoing work of developing the programme
- the supported work based learning approach was positively viewed
- there were a range of opinions on the length of the programme and about a one year timeframe being challenging

4.3 Learning outcomes

Using the analysis of existing educational provision for GPNs and the national scoping exercise, a series of learning outcomes were written based on the four pillars of nursing practice. Respondents were asked to review these and comment on:

- whether the draft learning outcomes are fair reflection of what GPNs should be able to do
- which draft learning outcomes needed to be changed or removed
- if there were any missing draft learning outcomes
- whether the assessment strategy is appropriate to determine that the learning outcomes are met
- which SCQF level the draft learning outcomes most reflect: 9, 10 or 11

4.3.1 Fit of the learning outcomes with the nurse role

The majority of respondents agreed with the proposed learning outcomes.

**Table 4.4: Opinion on learning outcomes meeting aims**

<table>
<thead>
<tr>
<th>Agreement that learning outcomes meet aims</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>I do not know</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

The learning outcomes were generally thought to reflect the range of knowledge and skills needed by GPNs at level 5 on the career framework. However the consultation document
discussed the programme meeting the range of knowledge and skills at Level 6 of the career framework.

A range of comments or suggestions were made by participants. Some respondents felt that there were a large number of learning outcomes and that this number could be reduced. It was also suggested that they are staged throughout the programme and that there was overlap with current undergraduate education.

An important issue that will need to be taken into account is the level to which the GPNs have studied previously and the length of time since their registration. Some will have completed their undergraduate/ pre-registration education at diploma or equivalent level, while others will have honours degrees or above. Alongside this, nurses come to GPN with widely varying clinical experience and, while some may have more general experience, others may have specialist knowledge and skills that they can use in the GPN role. The SCQF level this programme sits at needs to take account of all of these factors. However, it may be that in the future, with the movement to an all graduate profession, this will need to be reconsidered.

Respondents highlighted a range of issues that they felt needed to be clarified. and these are detailed below:

- inconsistency in the wording
- the SCQF Level needs to be clarified, explicit and consistent
- the content of the programme needs to be more defined – currently one respondent felt that it was vague. This is in line with a range of comments connected to specific aspects of the content throughout the responses
- make the learning about clinical judgement, leadership and decision making explicit
- the fit of this programme with existing education for specific aspects of practice, e.g. cervical screening, sexual health and asthma management

Suggestions for adaptations to be considered were:

- the opportunity to record reflection in the NMAHP eportfolio
- cross referencing with the Royal College of General Practitioners (RCGP) Competency Framework for GPNs
- phrasing the learning outcomes in terms of what the GPN will have achieved at the end of the programme
- including community health and collaborative working
- linking the learning outcomes with NHS Knowledge and Skills Framework

Comments on specific learning outcomes are included below.
**Table 4.5: Learning outcomes with comments**

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: Clinical Practice</strong></td>
<td></td>
</tr>
<tr>
<td>At the end of this course students will be expected to have...</td>
<td>• reword to encompass principles of public health and have a broader perspective</td>
</tr>
<tr>
<td>A1: Applied appropriate health promotion and disease prevention strategies within the primary care setting</td>
<td>• replace disease with long term conditions</td>
</tr>
<tr>
<td>A3 Demonstrated decision making skills to safely manage or refer to other health professionals those patients with multiple symptoms and pathologies, both acute and chronic health problems.</td>
<td>• include decision making theory</td>
</tr>
<tr>
<td>A5 Demonstrated clinical skills in basic history taking, physical examination, and use of ancillary tests to diagnose and prioritise conditions presented by specific patient groups in primary care.</td>
<td>• change • achievable if focussed on limited number of long term conditions • include the word ‘assessment’</td>
</tr>
<tr>
<td>A6 Demonstrated competence in providing long-term continuity of care as required by specific patient populations and determined by general practice administrative systems to monitor long term conditions.</td>
<td>• clarify specific populations – medical diagnosis or groups • change • achievable if focussed on limited number of long term conditions</td>
</tr>
<tr>
<td>A11 Developed skills in user defined and person-centred outcomes approaches e.g. Brief negotiation skills (motivational interviewing), Talking Points: a personal outcomes approach</td>
<td>• include assets based approaches</td>
</tr>
<tr>
<td><strong>B. Facilitation of Learning:</strong> At the end of the programme students will be expected to have...</td>
<td></td>
</tr>
<tr>
<td>B6 Utilised core facilitation and teaching skills in order to support workplace learning for other multidisciplinary team members.</td>
<td>• similar to B8</td>
</tr>
<tr>
<td>B7 Evaluated educational material for patient use in general practice.</td>
<td>• Level 11</td>
</tr>
<tr>
<td><strong>C. Leadership:</strong> At the end of the course students will be expected to have...</td>
<td></td>
</tr>
<tr>
<td>C2. Given and received feedback in an open, honest and constructive manner.</td>
<td>• combine with C4</td>
</tr>
<tr>
<td>C3. Demonstrated knowledge of equality and diversity legislation.</td>
<td>• implemented rather that demonstrated – how it is used in practice</td>
</tr>
<tr>
<td>C4. Critically reviewed performance of self and others</td>
<td>• change</td>
</tr>
<tr>
<td>C5. Responded autonomously and confidently to planned and uncertain situations, managing themselves and others confidently.</td>
<td>• change</td>
</tr>
<tr>
<td>C6. Used critical skills to develop clinical leadership skills e.g. influencing, organisation, problem solving.</td>
<td>• listed but no specific comment</td>
</tr>
<tr>
<td>C9 Used critical analysis skills in applying local policy, protocol and standards.</td>
<td>• Level 9/10</td>
</tr>
<tr>
<td>C10 Within their practice taken account of local, national and professional strategy and policies e.g. Health and Safety and Equality legislation, SIGN Guidelines, Nursing policies, NMC Code and other associated Scottish Government initiatives.</td>
<td>• include more on NMC Code and refer specifically to NMC Standards and guidance e.g. record keeping and medicines management</td>
</tr>
</tbody>
</table>
4.3.2 Missing learning outcomes

A range of areas where learning for GPNs is important were highlighted. Some of these are not currently included in the consultation documentation while others may be implicit in the document provided, or were not noticed by the respondent. Those highlighted by respondents are:

- the primary care and general practice context
- Human Rights Legislation
- strengthening the leadership outcomes and taking into account the wider nursing context in Scotland e.g. Leading Better Care and Clinical Quality Indicators, change management
- teamworking and collaborative working with other healthcare professionals in primary care and other agencies
- time management
- mental health
- QOF and enhanced services
- HAI e.g. microbial resistance
- autonomous practice
- specific clinical problems e.g. epilepsy, atrial fibrillation
- IT systems and documentation

One respondent made specific comments in relation to the programme content:

“Aspects such as telephone triage are advanced practice skills and do not belong in a practice nurse training. This should be removed from the training programme. Also we do not think CBT training is particularly necessary at this [stage] of development and should not be a core part of the curriculum”.

<table>
<thead>
<tr>
<th>D Research and Development:</th>
<th>a lot of these – especially D2</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2 Displayed literature searching skills, shown ability to access and critically appraise both Qualitative and Quantitative research to apply results and findings.</td>
<td>change evidence base rather than qualitative and quantitative</td>
</tr>
<tr>
<td>D3 Compared and analysed the value of information technology skills and systems.</td>
<td>combine with D5</td>
</tr>
<tr>
<td>D5 Demonstrated information literacy.</td>
<td>information management skills using The Knowledge Network</td>
</tr>
<tr>
<td>D7 Evaluated ethical aspects of GPN.</td>
<td>? include legal</td>
</tr>
</tbody>
</table>
4.3.3 Assessment Strategy

Most respondents agreed that the assessment strategy was appropriate and many of those who did not know were not currently in a role where they would deal routinely or regularly with educational assessment for nursing programmes.

Table 4.6: Opinion on appropriateness of assessment strategy

<table>
<thead>
<tr>
<th>Agreement that assessment strategy is appropriate</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>I do not know</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Some felt that there needed to be adaptations, or suggested other strategies that could be incorporated. There were some reservations which are reflected in the suggestions for adaptations included below:

- ensuring that the clinical learning outcomes are explicit
- demonstrate how the theoretical underpinning of their work would be assessed, taking into account the four pillars of practice
- the need for a robust governance strategy for the assessments

It was also acknowledged by some that the strategy is reliant on the GPNs using and entering the information into the NMAHP eportfolio, and whether GPN would be able to use previous work as evidence of learning was questioned.

In the comments on the assessment strategy there were suggestions that other strategies that could be incorporated and add to the robustness. Key suggestions were the use of simulation or OSCE assessment formats and an unseen examination.

One respondent felt that the assessment strategy did not map to the learning outcomes and others questioned how specific clinical skills would be assessed by the mentor, the assessment of leadership skills and knowledge, and how evidence of preventative care and health promotion would be provided. Other comments were that it was heavily assessed and there would be value in an activity to bring together all of the elements of the GPNs learning e.g. using their portfolio evidence to plan the next stage in their professional learning, or developing a poster highlighting service development.

4.3.4 SCQF rating

The majority of respondents thought that the programme should sit at SCQF Level 10 (Honours Degree).
However, their comments reflected a range of more specific opinions. Some felt that there was variation across the learning outcomes and felt that in general they sat across SCQF levels 9-11. However, there was a clear message that the level needs to be clarified and the wording of the learning outcomes should reflect that.

Several suggested that the programme, from a practical perspective, should be offered with differing options, reflecting the differences in qualifications of GPNs. Practically, one respondent suggested market research to establish the level that GPNs themselves would consider studying at.

One respondent felt that this was pitched at too high a level

### 4.3.5 Key points

- there was general agreement with the proposed learning outcomes and assessment strategy. Also support for the programme being situated at SCF level 10
- some felt that detail about the assessment strategy and learning outcomes was unclear
- specific suggestions for alterations in learning outcomes were made along with specific comments on content and format of the document. However, discussion with the NCGPN indicates that many of these are being considered in the ongoing development of the programme and related work. Others will be reviewed later. Full details of these have been included to facilitate this process
- specific additional strategies for assessing learning were proposed which may prove to be useful
- some of the issues raised were discussed in the consultation document

### 4.4 Learning support

The design of the proposed support for learning was based on the existing support provided for General Practice Managers in the NES Practice Managers Vocational Training Scheme. The consultation documents outlined the proposed support and asked a series of specific questions about the proposed support:

- the approach to supporting learners
- the learning environment
- the role of the Education Supervisor providing adequate support for the learners

### Table 4.7: opinions on appropriate SCQF level

<table>
<thead>
<tr>
<th>Opinions on appropriate SCQF level</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 (degree)</td>
<td>5</td>
</tr>
<tr>
<td>10 (honours degree)</td>
<td>10</td>
</tr>
<tr>
<td>11 (masters)</td>
<td>1</td>
</tr>
<tr>
<td>I do not know</td>
<td>5</td>
</tr>
<tr>
<td>Other (Suggested level 10-11)</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
</tr>
</tbody>
</table>

Responses

- 9 (degree) 5
- 10 (honours degree) 10
- 11 (masters) 1
- I do not know 5
- Other (Suggested level 10-11) 1
- TOTAL 22
• the appropriateness of proposed quality assurance strategies for assessing learners
• how the employing practice can support their learner nurse

In making their comments, respondents would have liked more information about learner support and mentoring.

4.4.1 NES approach to supporting learners

NES have outlined their plans for supporting learners who are participating in the programme through:
• a learner bursary (£2000) reimbursed for buying text books and expenses incurred travelling to see the GPN education supervisor. Within this bursary, money would be ring fenced for HEI accreditation fee
• provision of an Educational Supervisor who has been prepared by NES for this role
• provision of six formal taught blocks lasting two days
• access to national online learning
• programme materials/handbook

Consultation participants were asked for additional suggestions of how NES could support the participating GPNs. There was agreement with the concept of the Educational Supervisor and the most common additional suggestion was an assessment of the practice in the same way that practices are assessed as in training practices for GP registrars or student nurses. It was felt that engagement with GPs was crucial, and that there needed to be some scrutiny of the practices but not in a way that would deter them from supporting GPNs to participate in the programme. In doing this, establishing an open relationship and effective communication with practices was seen as key.

Other suggestions from participants that were not included in the consultation document were:
• strengthening learners’ underpinning knowledge as well as their clinical practice
• encouraging and supporting GPNs in accessing The Knowledge Network resources
• clinical supervision from experienced GPNs
• establishing mechanisms to ensure that the competences are achieved
• establishing links with specialists who can feed into the programme e.g. clinical specialities
• providing feedback on draft academic work
• encouraging the use of case studies and peer study groups
• tapping into NES work about the Quality Management of the Learning Environment

4.4.2 Educational Supervisor support

Most of the respondents agreed that the support provided by the Educational Supervisors will be adequate for the learners. However some did not know. They were largely in educational roles and would have liked more information to help them form an opinion.
Table 4.8 Opinions on Educational Supervisor support

<table>
<thead>
<tr>
<th>Agreement that Educational Supervisor support is adequate</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>I do not know</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

There were a range of comments and suggestions on the support the Educational Supervisor would be able to provide for the GPN, and it was recognised that there was limited information on this role available at this time.

Many of the comments were practical suggestions for ensuring that the Educational Supervisor could provide the best possible support and are detailed below:

- having more time with the GPN and building a good relationship with them
- using the NMC standards to support teaching and learning in practice to ensure the quality of supervision
- the use of technology e.g. Skype and chatrooms were suggested as a way of increasing the support that it is practical to provide
- there needs to be flexibility in the provision of support and arrangements in place for times when the Educational Supervisor is not available e.g. holidays, sickness, workload pressures
- Educational Supervisors will need support and could get this from the NCGPN and a peer network
- the support that they are able to provide is dependent on their knowledge and skills
- Educational Supervisor preparation needs to be of an appropriate level, and there was a suggestion that they should have an educational qualification for supporting learners at SCQF levels 9/10
- their preparation needs to be clarified along with their needing to be evidence of their experience. This has significant patient safety issues
- there may be issues about locum cover when cover is required to maintain the service in the practice while the Educational Supervisor is providing learner support

4.4.3 Quality assurance

Participants in the consultation were also asked if they thought that the quality assurance strategies for the programme were appropriate and there was majority agreement with the proposed strategy.
Table 4.9: Agreement with quality assurance strategy

<table>
<thead>
<tr>
<th>Agreement that quality assurance strategy is appropriate</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate</td>
<td>12</td>
</tr>
<tr>
<td>Somewhat appropriate</td>
<td>4</td>
</tr>
<tr>
<td>Somewhat inappropriate</td>
<td>0</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>0</td>
</tr>
<tr>
<td>I do not know</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Although there was agreement that quality assurance standards for assessing learners were appropriate, a range of issues and comments were highlighted. These are detailed below:

- enough detail to make an informed judgment was not supplied e.g. how the programme would conform to Quality Assurance Agency for Higher Education standards, the role of the HEI
- there needs to be involvement of service users and carers
- there needs to be an impact assessment taking into account the views of employers, learners and of learner performance
- wider educational governance issues need to be addressed e.g. when assessing learner work, an assessment board, markers, moderators and an appeal procedure

**4.4.4 Practice support**

A wide range of ways in which the practice can support the learners was identified and these are detailed below:

- ensuring partnership working from the outset in the practice, with the Educational Supervisor and with the wider healthcare community
- ensuring that there is protected time where the learner is given specific time for learning e.g. they are supernumerary; can visit other practices or units; have a study leave policy
- support the Educational Supervisor in working with the learner
- help provide shadowing opportunities
- involve them in practice activities e.g. group/team learning in the practice, audit, case conferences
- providing support for the learner in the development of clinical skills, writing their portfolio, providing access to appropriate learning experiences, providing an appropriate work environment
- providing a mentor or buddy in the practice
- providing clinical supervision
- valuing the learner, providing encouragement and discussion, and opportunities for learning
- developing a learning culture in the practice and suitable learning environment
- fostering peer support networks

**4.4.5 Key points**

- there was general support for learner and Educational Supervisor bursaries, support mechanisms and quality assurance strategies
assessment of learner practices and Educational Supervisors were concerns for some
specific suggestions for resources and mechanisms for increasing the support provided were suggested
the concerns expressed may often be resolved by the provision of more detailed information about the programme, much of this was not available at the time the consultation document was published or could not be included due to the length of the consultation document

4.5 Formal recognition of learning

Participants were asked about the need for formal recognition of the learning and the most appropriate way of doing this as follows:

• whether formal recognition of learning from an awarding HEI/HEA is necessary
• if formal recognition is necessary which approach by NES is the most appropriate
  o accreditation from an HEI/HEA to provide SCQF rating.
  o accreditation in line with SCQF credit rating from a recognised body and thereafter NES

4.5.1 The need for formal recognition

Formal recognition of learning was seen as necessary by the majority of respondents, two did not know if it was necessary and two thought it was not.

Table 4.10: Opinion on the need for formal recognition of learning

<table>
<thead>
<tr>
<th>Agreement that formal recognition of learning is necessary</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>I do not know</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
</tr>
</tbody>
</table>

The respondents who did not feel it necessary represented medical organisations and groups.

4.5.2 Approach to formal recognition

Participants were asked their opinions about the approach to formal recognition if they thought that this was appropriate and details of their responses are given below.

The majority of respondents agreed with the option of accreditation from a Higher Education Institute to provide SCQF rating, where learners would register with an HEI for their learning to be externally assessed and assured. The learning would be delivered by NES.
Table 4.11: Opinion on the approach to formal recognition

<table>
<thead>
<tr>
<th>Approach to formal recognition</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation from an Higher Education Institute to provide SCQF rating</td>
<td>12</td>
</tr>
<tr>
<td>(learners register with an HEI for externally assessed and quality assured learning delivered by NES)</td>
<td></td>
</tr>
<tr>
<td>Accreditation in line with SCQF credit rating from a recognised body and thereafter NES provides certificates that evidence learner's achievements within the context of the SCQF rating (learners are internally assessed and learning processes are quality assured by NES)</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>I do not know</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

There were a range of comments made on this process and these are detailed below:

- there needs to be external assessment of the portfolio
- learners need to be able to transfer credit for their learning to allow them to continue their development in Higher Education towards further qualifications
- enlist the help of the HEIs in a working group to make the processes flexible
- link to the Career and Development Framework and make where this programme sits explicit
- link with relevant existing competency frameworks and best practice statements where appropriate
- link with Modernising Nursing in the Community
- link with the NMAHP eportfolio

Specific comments were:

“In order to ensure sustainability of a programme such as this it is suggested that accreditation from an HEI is essential.”

“I think for nurses being educated to this level should receive credit which they could then use towards further qualifications”.

“This, I think, would be the most appropriate as many of the QA issues will then be addressed automatically.”

Concerns were expressed by two respondents about NES delivery of the programme when the usual pattern for nursing is for NES to commission an HEI to deliver the education.

A minority of the NES GPN Educational Advisor group (n=11) felt that NES management of the accreditation process would raise the profile of NES and nearly half of this group would like to see NMC recognition of the programme.
4.5.3 Key points

- there was general agreement that formal academic recognition of the programme was necessary
- accreditation by an HEI with the learning delivered by NES was the preferred option
- the comments emphasised the need for external/HEI involvement and the need to link with other initiatives and frameworks

4.6 Recruitment

Participants in this consultation were asked:

- how appropriate the criteria for selecting learners for the programme are
- if this programme would appeal to registered nurses entering their GPN career

Details of their responses are given below.

4.6.1 Selection criteria

Most respondents thought that the selection criteria were appropriate.

Table 4.12: Agreement with recruitment selection criteria

<table>
<thead>
<tr>
<th>Agreement that selection criteria are appropriate</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate</td>
<td>12</td>
</tr>
<tr>
<td>Somewhat appropriate</td>
<td>7</td>
</tr>
<tr>
<td>Somewhat inappropriate</td>
<td>0</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>0</td>
</tr>
<tr>
<td>I do not know</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

There was agreement with the proposed criteria for learner selection and a range of comments were made. Details of these are given below.

- the added value of participating in the programme needs to be made clearer to allow informed opinions on the criteria to be made
- several respondents questioned limiting the time as a GPN to 18 months and there was one suggestion of extending this up to five years
- full employer support is crucial. This includes providing the GPN with the time to develop skills and helping to ensure that they see the right patients for this to happen. There was a suggestion that the employer should sign a contract
- there was concern that diploma level learners would need extra support to reach Honours level (if this is set)
- learners would need to include CPD evidence of the ability to learn at degree/masters level

4.6.2 Appeal of the programme

The majority of respondents thought that the proposed programme would be attractive to nurses beginning their GPN career.
Table 4.13 Opinion on the appeal of the programme

<table>
<thead>
<tr>
<th>Agreement that programme is attractive to targeted GPNs</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>I do not know</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
</tr>
</tbody>
</table>

Specific comments are detailed below:

- similar programme (within the UK but outwith Scotland) has demonstrated the appeal of such programmes
- gives a basic understanding of the role and recognition that this is an entirely new role
- NES approved and is structured, well supported
- it is difficult for nurses to gain employment as a GPN [without experience] and this may encourage some practices to take on these nurses
- attractive in helping GPNs develop confidence and providing a career development structure
- would be good for this to be standard
- it is investment in professional recognition

There were three respondents who didn’t know if the programme would appeal to GPNs and two of them made comments. These are given below.

“I think so, but I think would be more attractive if academic credit available”.

“It may be too onerous a programme and it is not compulsory to complete but they should be supported and encouraged by the practice to embark on it.”

4.6.2 Key points

- accreditation from an Higher Education Institute to provide SCQF rating (learners register with an HEI for externally assessed and quality assured learning delivered by NES) was the clear preference from the options proposed
- the delivery of the programme by NES was queried
- the programme was generally viewed as appealing and the comments supportive
- there was general agreement with the recruitment selection criteria

4.7 Funding

Participants were asked their opinions about the trainee and Educational Supervisor grants as follows:

- how appropriate the trainee grant is
- if the Educational Supervisor grant arrangements are conducive to the delivery of a high quality programme
4.7.1 Trainee grant

The majority of respondents agreed that the trainee grant was reasonable.

Table 4.14: Opinion on learner grant being reasonable

<table>
<thead>
<tr>
<th>Agreement that the learner grant was reasonable</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable</td>
<td>17</td>
</tr>
<tr>
<td>Somewhat reasonable</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat unreasonable</td>
<td>0</td>
</tr>
<tr>
<td>Unreasonable</td>
<td>1</td>
</tr>
<tr>
<td>I do not know</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

The majority of respondents felt that the learner grant of £2000 was reasonable and described it as generous, good, sufficient, reasonable, more than expected and sustainable long-term. It was also noted that there could be significant expenses incurred if learner participation requires travelling long distances or overnight stays. There were also two suggestions that the practice should contribute and that currently many GPNs self-fund their learning. It was highlighted that:

“There are not many programmes which provide the student a grant, fees and additional mentoring support.”

“Currently nurses [are] often self funding.”

There was only one respondent who disagreed with the provision of a learner grant.

4.7.2 Education Supervisor grant arrangements

Respondents were asked if the Education Supervisor learner grant arrangements conducive to ensuring the delivery of a high quality programme, and not if they agreed with the level of funding for the Educational Supervisor.

The majority of respondents agreed that the arrangements for the Educational Supervisor grant arrangements were conducive to ensuring the delivery of a high quality programme. Many of the comments were generalised. However, there were a range of specific comments which are detailed below:

- the need for robust processes for agreements between the supervisor, the learner’s employing practice, the supervisor’s employing practice and HEIs
- the need to ensure that there was full payment made to the supervisor. This included the suggestion of direct payment to supervisors
- financial reimbursement may encourage practices to be more open to participation and increase the pool of candidates for the Educational Supervisor role

One respondent noted that the payment did not factor in employer costs that would be incurred when reimbursement was through the practice and another that the grant may be insufficient as practices were reimbursed at a higher rate for GP trainees.
The need for evaluation of the processes as they are put into place was highlighted.

4.7.3 Key points

- there was agreement with the learner and Educational Supervisor grants, alongside recognition that there could be significant expenses
- the processes around the grant need to be robust

4.8 Other comments

Respondents were given the opportunity to make any other comments that they felt were relevant to this consultation. Many of these linked directly with the questions and responses have been included with the appropriate questions. There were a range of other comments that are detailed below. These comments reflected the differing perspectives, roles and backgrounds of the respondents.

- there were several positive and supportive comments about this development and its contribution to the development of a career framework for nurses in general practice and their career development
- closer linkage with the Career and Development Framework for General Practice Nursing (Scottish Government 2012) and the Framework for Nursing in General Practice (Scottish Government 2004) were suggested. However, it was also suggested that this second document was out of date
- there were several comments about the terminology not fitting with the SCQF and the SCQF level not being clear. Splitting the programme into smaller modules was also suggested
- some respondents felt that the fit of this programme with the current Initial Preparation courses, the Specialist Practitioner Qualification and existing education for specific aspects of practice (e.g. asthma, cervical cytology and travel health) was unclear
- some in-depth study of long term conditions and other specialised areas of care was suggested as part of the programme
- there were mixed views on the use of ‘Vocational Training Scheme’ and the link of this to the medical model along with reservations about the loss of the ‘uniqueness of nursing’ in the programme. However another respondent captured the complexity of the situation: “[the programme] firmly links this programme to General Medical Practitioners risking separation from the wider nursing workforce in the community. Clearly this needs to be balanced against the advantages of engaging GPs for whom the familiar terminology may be helpful. The perception of a high quality professional programme may well be best conveyed to GP employers by the use of the VTS title.”
- a focus on the medical model and separation of GPNs from the general nursing workforce was a concern for one respondent. In particular, the need for support for this programme to come from medicine was a particular concern as was the failure to utilise existing nursing mentorship processes
- the focus in learning on learning outcomes was viewed positively
- one respondent felt that GPs should be able to recruit nurses who have a baseline training in general practice in the same way that other services can recruit specially trained nurses
As well as questioning aspects of the consultation document and programme proposed in it, there were a range of specific supportive comments on the development of a programme to support the development of GPNs.
5. Issues arising

The participating stakeholders came from a range of backgrounds and had differing depth and breadth of knowledge about the role and work of the GPN and wider nursing issues and looked at the issues from varied perspectives'. This was acknowledged by some in the ‘other comments’ or their email responses.

Although not asked as a direct question, there was overall support for the introduction of a programme like this. However, in relation to some of the answers, opinion was less clear cut.

A range of opinions and issues have been highlighted in the findings, and those that recurred or appeared to have particular importance to the respondents were highlighted in the Key Points.

The responses reflect a range of perspectives including educationalists, and groups whose work is directly related to day-to-day practice of GPNs in differing ways. This range of backgrounds has meant that respondents have felt qualified to comment in more depth in some aspects of the consultation than others and to acknowledge this in their answers. In collating and analysing the responses, the inclusion of email responses and responses from individuals who were not in the original stakeholder group added to the challenge of presenting a fair representation of stakeholder opinion and including useful detail. It is worth noting that the opinions expressed were similar to those in the invited stakeholder group.

Overall there was overlap between the responses to different questions and, for example, comment on the programme structure and content were submitted throughout the responses. This information has been included within the relevant section of the findings for clarity. In the responses, the consideration of the questions was generally from a positive and practically focussed view. The comments contained ideas that may be useful in future development of the programme and some of this is detailed in the findings.

The opportunity to discuss the findings with the NCGPN has indicated that many of the points raised by respondents are already under consideration, It is suggested in the recommendations that she has the opportunity to clarify these points. The consultation document was developed alongside more detailed planning for the programme, the Career and Development Framework for General Practice Nursing (NES 2012) and participation in the Modernising Nursing in the Community workstream. However, there were limitations on what could reasonably be included in the consultation document and there has been progress in the other areas of work meantime. This means that the consultation document reflects the available information when it was published and not developments since. These developments answer many of the questions and issues raised in the findings and are reflected in the discussion below.

Debate about the use of the title ‘Vocational Training Scheme’ was ongoing in the previous stages of the consultation and continued into this stage. It sat alongside querying the medical situation of this programme. This reflects historical debates, and highlights the need for further discussion on the title. The situation where GPNs are directly employed by GPs and sit outside the NHS nursing mainstream leads to a complex situation with regard to the provision of GPN education and GPNs accessing it. As differing opinions prevail, it may be
unlikely that consensus can be reached without further consideration. Discussion with the NCGPN indicated that the VTS title is historical in NES and will need further review to be widely acceptable, and reflect the programme sitting between introductory and advanced education for GPNs.

While there was general agreement overall with the proposal for the programme, a range of points were raised that can be useful in the next stage of development. Some respondents felt that the programme reflected a ‘medical model’ for the programme and that a wider bio-psycho social model was more appropriate. This was based on the content of the consultation document which did not go into detail about the organisation and approach to teaching material in the programme. When the material from the consultation document is considered in conjunction with the Career and Development Framework for General Practice Nursing the crucial role of both models in developing the programme emerges.

The respondents supported the design of the programme and viewed the work based structure positively. They recognised that, in addition to the timeframe issues discussed below, there were differences in the skills, knowledge and experience of GPNs on starting work in general practice. This is well recognised in the research, and strategies to allow for this may be needed in both educational and practice aspects of the programme. Many of the comments on specific aspects of the programme reflected this.

The opinion that the SCQF level that the programme will sit at was not clear in the consultation document was expressed by some respondents. However, most thought that it should sit at level 10. One of the purposes of this exercise was to consult on this and there was general agreement on this point in the specific questions.

When considering the length of the programme, there was disagreement over how reasonable and achievable this was for GPNs. In this, there was recognition of the tension between the need to provide a service and participate in learning. This is likely to be an important issue and will need ongoing monitoring. It may be possible to examine evaluation of other programmes and to use any issues they have encountered and lessons learned planning this programme. However, it may be that the programme will need to run for the first time, with a safety net for GPNs who have difficulty in meeting the timings, and be evaluated for informed decisions to be made. It is probable that there will need to be some flexibility. Careful examination of the process of participation in the programme will help to identify factors that influence GPN progress and participation.

The recruitment of GPNs within a specific time of starting work in general practice reflects the acquisition of skills and knowledge through a variety of ways of learning. Like the previous NES Initial Preparation of GPNs, this takes the pragmatic view that after working in the role for some time, they are less likely to benefit from participation in a programme like this than those newer to practice. GPNs who are newer will need more targeted learning rather than a broad programme. However, the part time nature of many GPN posts is an issue that may need consideration and adds to the complexity of the situation.

The quality assurance strategies suggested in the consultation document were thought to be appropriate. However, a range of issues were raised, and aside from taking into account learner and employer views in assessment, they appear to be issues that will be considered
as part of the accreditation process. Respondents recognised that assuring the quality of the programme was a crucial issue.

**Support and learning opportunities** were viewed positively by respondents, and a range of suggestions that will prove useful were made. This recognised the need for exposure to environments and experiences beyond learner and Educational Supervisor practices and the benefits of this, alongside the wealth of experience that can be gained in other practices and settings. In reality, the need for learning opportunities and time for study and discussion needs to be balanced with service provision. This will need negotiation between learners, supervisors and practices about what works in their particular situation and it is unlikely that a single model would fit all. The design of the programme allows for this, although some help may be needed in working out the finer detail.

A **wide range of suggestions** for material to include in the programme and strategies for support were suggested and these are not discussed in detail here. These included many areas of knowledge that GPNs need to develop. Many of these have and are being taken into account in the development of the programme since the consultation documents was written, or have been missed when reading the consultation document. This shows that the thinking of the respondents and NCGPN are moving in the same direction. The areas highlighted by the respondents could form a useful checklist for this development.

**Articulation of this programme with existing GPN education** was discussed with the NCGPN and will be clarified by her. It does appear that this programme articulates well with learning about key areas of practice. However it is being approached in a different way to that of a series of individual courses. It appears that this will be a great benefit for the 12 nurses per year who participate in the programme.

The respondents provided insight from a range of perspectives and will inform the development of the programme and the generally positive and constructive view they took is encouraging for the future.
6. Recommendations

A series of recommendations are suggested below. In making these it is acknowledged that many of the comments and issues highlighted by respondents in relation to the consultation document will be dealt with in the future stages of development of the programme and that in some respects, these recommendations are a checklist for that process. It is also suggested that the NCGPN has the opportunity to detail the progress of the development since the consultation document development commenced.

The recommendations are split into short term (i.e. those that influence the immediate development of the programme) and those that are longer term.

**Short Term**

- clarify the issues around the title. As discussion with the NCGPN indicated, there would need to be internal discussion in NES about this, as well as discussion with wider stakeholders
- the comments on the learning outcomes will need to be reviewed and considered in line with the SCQF level the programme is set at. The learning outcomes will be an issue to discuss with the accrediting HEI, if this model is adopted
- ensure that the terminology throughout the programme documents is consistent and in line with the SCQF level the programme sits at
- clarify the fit of this programme with existing GPN educational provision for specific and well recognised aspects of the role e.g. asthma, travel health, sexual health
- the level of practice, skills and knowledge that can be expected of a learner who has completed this programme should be made explicit
- the suggestions made by respondents about content and areas of practice should be reviewed – many of these may already be included, however some may be new suggestions that prove valuable. This also applies to collaborative working and community health which were highlighted by respondents
- the following should be explicit: the use of the NMAHP eportfolio, alignment with the NES Career and Development Framework for General Practice Nursing, and other relevant frameworks where appropriate
- consider the use of strategies to support learning suggested by respondents e.g. shadowing, buddy system in the practice
- demonstrate how the theoretical underpinnings will be assessed in practice

**Longer term**

- there should be ongoing evaluation of the programme from the development stage onwards to facilitate development and ensure that it meets the needs of learners, Educational Supervisors, GPs and practices, and governance standards. Where possible, findings of this evaluation should inform the ongoing development of the programme. This is particularly important in the first round
- there should be close monitoring of the ability of the learners to cope with the timescales and strategies for flexibility in timings if they are unable to meet them. After the first cohort, the one year timescale should be reviewed
• the rationale underpinning decisions relating to the programme should be recorded for future reference

Alongside these issues sits the wider linkage of this workstream with NMAHP and the nursing community, and the involvement of the NSGPN in wider nursing initiatives e.g. Modernising Nursing in the Community workstream. It is suggested that this needs to be explicit and high profile.
7. Conclusion

The consultation process to date has demonstrated generalised stakeholder support for the NHS Education for Scotland Vocational Training Scheme (VTS) for General Practice Nursing (GPN)/ General Practice Specialised Training for Nurses, both in the previous consultation stages and in this survey and specific suggestions on the structure and content have been made. These will be valuable for the next stage of development and taking the programme forward.

A range of opinions on specific aspects of the consultation reflected the background and knowledge of the respondents. These have provided valuable information which has been included in the findings, has influenced the recommendations and will be valuable in the development of the programme.

Overall, the stakeholder responses provided constructive comments and suggestions for the development of the programme and many of the concluding comments from stakeholders illustrated a general positive attitude to the development of this programme.
8. List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPN</td>
<td>General Practice Nursing/ General Practice Nurse</td>
</tr>
<tr>
<td>GPNs</td>
<td>Nurses employed in general practice</td>
</tr>
<tr>
<td>HEI</td>
<td>Higher Education Institute</td>
</tr>
<tr>
<td>HEA</td>
<td>Higher Education Authority</td>
</tr>
<tr>
<td>NES</td>
<td>National Health Service Education for Scotland</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Nursing, Midwifery, and Allied Health Professionals Directorate, NES</td>
</tr>
<tr>
<td>NCGPN</td>
<td>National Co-ordinator for General Practice Nursing</td>
</tr>
<tr>
<td>RCGP</td>
<td>Royal College of General Practitioners</td>
</tr>
<tr>
<td>SCQF</td>
<td>Scottish Credit Qualification Framework</td>
</tr>
</tbody>
</table>
9. References

ISD (2011) General Practice – Practice team Information. 
http://www.isdscotland.org/isd/3757.html [accessed 15.3.12]

NHS Education for Scotland (2012) NES General Practice Nursing Vocational Training Scheme: Consultation on Recommendations. 
Available from susan.kennedy@nes.scot.nhs.uk

Scottish Executive (2004) Framework for Nursing in General Practice

Scottish Government (2012). Framework for Education and Development in General Practice
### 10. Appendices

#### Appendix 1: Content for proposed programme

<table>
<thead>
<tr>
<th>Early (Skill Focus)</th>
<th>Middle (Decision Making Focus)</th>
<th>Later (Preparing for Autonomous Practice)</th>
</tr>
</thead>
</table>
| - GP Management Issues in GPN/HCSW roles  
  IT skills  
- Induction (health & safety, emergencies, infection control etc)  
- Cardiovascular risk assessment  
- Basic Skills in:  
  Immunisation  
  Cervical cytology  
  First Aid  
  QOF clinical skills  
- Basic treatment room skills beyond nurse registration (ear care, venepuncture, wound management, ECG, cryotherapy).  
- Consultation skills  
- Brief Negotiation  
- Advice telephone calls  
- Protocols/ Systems of Care  
- Study skills  | - Distance Learning (e.g. hypertension)  
- Essential Long Term Condition Management (asthma, COPD, diabetes, CVD, CKD).  
- Learning Disabilities  
- Mental Health  
- Children  
- Sexual Health  
- Advanced Communication Skills  
- Health Promotion  
- Theory and Practice of Patient Education (self care, self management)  
- Concordance  
- Travel Health Assessment  | - Co-morbidity issues  
- Minor illness  
- Telephone triage  
- Cognitive Behavioural Therapy  
- Delegation / negotiation  
- Leadership / clinical supervision  
- Change management  
- Audit / significant event analysis  
- Continuing Professional Development skills post VTS (e.g. access to knowledge updates)  
- Career and development (e.g. learning appraiser skills & completing PDP)  
- Research and ethics |
Appendix 2: Consultation on proposed NES General Practice Nursing Vocational Training Scheme: Questionnaire

Where closed questions were asked this is indicated. Otherwise the respondents were invited to provide open answers.

1. What Organisation do you represent? [closed]
2. Does the design support the aim of the programme? [closed]
3. Please state why?
4. Is the programme length appropriate to the level of content? [closed]
5. Please explain why?
6. Are the draft learning outcomes a fair reflection of what a nurse employed in general practice should be able to do? [closed]
7. Please add your comments
8. What if any, draft learning outcomes should be changed or removed?
9. What, if any, draft learning outcomes are missing?
10. Will the assessment strategy be appropriate to determine if the trainee has met the NES General Practice Nursing Vocational Training Scheme learning outcomes? [closed]
11. Please add your comments
12. What Scottish Credit Qualification Framework (SCQF) rating and level do you think the draft learning outcomes most reflect? [closed]
13. Please add your comments
14. What approach should NES take to support a learning environment that is aligned to effective practice learning for the trainees?
15. Will the role of the NES General Practice Nursing Education Supervisor provide adequate support for the learners? [closed]
16. Please state why?
17. How appropriate are the proposed quality assurance strategies for assessing learners? [closed]
18. Please add comments
19. How can the employing general practice support their trainee nurse?
20. Is formal recognition of learning from an awarding Higher Education Institution necessary for this programme of learning? [closed]
21. Please state why you do not think formal recognition from an HEI is necessary?
22. Which approach to formal recognition of learning should NHS Education for Scotland take? [closed]
23. Please add any comments
24. How appropriate are the criteria for selecting trainees on the programme
25. Please state why
26. Would this Vocational Training Scheme appeal to registered nurses entering a General Practice Nursing career? [closed]
27. Please state why?
28. How reasonable is the trainee grant?
29. Please state why?
30. Are the NES General Practice Nursing Education Supervisor training grant arrangements conducive to ensuring the delivery of a high quality programme?
31. If you wish to add any comments on any aspect of the consultation document please do so in the box below.
### Appendix 3: Participating stakeholders

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Representatives</td>
<td>Scottish Practice Nurse Association</td>
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<tr>
<td></td>
<td>Scottish General Practice Nurse Leads Group</td>
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<tr>
<td></td>
<td>Royal College of Nursing, Scotland</td>
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<td></td>
<td>Queens Institute for Nursing</td>
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<td></td>
<td>Jane Harris, Health Directorate, Scottish Government</td>
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<td></td>
<td>NMC Scotland</td>
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<td>NHS Education for Scotland</td>
<td>NMAHP</td>
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<td></td>
<td>GP Directors</td>
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<td></td>
<td>Pharmacy and the Delivering Quality Primary Care Group</td>
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<td></td>
<td>Practice Managers Learning Network</td>
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<td></td>
<td>GPN Educational Advisor group</td>
</tr>
<tr>
<td>Modernising Nursing in the Community Education sub-committee representatives</td>
<td>12 representatives from Higher Education Institutions in Scotland, and representatives from the Open University and Scotland’s Colleges who have a role on this sub-committee</td>
</tr>
<tr>
<td>Higher Education Institutions (Scotland) and other organisations</td>
<td>6 x HEI Lecturers and representatives of other organisations delivering Introduction to General Practice Nursing courses who are not part of the Modernising Nursing in the Community Education sub-committee</td>
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<tr>
<td>Medical organisations</td>
<td>RCGP</td>
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<td></td>
<td>BMA (Scottish General Practitioners Committee)</td>
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<tr>
<td>Other organisations</td>
<td>GPN lead for Northern Ireland</td>
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<td></td>
<td>GPN Plymouth University</td>
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