NES General Practice Nursing Vocational Training Scheme

Consultation on Recommendations

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Summary

Nurses employed in General Practices across Scotland are estimated to conduct almost one third of all general practice consultations (ISD 2010). 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 paper seeks to establish the purpose, scope and design of a NHS Education for Scotland vocational training scheme (VTS) for General Practice Nursing (GPN).

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 supported by General Practice Nursing Education Supervisors who have undertaken preparation in the principles of education. In addition six x two taught events plus distance learning will underpin the theoretical content. This one year programme of vocational training preparation will be NES funded. The NES National Co-ordinator for GPN will be responsible for delivering the programme. Formal recognition of learning will be available to successful nurse participants on this programme.

NES held a series of meetings across Scotland with over 50 nurses working in general practice. The aim was to invite participants to describe the learning content of a proposed vocational training scheme (VTS) that would reflect the knowledge and skills required in general practice nursing to meet the varied needs of GP employers. The results form the basis of the proposed learning programme. In addition the level of education required was influenced by the new Career and Development Framework for GPN to be published by the Scottish Government in 2012. Draft learning outcomes are described for comment.

NES GPN Education Supervisors will be experienced nurses, employed in general practice, who will be prepared to a minimum standard level of teaching knowledge and skill. They will demonstrate an enthusiasm for education and be currently working in an excellent learning environment. NES will support the GPN Education Supervisors to attend an accredited programme of education and will supplement this to meet their needs in supporting the GPN VTS. Selected trainees will be geographically matched to the GPN Education Supervisors who will provide approximately 2 hours / week of one to one support and learning over one year. The GPN Education Supervisors’ preparation time is expected to be less than 2 hours / week. Central teaching events will supplement this work based approach to learning. The NES GPN Education Supervisor’s time will be regularly reimbursed from a training grant to their employing GP.

Trainees will be registered nurses employed by general practice for sufficient hours per week so as to be able to complete the programme in one year, normally over 20 hours / week. They will require the written support of their GP employers to participate in all parts of the programme. Successful completion of a portfolio of evidence which demonstrates competence in General Practice Nursing will be assessed for formal accreditation of learning using SCQF rating.

The views of key stakeholders are sought on the recommendations (page 22) provided in this paper by answering a set of consultation questions online (page 5).
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1. Introduction

The specific aims of this consultation paper are to:

- Seek opinions and contributions from key stakeholders (appendix VIII) on the design and delivery of a NES training 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 training 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.
- Determine the next steps in formal recognition of this programme of learning.

The key elements for this proposed vocational training scheme are found in the following pages:

1. Recommendations for the NES Vocational Training Scheme (VTS) (Page 22)
2. Draft Outline of NHS Education for Scotland’s Proposed GPN VTS (Page 16)
3. Content of Proposed VTS from GPN Scoping Exercise (Page 11)

Response to the consultation questions (page 5) in this document is by QuestBack, an online survey [https://response.questback.com/nhseducationforscotland/gltnkealrc/](https://response.questback.com/nhseducationforscotland/gltnkealrc/)

Should you have difficulties in using this format you may email your response to medicalpracticenurse@nes.scot.nhs.uk

By responding on behalf of your organisation to this consultation you will contribute to an evolving project. It is our overarching intention to support the learning and development of registered nurses who are employed by general practices across Scotland so that the population will have access to a quality nursing service within general practice.

Please submit your response by Tuesday 28th February 2012

If you require clarification in order to answer the consultation questions please contact Susan Kennedy
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2. Consultation Questions

1) What organization do you represent?

Programme Structure (pages 16 & 19)
2&3) Does the design support the aim of the programme?
4&5) Is the programme length appropriate to level of content?

Learning Outcomes (page 17)
6&7) Are the draft learning outcomes a fair reflection of what a nurse employed by
genral practice should be able to do?
8) What, if any, draft learning outcomes should be changed or removed?
9) What, if any, draft learning outcomes are missing?
10&11) Will the assessment strategy be appropriate to determine if the trainee has met
the NES GPN VTS learning outcomes?
12&13) What Scottish Credit Qualification Framework (SCQF) rating and level do you
think the draft learning outcomes most reflect e.g. 9 (degree), 10 (honours degree), 11
(masters)?

Learning Support (page 19)
14) What approach should NES take to support a learning environment that it is aligned
to effective practice learning for the trainees?
15&16) Will the role of the NES General Practice Nursing Education Supervisor provide
adequate support for the learners?
17&18) How appropriate are the proposed quality assurance strategies for assessing
learners?
19) How can the employing practice support their trainee nurse?

Formal Recognition of Learning
20-23) Is formal recognition of learning from an awarding HEI / HEA necessary?
If yes to formal recognition is necessary which approach by NES is the most
appropriate?
   a. Accreditation from an HEI/HEA to provide SCQF rating. (Learners register with an
      HEI / HEA for externally assessed and quality assured learning for NES).
   b. Accreditation in line with SCQF credit rating from a recognised body and
      thereafter NES provides certificates that evidence learners’ achievements within
      the context of the SCQF rating. (Learners are internally assessed and learning
      processes are quality assured by NES).

Recruitment to General Practice Specialised Training for Nurses (page 20)
24&25) How appropriate are the criteria for selecting trainees on the programme?
26&27) Would this VTS appeal to registered nurses entering their GPN career?

Funding (page 22)
28&29) How reasonable is the trainee grant?
30) Are the NES General Practice Nursing Education Supervisor training grant
arrangements conducive to ensuring delivery of a high quality programme?
31) Any other comments?

In Appendix XI a questionnaire form can be used to collate responses for organizations
before submission online at by Tuesday 28th of February 2012.
3. Background

Since 1990 General Practice Nursing (GPN) in Scotland has developed from small numbers of registered nurses, employed by General Practices to deliver general nursing duties, to a significant workforce providing highly developed nursing practice, often as the first point of contact for people with diverse health problems. In particular the role of nurses employed in general practice (GPNs) encompasses health improvement, long term condition management and minor illness triage (WiPP 2007).

Experienced GPNs have developed generic knowledge and skills, often alongside specialist areas of practice, thus becoming an integral and vital part of local primary care services. This rapid development took place at some cost. GPNs undertook diverse courses to meet their learning needs, at personal financial cost, or funded by their general practice employers or pharmaceutical companies. This gave them the confidence to undertake a role beyond their initial nurse registration competencies. This took time, which nurses new to GPN now do not have. The resulting situation is that newly employed GPNs are replacing highly experienced GPNs and being expected to quickly provide the same level of care as their experienced predecessor. This therefore brings challenges for the future, especially as a high proportion of the existing GPN workforce is nearing retirement age (Cochrane & Cowan 2011).

Challenges include:

- Ensuring GPN is perceived as a positive nursing career opportunity.
- Providing education programmes that prepare autonomous GPNs delivering high quality care to meet local needs.
- Supporting GPN learning and development to deliver the needs of a changing health service.
- Uniting a fragmented GPN workforce to support continuing professional development.

These challenges are not new and much has been achieved. The Department of Health (2003) stated that nurses should be encouraged to expand their roles to provide wide ranging skills to support even greater skill mix opportunities, including becoming partners in general practice (Appendix I). The Scottish Executive (2004) provided a Framework for Nursing in General Practice which was sent to all general practices in Scotland. Workshops were held with GPNs to determine what they considered to be the education issues (Appendix II describes the findings). Interestingly some of their issues, such as training for GPNs similar in ethos to the GP VTS, have not been delivered since the Framework was published while others have been fully or partially fulfilled:

- Establishment of GPN advisor / leads employed by Health Boards (50% achieved).
- Opportunities to attend Introduction to Practice Nursing Courses.
- Detailed guidance for appraisal and Personal Development Plans for GPNs.
- Better networking through a national web based GPN Toolkit.

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

- Partnership with HEA / HEI to establish courses to prepare nurses for GPN
- Training bursaries to support Practice Nurse education across Scotland
- Communication network open to practice nurses across Scotland
- Web based GPN toolkit within the Knowledge Network (NES)
- Handbook on GPN appraisal
- GPN contribution to Scottish Government, NES and Health Scotland initiatives such as MMR pack, Interprofessional learning, Dementia learning and resource pack.

NMAHP developed Flying Start NHS™ to support newly registered nurses, midwives and allied health professionals in their first year post qualification. It includes materials useful for all professionals (http://www.flyingstart.scot.nhs.uk). It is a learner-directed online development programme to support a work-based programme with mentor support. Recently newly qualified nurses have been employed by general practices. NHSScotland considers that their employers should support them to complete Flying Start. Although this programme provides excellent resources it does not provide skill based training or the knowledge and skills specifically required by GPNs.

Professional bodies recognise the need for education to support preparation for nurses seeking competency in general practice nursing (WIPP 2007, RCGP Foundation 2011). The Specialist Practice Qualification (SPQ) includes a programme for GPN. This is a one year as full time or up to two years part time programme which is at the minimum of degree level and leads to a recordable qualification on the NMC website. It is currently the only GPN qualification recognised by the NMC and provides a sound theoretical and practical basis for practice at specialist level. However, it is not a formal requirement that nurses working in general practice hold the specialist practice qualification. In Scotland, the programme was offered by a number of HEIs. The numbers enrolling on this programme dwindled and currently no programme is sustainable in Scotland. There are still a few courses being delivered in England and Wales.

The reason for the demise of this programme is complex and factors may include:

- Relevance of competencies to current GPN roles
- Cost due to release to study, travel and fees
- No recognition by employer and nursing regulation body of requirement for further education to become GPNs.

However, the Nursing Midwifery Council (NMC), the professional regulatory body for nursing, is currently reviewing post registration nurse education and will make recommendations in due course. It is unclear if the NMC will adapt or remove SPQ.

In July 2010 the General Practice Section of the Medical Directorate in NHS Education (NES) introduced a paper to the NES Business Group to establish funding for a model of training to prepare nurses to become GPNs and support continuing professional development. The paper described the following key points:

- Primary care is at the heart of NHSScotland and consists of a significant number of independent contractors and their employees.
• GPNs are a key part of the workforce, their patient face to face contacts are estimated to account for 30% of all general practice contacts.
• Continuity of development of practice staff is needed to avoid a recruitment crisis. It is estimated that of 2,140 Scottish GPNs a significant proportion are due to retire in the next 10 years (National Primary Care Workforce 2009)
• A successful Practice Manager Network and Vocational Training Scheme is highly successful and GPN should replicate this model.

The benefits of this proposal included:

• Developing accessible quality assured education for GPN.
• Building capacity and capability in GPNs to ensure they have the knowledge, skills and attitudes necessary to deliver high quality services for GP employers and their patients.
• Providing opportunities to belong to a NES co-ordinated national education and development network of GPNs thus developing a more connected workforce.

In order to plan for and deliver this NES proposal a national co-ordinator for GPN was appointed for learning. A support network of NES sessional GPNs from across Territorial Health Boards was established in the autumn of 2011 (NES is still seeking representation from three Health Board areas). These nurses are known as NES Education Advisors and will support the NES National Co-ordinator for GPN to deliver the VTS by providing practical advice on learning and development issues.

Workforce development is key in the Scottish Government’s plan to deliver their objectives as described in the ‘Better Health, Better Care’ (2008) and the ‘Healthcare Quality Strategy’ (2010). The GPN workforce is increasingly recognised in their contribution to long term conditions and anticipatory care agendas. Despite early success with introduction of SPQ and the introduction of the Scottish Framework for GPN, it has been a struggle to develop a more cohesive national approach to training. It is therefore an important step forward that NES agreed to fund a GPN Network and Vocational Training Scheme (VTS).

This consultation paper will:

• Analyse the current GPN education provision
• Report on the results and findings of a national GPN scoping education exercise
• Make recommendations for NES GPN VTS.
4. GPN Nursing Consultation for Vocational Training Scheme

In April 2011 NES appointed a National Co-ordinator for General Practice Nursing to support learning and development (NCGPN). A NES steering group set the post’s year one objectives which included a scoping exercise to determine the content and type of VTS appropriate for GPNs currently working in Scotland. This scoping was included in the first two phases of a seven phase project to deliver VTS (see Figure1 and Appendix III):

- Phase 1. Review of GPN Preparation for Role
- Phase 2. Scoping exercise with key stakeholders including practice nurses
- Phase 3. Develop consultation document
- Phase 4. Internal and external consultation
- Phase 5. Identify / educate GPN Education Supervisors
- Phase 6. Develop programme / accreditation
- Phase 7. Commence programme with 12 trainees

Following the completion of the first four phases the final design of the programme will then be made widely available. However, preparations for delivery commenced in November 2011 with the identification of potential GPN Education Supervisors to provide them with an accredited education programme in readiness to commence delivery of the VTS in September 2012.

Figure 4.1: Work plan for Delivering GPN VTS
5. Scoping Exercise

5a Review of GPN Preparation for Role

In order to make a decision as to whether existing accredited courses could be adopted and delivered by NES these courses were examined against four key indicators. NES considers these indicators are integral to delivering a GPN VTS:

- A programme that contains a taught component sufficient to support the learning and development of registered nurses newly employed in general practice to reach Level 6 of the planned Framework for Education and Development in General Practice Nursing Modernising Nursing Framework (Scottish Government 2012) with consolidation of learning.
- A competency based assessment.
- Credibility with GPNs with academic accreditation to at least to SCQF 10 or 11.
- Programme ethos that includes experiential learning.

Appendix IV provides a mapping of existing courses against these key indicators with short descriptors for each programme. On comparing the various current options available in preparation to meet the competencies of a capable nurse employed in general practice to the model proposed by the NES business group, only the University of Plymouth programme was near to matching the four key indicators fully (three out of four). However the logistics of delivering this course in its present format were too great.

5b GPN Competencies

The literature search on GPN competencies found that the Working in Partnership Programme (WiPP 2007) had undertaken a systematic review of the UK GPN literature since 2000 which included competencies of the GPNs. Longbottom et al (2006) used their results to provide the logic for the detailed competencies that were then compiled according to the NHS Knowledge and Skills Framework Core and Specific Dimensions for post evaluation as AfC bandings. Increasing higher levels of competence were linked to higher AfC banding. Similar dimensions were listed for all levels of nursing but in banding 7 & 8 more of the general dimensions such as people and financial management were included as shown in Box 1. The detailed competencies are also closely allied to the Modernising Nursing Careers Framework (2007). Currently these competencies are being updated for the RCGP.

The WiPP (2007) project cost approximately £2m and was directed towards GPNs in England. In Scotland the Framework for Nursing in General Practice (Scottish Executive 2004) as described in the Background Section is now out of date (see Appendix VII). General Practice Nursing has developed and evolved in response to policy changes in Primary Care (Shifting Balance of Care 2008, Better Health, Better Care 2007). There are published disease specific competencies relevant to the role of GPN, for example National Advisory Committee for Stroke. In addition Scottish Intercollegiate Guideline Network (SIGN) guidance impacts upon levels of care provision by GPNs.
Most recently a team in NES NMAHP introduced a series of Career & Development Frameworks for nurses. Early ones such as Advanced Practice, Sexual and Reproductive Health, and Occupational Health are relevant to GPNs. With the Scottish Government a further series of Career & Development Frameworks are being produced as part of the Modernising Nursing in the Community (MNiC) Project. The purpose of this project is to provide levels of nursing practice within the community nursing workforce to meet the challenges for delivering a modern NHS community service. GPN leaders in Scotland believe there should be a Career & Development Framework for GPNs and this is now being delivered by the MNiC Project Board, NHS Scotland. Although lists of competencies are not provided in these frameworks there are capability descriptions for different levels in the Modernising Nursing Careers which are mapped to four pillars of nursing practice:
- leadership
- clinical practice
- facilitation of learning
- research and development.

There will be three generic pillars for all community nursing groups and only the clinical pillar will be written specifically to represent the diversity of community nursing roles. The NES NCGPN is supporting the writing of the clinical pillar alongside experienced practice nurses and key stakeholders. The new Career & Development Framework for Nursing in General Practice is anticipated to be available online in April 2012. The content of these pillars were pivotal for writing the draft learning outcomes for the GPN education programme (page 17) and will be important for developing competencies as part of the programme assessment criteria to become a capable nurse employed in general practice.

5c Scoping Exercise with Practice Nurses
A total of 56 nurses attended ranging from 1 to 10 nurses in 10 meetings. Eleven of the 14 Scottish Health Board areas were represented. Representation was highest in rural (n=11) and semi rural (n=11) practices. There were 25 from general practices based in towns and 6 from city practices. Invitations were sent to all regions however nurse attendance was poor from the city areas. Those attending were mainly very experienced GPNs with the majority (n=27) worked for over 10 years as GPNs. Only 4 had been

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**Box 5.1: WiPP (2007) General Practice Nursing Competency Framework**

<table>
<thead>
<tr>
<th>Banding 5 (General Practice Nurse) and 6 (Senior General Practice Nurse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health and well-being (HWB 1-7)</td>
</tr>
<tr>
<td>- Information and knowledge (IH 1-3)</td>
</tr>
<tr>
<td>- General (G1,2,8)</td>
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</tbody>
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<table>
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<tr>
<th>Banding 7 (Lead General Practice Nurse) and 8 (Advanced Nurse Practitioner in General Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health and well-being (HWB 1-7)</td>
</tr>
<tr>
<td>- Information and knowledge (IH 1-3)</td>
</tr>
<tr>
<td>- General (G1-8)</td>
</tr>
</tbody>
</table>
GPNs for less than a year. It is therefore unsurprising that most were senior GPNs (n=24). There were also nurse practitioners (n=7) and others including a health care assistant, a Keep Well nurse and GPN Health Board lead nurses. More detail is shown in Appendix V.

The following findings are described from two of the topic areas discussed in the meetings.

**GPN Education and Development**

Nurses considered that there are five steps in GPN education

1) undergraduate
2) newly qualified and early post registration
3) seeking GPN post
4) vocational training (specialist)
5) advanced practice.

Most agreed that knowing about GPN should be part of an undergraduate and postgraduate education, not just for nurses, but also for general practitioners and practice manager trainees. Education for nurses seeking to become employed in a General Practice in the future should be separate from the NES programme for nurses newly employed in general practice – which has a shorter curriculum and assessment. It was recognised that there will be some overlap. There is already good education provision for nurses working in general practice seeking to work at an Advanced Practice level. This includes prescribing and advanced assessment skills within existing HEI / HEA modules.

There was concern that there is a poor perception of what GPNs do by other nurses and professionals. It was perceived that even nurses employed in general practice find it difficult to describe GPN due to the variability of roles and titles. In fact those from early groups reiterated that since the introduction of QOF the “professionalism” previously exhibited by the pioneers in GPN is less evident. In this context “professionalism” seems to refer to enthusiasm to engage in continuing professional development (CPD). The more experienced nurses described GPN roles as increasingly focused on ‘prescriptive’ knowledge and skills in order to deliver the GP Contract with associated reduced opportunity for professional development. This in their view appeared to reduce their professionalism. It seemed being “professional” was linked to learning and development opportunities which could have implications for the success of any educational programme. A research project to further explore this should be considered. The Royal College of General Practitioners Scotland recognised the importance of developing professionalism in their training programme to become a GP (RCGP 2008).

Discussions frequently focused on the importance of the preparation following nurse registration on how to become safe and effective in GPN. Nurses new to general practice employment described those first few months as “terrifying”. The importance of having a work based education programme was emphasized however there were mixed views on a VTS title despite such schemes having the characteristics of work based programmes (Appendix IX). Views on a title for a GPN education programme reflected this (see Box 5.2).
<table>
<thead>
<tr>
<th>Pros:</th>
<th>Against:</th>
</tr>
</thead>
<tbody>
<tr>
<td>link to GP training, training on the job, generalist approach, “common sense” approach, experiential, “practical”</td>
<td>“old fashioned”, “medical training”, “calling”, task based, unprofessional</td>
</tr>
</tbody>
</table>

There was less idea about how long it was practical for the programme should last but six months was considered too short and much more than a year too long. Interestingly a few suggested having a potential exit point at six months, this would allow a ‘safety net’ for trainees with genuine reasons for not completing to have a certificate of completion of learning similar to existing preparation of GPN course content.

Most considered that it would be important to know if the NMC plan to maintain and provide new or revised standards for specialist practice. If this happens then the VTS should reflect their recommendations, if not it would be important to have the scheme supported by employers and nurses.

One or two voices expressed concern that if a fully developed education programme and career framework were to be available then there was a risk of there becoming too many highly educated GPNs creating a difficulty in matching their expertise to the cost of employing them.

**Education Programme for Being GPNs**

Participants were invited to describe the content of ‘vocational training scheme’. The first group considered that there are essential features which should be taught throughout the programme. These essential features are listed below and approximately match to the RCGP aspects of their GP VTS:

- Clinical governance (RCGP contextual aspects & scientific aspects)
- Quality and safety (RCGPP scientific aspects)
- Equality and diversity (RCGP attitudinal aspects)
- Communication and caring (RCGP attitudinal aspects).

All groups contributed to describing what knowledge and skills should be contained in the VTS content listed in three parts: Early, Middle and Later. The reason for this was that the trainees will be employed in practice and will be required to learn common skills quickly so that they can be reasonably productive. Their suggestions (Box 5.3) are in no particular order.
<table>
<thead>
<tr>
<th>Early (Skill Focus)</th>
<th>Middle (Decision Making Focus)</th>
<th>Later (Preparing for Autonomous Practice)</th>
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</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 |

The learning topic headings require some explanation.

- Basic skills are considered to be competence in the skill delivered initially under supervision, then, over the year developed into a capability.
- Managing long term conditions caused some debate. Most groups considered the level of competence should be that needed to safely deliver the General Practice Contract using underpinning theoretical knowledge and generic nursing skills e.g. brief negotiation skills and self management support.
- At the end of the course it is not anticipated that the learners would be able to run all nurse led clinics, but perhaps the key clinics for their current role.
- Telephone triage was included as it was recognised that whether undertaken formally or informally there currently is little preparation for this role in general practice.
- Minor illness was considered to be part of many nurses every day consultation in general practice. With further probing the nurses were more correctly describing dealing with minor ailments. In the course of their work patients commonly seek advice of the nurses on minor illness signs and symptoms. This requires a safe and effective response.
• Assessment skills in minor illness, with intervention and follow up, are considered to be the role of the advanced nurse who has completed an assessed HEI /HAI programme of education and training.

• Non medical prescribing is not included in the learning topics as this was seen as the next step after successful completion of this course if this qualification is not previously held by the learner and if the practice wishes to develop the nurse in this way.

Formal recognition of learning within the Scottish Credit and Qualification Framework (SCQF) was considered to be important. Deciding on the SCQF level appropriate to the course learning outcomes was considered to be complex. Nurses undertaking the course who have a degree (which will become increasingly common) shall not need more degree level credits. Those without a degree and who have not undertaken academic study recently will find studying at higher levels challenging therefore study skills are included and learners will be supported in academic writing.

**Trainers and Trainees**

GPNs were appreciative of the potential financial support to provide training grants and bursaries for the programme to prepare nurse to become GPNs. Mentorship / trainers were seen as a key component of any programme of education for GPN. One to one was preferred but possibly having more than one trainee / year was considered to be feasible. There was concern over access to mentor training and opportunities for GPNs to supervise and support student nurses. Most considered that trainees should have some post qualification nurse experience.

The meetings which were held by the NCGPN with nurses around Scotland were very useful and resulted in a first draft for consultation of a programme specification for a training programme to prepare nurses for working in the general practice environment which is described in the next section.
6 Draft Specification for NES GPN Vocational Training Scheme

6.1 Title
General Practice Specialised Training for Nurses

6.2 Academic Level
Postgraduate Honours / Masters SCQF Level 10/11

6.3 Career & Development Level
A capable General Practice Nursing Level of 5/6

6.4 Summary Statement
The NMC, as the regulatory body for registered nurses, is reviewing specialist practice standards as a recordable qualification. The Specialist Practice Qualification for Community Nursing (General Practice Nursing (GPN)) is no longer delivered in Scotland therefore NHS Education for Scotland proposes to provide a national programme of work based education to support the learning and development of registered nurses newly employed in General Practice. Following successful completion of this programme of learning, and clinical practice consolidation, these nurses will be well prepared to extend their knowledge and skills through further study to an advanced nursing level if required by their employer. This normally includes non medical independent prescribing and clinical assessment skills.

6.5 Programme of Learning Aim
The General Practice Specialised Training for Nurses will be a one year programme of learning which will be designed 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. It will offer the opportunity to learn while employed in general practice and supported by an experienced NES prepared and supported General Practice Nursing Education Supervisor. The programme aims to deliver subject-related knowledge and clinical skills training to develop an autonomous nurse who can provide person-centred care and with specific problem-solving skills in the context of GPN.

6.6 Curriculum Statement
The curriculum content will be designed to prepare nurses on the learning programme to demonstrate the ability to meet core knowledge and skills to deliver the NES general practice nursing vocational training scheme competencies while employed in General Practice. These competencies will be based upon the Career & Development Framework for Nursing in General Practice (Scottish Government under construction). The course learning outcomes are listed under the four pillars of this Framework.
### 6.7 Learning Outcomes:

**A: Clinical Practice**

At the end of this course students will be expected to have...

A1: Applied appropriate health promotion and disease prevention strategies within the primary care setting.

A2: Contributed to health improvement, prevention, cure, care, rehabilitation and palliation as determined by the needs of specified individuals as part of a multidisciplinary team within general practice.

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.

A4 Knowledge and skills to intervene urgently by using basic life support and anaphylaxis emergency procedures in order to preserve life using equipment in general practice.

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.

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.

A7 Knowledge and skills in therapeutics so as to evaluate effective drug and non drug approaches to managing specific acute and chronic illness and assess concordance.

A8 Promoted and influenced others to incorporate non-judgmental, values-based care into practice using high level of awareness of own values and beliefs.

A9 Recognised and respected individual people’s diversity and culture, individual differences and perspectives.

A10 Worked under direction with autonomy to exercise judgment about actions while accepting professional accountability and responsibility so as to adhere to the NMC Code (2008).

A11 Developed skills in user defined and person-centred outcomes approaches e.g. Brief negotiation skills (motivational interviewing), Talking Points: a personal outcomes approach.

**B. Facilitation of Learning**

At the end of the programme students will be expected to have...

B1 Identified their own personal and professional development plan using experience gained from supervision, feedback, reflection and evaluation.
B2 Demonstrated motivation, stimulation, encouragement and facilitation during their learning process and that of others.

B3 Illustrated self analysis and reflection on nursing practice to enhance the learning process.

B4 Shown an ability to critically assess knowledge and skills in other team members as well as self.

B5 Developed skills in teaching / facilitation to deliver patient education such as supporting patients to self manage in long term conditions.

B6 Utilised core facilitation and teaching skills in order to support workplace learning for other multidisciplinary team members.

B7 Evaluated educational material for patient use in general practice.

B8 Provided examples of ways to ensure a quality learning environment for self and others.

C. Leadership
At the end of the course students will be expected to have...

C1. Demonstrated sound communication and interpersonal skills in general practice.

C2. Given and received feedback in an open, honest and constructive manner.

C3. Demonstrated knowledge of equality and diversity legislation.


C5. Responded autonomously and confidently to planned and uncertain situations, managing themselves and others confidently.

C6. Used critical skills to develop clinical leadership skills e.g. influencing, organisation, problem solving.

C7. Applied problem solving skills where there are factors leading to unpredictable change.

C8. Shown organisational skills and consolidated skills in critical thinking, analysis and evaluation.

C9 Used critical analysis skills in applying local policy, protocol and standards.

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.
D Research and Development
At the end of the course students will be expected to have...

D1 Described the local NHS information and research governance policies.

D2 Displayed literature searching skills, shown ability to access and critically appraise both Qualitative and Quantitative research to apply results and findings.

D3 Compared and analysed the value of information technology skills and systems.

D4 Completed a clinical service audit cycle.

D5 Demonstrated information literacy.

D6 Identified and applied local systematic processes that contribute to quality improvement e.g. significant event analysis.

D7 Evaluated ethical aspects of GPN.

6.8 Learning & Teaching Strategies

<table>
<thead>
<tr>
<th>Type of Learning &amp; Teaching Approaches</th>
<th>No of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taught Learning</td>
<td>Total 150 hours</td>
</tr>
<tr>
<td>Face to face formal teaching in blocks of 6 x two day events (10 hrs / event) includes facilitated small group learning, project work, clinical skills labs</td>
<td>60 hours</td>
</tr>
<tr>
<td>Individual work based learning by one to one trainers (approximately 2 hrs / week over 12 months).</td>
<td>90 hours</td>
</tr>
<tr>
<td>2. Self Directed Learning</td>
<td>Total 150 hours</td>
</tr>
<tr>
<td>Writing up portfolio for assessment</td>
<td>Approx 100 hours</td>
</tr>
<tr>
<td>Online learning using various national resources</td>
<td>Approx 50 hours</td>
</tr>
<tr>
<td>3. Experiential work based learning</td>
<td>Total 300 hours</td>
</tr>
<tr>
<td>While undertaking GP duties complete competencies required for portfolio completion.</td>
<td>Approx 300 hours</td>
</tr>
</tbody>
</table>

Total Hours Total 600 hours*

*Total formal learning is approximately 300 hours averaging 6 hours / week (approximately 4 hours / week of this time will be self directed learning)
Total experiential work based learning of 300 hours averages at 4 hours / week
It is therefore key that any nurse on the programme of learning is employed sufficient hours to be able to complete the programme within one year (see section 6.12).

6.9 Learning Support
Resources available to trainees include
1) A trainee bursary (£2000) reimbursed for buying text books and expenses incurred traveling to see the GPN education supervisor. (Within this bursary money is ring fenced for HEI accreditation fee).
2) Access to national online learning
3) Programme materials / handbook.
Details of the GPN Education Supervisor job description is shown in Appendix X. This NES training grant is intended to reimburse the GPN Education Supervisor’s time for 2 hrs / week face to face teaching and approximately 2 hours / week preparation and support. The NES standard rate for reimbursing a nurse employed by general practice is approximately £20 / hour therefore a £4000 training grant, paid in regular installments by invoice from the GP employer, is expected to provide financial support for the GPN Education Supervisors’ time on preparation and teaching their trainees.

The NES NCGPN is a full time post available to administer, monitor trainee progress and provide learning support as required. In addition the post holder will manage teaching and supervision of the GPN Education Supervisors.

The NES Project Administrator is a part time post to provide administrative support.

6.10 Content of the Learning Programme

The detailed content of the face to face events and the regular NES GPN Education Supervisor sessions will be fully developed, based on Appendix VI, and the publication of the Scottish Government Career and Development Framework for GPN which is due for publication early in 2012. The NES NCGPN is involved in the construction of this Framework and therefore able to begin content development supported by the NES Education Advisors and Supervisors.

6.11 Assessment

It is intended to provide an E-Portfolio route for trainees to submit demonstration of competency at Level 5/6 of Career & Development Framework for GPN to include:

1. Education Plan linked to competency achievement assessed by GPN Education Supervisor.
2. Four types of evidence (each to be no longer than 2,000 words) including:
   a) Reflective nursing case study on patient with complex long term condition co-morbidity.
   b) Audit, project, or change management aspect of GPN
   c) Significant event analysis
   d) Education Plan for self management of a long term condition
3. A self analysis of a video consultation with a patient demonstrating advanced communication skills including Brief Negotiating Skills.
4. An essay critically reviewing the literature to support the development of the students’ role as a GPN (2,500 words)

Accreditation sought is a minimum of 60 credits at Level 10, however a degree of flexibility is desirable.

6.12 Trainee Recruitment

Nurses require to:

- Be currently employed by general practice as a registered nurse
- Be employed for a minimum of 20 hours/week as a registered nurse employed by general practice, having been so employed for less than 18 months.
• Demonstrate the need for undertaking this programme of learning
• Demonstrate the provision of support by their employer to complete the NES programme.
• Undergo NES selection process.
• Be willing to sign a learning contract.

The nurse must be employed in general practice while undertaking this programme of learning for sufficient hours to enable them to complete in one year. The expected proportion of their practice time on the learning programme will vary depending on their total hours worked (table 6.2).

The amount of self-directed learning will vary depending on the individual nurses’ learning style and ability. Amount of prior knowledge will also impact on the total amount of time spent on self-directed learning thus a significant proportion of this type of learning is expected to occur in the nurses’ own time.

<table>
<thead>
<tr>
<th>Table 6.2: Expected Proportion of Nurse Employment Time on VTS Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Expected Hours of Learning / week on VTS (allowing for holidays)</td>
</tr>
<tr>
<td>No of hours nurse employed in GP practice</td>
</tr>
<tr>
<td>Approximate % of hours employed in practice spent on VTS experiential learning</td>
</tr>
<tr>
<td>Approximate % of hours employed in practice spent on taught learning</td>
</tr>
</tbody>
</table>

### 6.13 Quality Assurance Procedures

Policies and procedures using generic systems will be utilized by either NES or HEI/HEA to ensure institutional quality assurance mechanisms are put in place to ensure equity and fairness throughout the delivery of this proposal. In addition policies and procedures for managing academic quality and standards within recognised published and reviewed frameworks will be utilized. NES Testing for the Best in Educational Development is a valuable tool which this proposal has taken into account ([www.test4best.scot.nhs.uk](http://www.test4best.scot.nhs.uk)).
7. Recommendations for NES GPN Vocational Training Scheme

7.1 NHS Education proposes to provide a national programme of work based education to support the learning and development of nurses newly employed in General Practice to achieve NES defined learning outcomes to deliver quality patient care. The Programme Title will be ‘General Practice Specialised Training for Nurses.’

7.2 The programme will be delivered at Postgraduate Honours SCQF Level 10.

7.3 The career and development level will be at a capable GPN Level 5 and with clinical consolidation able to work at Level 6. Following successful completion of this educational programme and further experiential learning the nurse employed in General Practice will be well prepared to extend their knowledge and skills through study on recognized HEI / HEA programmes to an advanced nursing level. This normally includes independent prescribing and advanced clinical assessment skills which will not be included in this NES proposed programme.

7.4 The General Practice Specialised Training for Nurses will be a one year programme. It will offer the opportunity to learn while employed in general practice and supported by an experienced NES GPN Education Supervisor. The programme will deliver subject-related knowledge and clinical skills training.

7.5 The curriculum content will be designed to prepare nurses on the programme to demonstrate the ability to meet the core competencies to be a registered nurse employed in General Practice so as to provide quality care as part of a multidisciplinary team. The core competencies will be based upon the Career & Development Framework for Nursing in General Practice (Scottish Government under construction). The programme learning outcomes are listed in four pillars; clinical practice, facilitation of learning, leadership, and research and development (page 17).

7.6 The programme will be taught in the following format:
- Formal teaching in blocks of 6 x two day events (10 hrs / event) (10%)
- Individual work based teaching by NES GPN Education Supervisors (15%)
- Self directed learning and online learning using various national resources (25%)
- Experiential learning while working in employing general practice (50%)

Total learning time will be approximately 600 hours (50% while delivering normal duties).

7.7 Learning support will be available to trainees and will include:
- A trainee bursary
- Funded taught programme
- Programme materials / handbook
- Other resources.

7.8 NES will provide staff to support the programme in the NCGPN and Part time administrator. NES will support a cohort of GPN Education Supervisors by providing a training grant for standard training and reappraisal. In addition NES will reimburse the
GPN Education Supervisors employing general practices for their time. Trainee GPNs will receive a training bursary of £2000 to include their accreditation fee.

7.9 Assessment will be by portfolio to demonstrate competencies and learning outcomes. To support the learning needs of individual trainees it is proposed to seek an approach to assessment to allow flexible accreditation of learning.

7.10 Quality assurance for the programme will be driven by the accrediting body. It is anticipated that the NES NCGPN will undertake summative assessment of GPNs written work following the quality assurance standards set by the accrediting body. The GPN Education Supervisors will be able to assess work based competencies and formative written work. Sample blind marking and the appointment of an external examiner by the accrediting body is common practice. Academic accreditation will be undertaken by an HEI however NES will have in place their own assessment and referral processes for those not wishing to have their work academically accredited. Internal quality assurance protocols will be in place for trainee evaluation, appointment of a trainee representative and joint teacher / trainee consultation. The NES GPN Education Supervisors have undergone a selection process, and will undergo preparation for their role and reappraisal.

It is intended to conduct a longitudinal follow up of cohorts to determine the value of this new programme. NES aims to deliver Quality Education for a Healthier Scotland. A formal learning agreement will be signed between the trainee, employing general practice and NES. A similar agreement for the GPN Education Supervisors will be in place.

7.11 Trainee Nurses require to:

- Be currently employed by general practice as a registered nurse
- Employed for a minimum of 20 hours/week as a registered nurse employed in general practice, having been so employed for less than 18 months.
- Demonstrate the need for undertaking this programme of learning
- Demonstrate the support of their employer to complete the NES VTS.
- Undergo NES selection process.
- Be willing to sign a learning contract

The specific aims of this consultation paper are to:

- Seek opinions and contributions from key stakeholders (appendix VIII) on the design and delivery of a NES training 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 training 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.
- Determine the next steps in formal recognition of this programme of learning.
8. References


http://www.dh.gov.uk/assetRoot/04/07/19/67/04071967.pdf [accessed 07/10/11]


ISD (2011) General Practice – Practice team Information.


NHSLanarkshire Clinical Quality Service Department (2011) Practice Nurse Profile. NHS Lanarkshire (correspondence from Anne Wilson, Practice Advisor).


http://www.advancedpractice.scot.nhs.uk/home.aspx

NHS Education (2011) Effective Practitioner Knowledge Network. NHS Scotland

Scottish Executive (2004) Framework for Nursing in General Practice


## 9. List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>GMS</td>
<td>General Medical Services</td>
</tr>
<tr>
<td>GPN</td>
<td>General Practice Nursing</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>MNiC</td>
<td>Modernising Nursing in the Community</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 Directive, NES</td>
</tr>
<tr>
<td>NCGPN</td>
<td>National Co-ordinator for General Practice Nursing</td>
</tr>
<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guideline Network</td>
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<tr>
<td>SCQF</td>
<td>Scottish Credit Qualification Framework</td>
</tr>
<tr>
<td>VTS</td>
<td>Vocational Training Scheme</td>
</tr>
<tr>
<td>WiPP</td>
<td>Working in Partnership Programme</td>
</tr>
</tbody>
</table>
Appendices

I: Investing in General Practice: the New GMS Contract


Supporting Practice Staff

4.19 Organisational standards in the quality framework will reward practices for ensuring employment standards comply with good human resources practice in line with Agenda for Change principles that are expected to apply to non-medical staff and to prevent exploitation.

4.20 Nurses will be given the freedom and support to work with GPs in new ways and to take on more advanced and specialised roles:
(i) all practice-employed nurses should be supported to participate in clinical supervision and appraisal and to have access to professional advice and continuing professional development and to information management and technology (IM&T)
(ii) these new roles taking on, where appropriate, more advanced and specialist roles in first contact care, chronic disease management and preventive services will need to be supported by the necessary skills and knowledge provided by training and education and an understanding by the nurse and GP of the Nursing and Midwifery Council Code of Conduct
(iii) in line with a practice-based approach we envisage that the new GP performer list arrangements described in chapter 7 will, over time, be extended to other professions as appropriate
(iv) the global sum payment arrangement will enable practices to develop greater skill mix with more registered nurses, pharmacists (subject to rules governing conflict of interest) and allied health professionals providing opportunities for a range of professionals to work at all levels as part of the practice team. The skills and expertise of nurses in general practice working at a more specialised level will be developed. Nurses and others should be fully involved in practice decision making that impacts on their work
(v) the quality framework will apply to the practice team rather than separate professionals.
II: Framework For Nursing in General Practice (2004)

Learning and development findings from Discussion Groups held in 2003/4 with GPNs for preparation of Framework (Scottish Executive 2004).

“Participants in local workshops identified a range of issues in relation to their learning and development needs. Access to study leave, protected learning time and funding for education were commonly reported as problematic. Some nurses reported using significant amounts of their own time and money to undertake education and training. Many reported that their development needs were neglected by GPs. Support for the development of Practice Nurse Banks and structured protected learning time were identified as priority issues by many nurses.

Concerns were expressed regarding the quality and educational level of some of the education that was available. Some nurses who took part in discussions had undertaken the Specialist Practitioner Qualification, recordable with the Nursing and Midwifery Council. While the qualification was highly valued amongst practice nurses, some gaps where identified with the appropriateness of the content of the programme. Nurses valued the methods applied in GP registrar training and expressed a desire for the development of similar models of learning for nurses working in general practice.

The need for good quality induction training that would prepare nurses new to the field of practice was emphasised strongly. Most nurses expressed the need to develop more advanced clinical skills to facilitate their growing range of roles and responsibilities. Some nurses called for more access to work based learning opportunities and better skills based training.

Increasing the exposure of student nurses to nursing in general practice through structured practice placements feature highly as a means to support education and raise the status of practice nursing. Some participants suggested a more coordinated approach to students nurse placements supported by local primary care organisations.”

III: Consultation Phases 1 - 4: Descriptors

Phase 1. Networking with Key Stakeholders
Information was collected at meetings and correspondence over a period of three months. The purpose was to collect opinion and perception from:
- NES employees within NMAHP and General Practice Section of Medical Directorate
- Scottish Practice Nurse Association, Royal College of Nursing, BMA, RCGP, NMC
- Higher Education Institutions (HEIs)
- Scottish GPN Leads Group

Phase 2. Review of GPN Education.
A literature search was conducted to describe any current UK GPN competency frameworks.
Current GPN education provision was explored. The NCGPN met individually with each of the Scottish HEIs course leaders delivering an Introduction to GPN course to determine the content and type of course. In addition telephone conversations with other UK wide course leaders took place to consider if any might be suitable for NES to deliver in house with their accreditation already in place.

Phase 3. GPN Discussion Group
Five dates and places were advertised for GPNs across Scotland to meet with the NCGPN in Glasgow, Edinburgh, Dundee, Aberdeen and Inverness. Where GPNs wished to be included but could not travel or attend these arranged date other meetings were arranged locally. The meetings were arranged to last up to two hours with four topics to discuss:
- GPN issues
- Becoming GPNs
- Education for Becoming GPNs
- Continuing professional development (CPD).
The group discussions were facilitated by the NCGPN and notes taken on flip charts and participant sheets. Questions and topics were changed using an iterative process. The data were examined using a descriptive analysis approach. The findings were summarized and sent to participants for verification. Some minor changes were made.

Phase 4. Consultation Document
The findings from phases 1-3 provides the background to this document’s recommendations for a VTS. This first draft is for internal consultation. Following review and changes a final document will be prepared for external consultation. An external consultant will be funded to support this process by:
- Refining format of consultation document and questions
- Distribute to key stakeholders
- Collate responses and feedback to NES.
The final design of the programme will then be made widely available.
Preparations for delivery will commence in November 2011 by identifying potential GPN Education Supervisors and provide them with an accredited education programme in readiness to commence delivery of the VTS in September 2012.
**IV: Existing GPN Courses**

**Scotland**
The following courses were designed to provide nurses with the basic underpinning knowledge required as preparation for / introduction to employment in general practice. It is anticipated that the need for these courses / modules would remain with the introduction of the NES VTS for GPN. There are three courses all costing less than £500 / student.

**Glasgow Caledonian University: Introduction to GPN**
Aim is to explore the role and responsibilities associated with providing nursing care within the General Practice setting. It is suitable for both GPNs new to practice or a nurse planning to enter career in GPN. Taught component includes four days University attendance with a work based learning approach using practice placement and provision of a General Practice Nurse Facilitator. The course runs over 12 weeks. Academic credits are SCQF level 10 (20 points). Entry twice / year. Minimum number applies.

**NHS Lothian / Queen Margaret University: Initial Preparation for GPN.**
Aim is to provide professional and clinical preparation to nurses planning or undertaking a practice nurse role and is designed to meet the NHS Education Scotland requirements for Practice Nurse orientation (NES 2006). It is suitable for both GPNs new to practice or a nurse planning to enter career in GPN. The accredited module is designed as a self directed distance learning package (200hrs) with 100 hrs directed learning in practice placement. It lasts over 6 months and practical component must be completed by 1 year. SCQF level 9 (30 points). Students are supported by a mentor. Entry to course is three times / year with minimum number as low as 2.

**West of Scotland University Nursing in General Practice (Dumfries Campus)**
Aim is to provide a blended learning course to prepare nurses for working in general practice. It is suitable for both GPNs new to practice or a nurse planning to enter career in GPN. Specific core competencies to be assessed. There are five study days at Dumfries Campus and distance learning for asthma and health promotion. Required to work a minimum of 16 hours in practice and have the support of an experienced practice nurse or GP. It is a 12 week course accredited at SCQF level 9 (20 credits). Entry to course is on 31st January 2012 this year.

**United Kingdom**
These include:

**Staffordshire University Introduction to Practice Nursing**
Aim is to provide a basic competence in practice nursing. It requires students to be in practice with a mentor to complete a clinical competence document. Equivalent SCQF Level 8 at 15 credits. It has 8 study days over a 12 week period.

**London LMC Distance Learning Programme**
Online programme to provide an essential resource for nurses new to general practice. It provides introductory level learning resources and self-assessment
questionnaires across a range of topics, covering baseline skills for nursing in general practice. There are two full-day workshops where students are allocated a facilitator. Not accredited Cost in 2011 is £450.

Peninsula Postgraduate Health Institute / University of Plymouth: General Practice Nursing Foundation Programme
The overall aim is to provide the nurse with the knowledge and skills required to undertake their role and work effectively and safely within the environment of general practice. It also takes into consideration the workforce requirements of the employing organization. It has 17 taught days with 15 hours of one-to-one tutorial time. Students must be employed in practice and can gain accreditation through a Work Based Learning Module of the Faculty of Health and Social Work, University of Plymouth (equivalent to SCQF level 9, 60 credits). Cost at time of writing is £1775 and for accredited route is £1975.
# Mapping of Existing GPN Courses Against Scoping Key Criteria for NES VTS

<table>
<thead>
<tr>
<th>Course / Modules</th>
<th>NES Criteria</th>
<th>Level &amp; Amount of Content</th>
<th>Competency Based</th>
<th>Credibility</th>
<th>Experiential</th>
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<tr>
<td></td>
<td></td>
<td>GPN top Level 5 or low 6</td>
<td>Assessment of knowledge &amp; skills competencies</td>
<td>Mapped to academic level 10 / 11</td>
<td>Taught in practice, access to mentorship, skill training</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
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<tr>
<td>NHS Lothian / Queen Margaret University</td>
<td>Level 5</td>
<td>Portfolio of learning</td>
<td>SCQF 9</td>
<td>Self directed learning, Practice placements, education facilitator for skills</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Caledonian University</td>
<td>Level 5</td>
<td>Portfolio of learning</td>
<td>SCQF 10</td>
<td>4 Taught days, education facilitator, some skill training</td>
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<td>SCQF</td>
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<td><strong>England</strong></td>
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<td>Staffordshire University</td>
<td>Level 5</td>
<td>Clinical competency portfolio</td>
<td>SCQF 8</td>
<td>Education facilitator</td>
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<tr>
<td>Peninsula Postgraduate Health Institute / Plymouth University</td>
<td>Top Level 5</td>
<td>Competency based monitoring log linked to WiPP and KSF</td>
<td>SCQF 9</td>
<td>17 taught days Education facilitator</td>
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<tr>
<td>London LMC</td>
<td>Low Level 5</td>
<td>No skill assessment</td>
<td>No credits</td>
<td>Distance learning, minimal skill teaching</td>
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*Notes: SCQF = Scottish Qualifications Framework; LTC = Long Term Care; WiPP = Whole Person Personhood Framework; KSF = Key Skills Framework.*
### V: Scoping (2011): Participant Characteristics

**Date:** June to September 2011

<table>
<thead>
<tr>
<th>No.</th>
<th>Health Board representation</th>
<th>No. of Participants</th>
<th>Type of Practices</th>
<th>Type of GPN</th>
<th>Length in Practice</th>
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<td></td>
<td></td>
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<td>Practitioner (NP)</td>
<td>&lt; 2 years (1)</td>
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<td></td>
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<td>Town (T)</td>
<td>Senior GPN (S)</td>
<td>2-10 years (2)</td>
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<td>Semi Rural (SR)</td>
<td>GPN (N)</td>
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</table>
Training length 12-18 months?

Being A GPN

CO-MORBIDITY ISSUES, MINOR ILLNESS, TELEPHONE TRIAGE
COGNITIVE BEHAVIOUR THERAPY
DELEGATION / NEGOTIATION
LEADERSHIP / CLINICAL SUPERVISION
CHANGE MANAGEMENT
AUDIT / SIGNIFICANT EVENT ANALYSIS
CPD SKILLS (E.G. SEARCHING FOR KNOWLEDGE UPDATES).
CAREER DEVELOPMENT (E.G. APPRAISAL & PDP)
RESEARCH AND ETHICS

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 / MOTIVATIONAL INTERVIEWING / ADVICE TELEPHONE CALLS
PROTOCOLS/ SYSTEMS OF CARE
STUDY SKILLS

DISTANCE LEARNING (HYPERTENSION)
ESSENTIAL LTC MANAGEMENT (ASTHMA, COPD, DIABETES, CVD, CKD).
LEARNING DISABILITIES, MENTAL HEALTH, CHILDREN, SEXUAL HEALTH, ADVANCED COMMUNICATION SKILLS
HEALTH PROMOTION
THEORY AND PRACTICE OF EDUCATION
(SELF MANAGEMENT / CONCORDANCE)
TRAVEL HEALTH ASSESSMENT

TRAINEE EVIDENCE OF COMPETENCE
INDIVIDUAL EDUCATION PLAN
EVIDENCE OF COMPETENCY IN PORTFOLIO
(CASE STUDIES, REFLECTIVE PRACTICE, MSF, SIGNIFICANT EVENTS, SAFETY TOOLS, CONSULTATION VIDEOS, AUDIT, TEACHING)
PROJECT
FINAL REFLECTIVE ESSAY

BECOMING A GPN

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Staff Nurse (equivalent Level 5: Career Framework 2011)</th>
<th>Specialist Practice Nurse (equivalent Level 6: Career Framework)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management of Health and Illness</strong></td>
<td>Assesses patients health needs and develops plans of care to meet their needs. Undertakes nursing procedures for patients with different health care needs. Manages care and treatment for patients with stable or long term conditions. Administers and monitors medication including issue of medication within Patient Group Directions. Actively engages patients and carers in the management of health problems and actions to improve health. Promotes health and well being, helping patients improve their knowledge and take healthy choices.</td>
<td>Assesses, plans, implements and evaluates specialist clinical nursing care to meet the care needs of individuals and groups. Assesses diagnoses and treats specific conditions in accordance with agreed professional protocols and guidelines. Manages programmes of care and treatment for patients with chronic diseases. Receives direct referrals from health care professionals, other agencies and patients. Triages patients presenting to the practice with undifferentiated health needs. Prescribes medications within limits of personal competence as an independent or supplementary prescriber. Plans, manages and delivers programmes to improve health and prevent disease in individuals and groups. Engages patients and professionals in evaluating the effectiveness of nursing care and makes recommendations for improvement.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Communicates clearly within the primary health care team and with other agencies. Refers patients to other members of the clinical team in line with agreed procedures. Maintains accurate records of all clinical activity. Undertakes telephone consultations within clearly defined parameters. Recognises the importance of patients rights and interprets them in a way that is consistent with practice procedures policies and legislation. Challenges behaviour which infringes patients rights and identifies and takes action to address discrimination.</td>
<td>Sets and maintains high standards of communication with patients, families and carers. Sets and maintains high standards for professional record keeping within the nursing team. Prepares reports and referral letters as required to support the delivery of effective patient care. Communicates clinical information clearly, succinctly and effectively with other members of clinical team. Establishes effective communication within the nursing team and the wider primary health care team.</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Supports patients and carers who need assistance in exercising their rights. Ensures anti discriminatory practice within the nursing team and identifies and takes action to address discrimination.</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initiates &amp; leads evidence based nursing practice developments. Leads and undertakes clinical audit work across the nursing team. Plays a key role in the practice's clinical governance and quality assurance activities. Leads and contributes to the development of practice policies and the provision of primary care services. Develops, implements and monitors nursing policies, protocols and standards. Leads the development of evidence based practice within the nursing team.</td>
<td></td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Contributes to clinical governance activities within the team including audit and evaluation. Uses current evidence of effectiveness to inform clinical practice. Works within established policies, protocols &amp; guidelines and contributes to their development and evaluation. Identifies and manages risks involved in work activities.</td>
<td></td>
</tr>
<tr>
<td>Learning &amp; Personal Development</td>
<td>Uses appraisal and supervision to identify development needs and maintains and develops competence in line with NMC requirements. Acts as mentor for students within the practice setting. Supports learning in junior members of nursing team through mentorship, preceptorship and clinical supervision.</td>
<td></td>
</tr>
<tr>
<td>Learning &amp; Personal Development</td>
<td>Participates in and supports staff appraisal, personal development planning and peer review. Demonstrates self development and utilises a reflective approach to review, evaluate and develop clinical practice. Participates actively in clinical supervision, using it as a means to develop practice. Acts as a clinical supervisor. Identifies the learning needs of the practice nursing team and is involved in the recruitment and induction of new nursing staff. Advises the practice on educational opportunities that support the practice nursing team.</td>
<td></td>
</tr>
<tr>
<td>Clinical Leadership &amp; Teamwork</td>
<td>Actively participates as a member of the primary health care team. Supervises the work of health care assistants in the practice team. Understands the roles and responsibilities of team members and agencies, referring patients and carers where appropriate. Takes clinical lead on defined areas of nursing practice within the team. Identifies and assesses the potential risks involved in duties and identifies how to best manage risk.</td>
<td></td>
</tr>
<tr>
<td>Clinical Leadership &amp; Teamwork</td>
<td>Provides professional leadership to the practice nursing team. Acts as a source of expert advice in clinical nursing practice to the primary health care team. Acts as clinical lead within the practice for identified areas of practice. Works effectively and collaboratively with other members of the practice clinical and management teams. Provides nursing clinical leadership within the practice team, fostering a positive culture and promoting development within the team.</td>
<td></td>
</tr>
<tr>
<td>Supports other members of the nursing team in maintaining health, safety and security.</td>
<td>Undertakes duties consistent with legislation, practice procedures risk assessment and management. Monitors own and team's work areas and practices and ensures they are free from hazard and conform to health and safety legislation. Takes necessary action in relation to risks in the practice and supports multidisciplinary team to manage risks. Identifies training needs in health and safety and acts as a role model in promoting health safety and security.</td>
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</tr>
<tr>
<td>Accountability for Practice</td>
<td>Accountable as a registered nurse for all areas of personal practice. Manages self and others according to the NMC Code of Professional Conduct. Accepts delegated responsibility and inherent accountability for own practice.</td>
<td>Acts independently within the practice team. Manages own clinical practice and that of other members of the nursing team to ensure safe &amp; effective care. Accepts delegated responsibility and inherent accountability for the quality of own practice and delegates duties to other members of the team.</td>
</tr>
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### VIII: Distribution List for Consultation

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Organisations</th>
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<tbody>
<tr>
<td>Nursing</td>
<td>Scottish Practice Nurse Association</td>
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<td>Scottish General Practice Nurse Leads Group</td>
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<tr>
<td></td>
<td>Royal College of Nursing Scotland</td>
</tr>
<tr>
<td></td>
<td>Queens Institute for Nursing</td>
</tr>
<tr>
<td></td>
<td>MNiC, Scottish Government</td>
</tr>
<tr>
<td></td>
<td>NMC (Scotland)</td>
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<tr>
<td>NHS Education for Scotland</td>
<td>NMAHP</td>
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<tr>
<td></td>
<td>GP Directors Group</td>
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<td>Pharmacy</td>
</tr>
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<td></td>
<td>Practice Managers Learning Network</td>
</tr>
<tr>
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<td>Delivering Quality Primary Care Group</td>
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<td>Higher Education Institutions (Scotland)</td>
<td>MNiC education sub committee representatives</td>
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<tr>
<td></td>
<td>HEI Lecturers delivering Introduction to / Preparation for PN courses</td>
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<tr>
<td>Medicine</td>
<td>Royal College of General Practitioners</td>
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<td></td>
<td>British Medical Association</td>
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</table>
IX: Skills for Health


Vocational learning is ‘applied learning’ providing a link between experience in the workplace (in practice) and learning (the theory). A literature review, desk top research, and engagement with stakeholders identified the following key characteristics:

Characteristics of High Quality Vocational Education and Learning:
- delivers improved workplace performance and quality of patient care and experience
- has direct practical relevance to work
- based on partnership between learner, employer, education provider, patients and the public
- learner focused and delivered in a manner to reflect individual needs and learning styles
- aligned to the needs of the organisation and individual learners: it can not be high quality if not centered on the learner whilst also meeting employer needs
- offers flexible pathways of learning, utilising ‘bite sized chunks’ identified via units from national frameworks e.g. Qualifications and Credit Framework
- commissioning specifications manage the impact of risk and uncertainty across the health and social care sector
- places quality at the heart of commissioning
- managed within an effective quality assurance and governance framework that embeds staff, learner and public perspectives to inform future education commissioning and service improvements
- links progression opportunities to apprenticeships
- provides opportunities to engage people in learning who come from non traditional routes to work in the health sector
- can be delivered via formally developed qualifications accredited nationally to aid transferability and progression
- embeds diverse approaches to learning including: formal (classroom), semi formal (mentoring and coaching) and informal (learning conversations, reflective practice and writing, patient and public interactions)
- acts as a building block to release untapped talents, developing staff capability, competence and confidence
- a curriculum that is clearly related to work experiences
- delivers improved work place performance and quality of patient care and experience
- supports reflective practice

www.skillsforhealth.org.uk [accessed 31/01/2012]


## 1. JOB DETAILS

This job description reflects the format for NHS Agenda for Change requirements

<table>
<thead>
<tr>
<th>JOB REFERENCE</th>
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<td>DEPARTMENT AND LOCATION</td>
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<tr>
<td>IMMEDIATE MANAGER’S TITLE</td>
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## 2. JOB PURPOSE

The General Practice Nursing (GPN) Education Supervisor is a new NES role within GPN in the General Practice Section of the Medical Directorate.

The main purpose of the GPN Education Supervisor role is to:

*Provide supervised training, as part of the NHS Education for Scotland (NES) General Practice new national educational programme to prepare registered nurses who are newly employed in general practice to become a General Practice Nurse. This programme of learning will enable trainees to develop and reach the nursing care required of Level 5/6 in the Career and Development Framework for Nursing in General Practice (due to be published in 2012).*

This new training programme will provide the opportunity for a national approach to preparation to become a general practice nurse. The NES GPN Education Supervisors will work closely with the NES National GPN Co-ordinator. This will provide a career opportunity in education for highly experienced and motivated individual general practice nurses.

The principle aims of NES GPN Education Supervisors role are to:

- Support and assess registered nurses, new to working in general practice, to successfully complete a programme of education to become a General Practice Nurse.
- Tutor and mentor one trainee registered nurse on the NES General Practice educational programme to become a General Practice Nurse over one academic year.
- Contribute to teaching and development of the programme content.
- Occasionally deliver specified teaching at central training events.
- Communicate to the NES National Co-ordinator for GPN their trainee’s progress in the NHS Education for Scotland General Practice Nurse training.
3. DIMENSIONS

NES is a special Health Board sponsored by the HR Directorate of the Scottish Government Health Department employing over 500 staff across Scotland in Regional Offices. NES corporate departments provide financial and human resource provision, access to expertise in education resources, IT and the Knowledge Network. The General Practice section of the Medical Directorate will, under the leadership of the NES National General Practice Nurse Co-ordinator, fund GPN Education Supervisors to mentor, teach and assess GPN trainees on the new national programme education to prepare registered nurses to become general practice nurses.

GPN Education Supervisors will be experienced general practice nurses currently employed within a General Practice located within NHS Health Boards in Scotland and successfully completed a NES programme of preparation GPN Education Supervisors. Approved GPN Education Supervisors will be geographically matched to support NES GPN Trainees. New GPN Education Supervisors are supported to become approved in this role by completing a funded programme of preparation. Each GPN Education Supervisor is allocated a supportive training grant of £4,000, which is held by NHS Education for Scotland and claimed quarterly by the employing general practice. Traveling expenses to central training events are separately funded.

4. ORGANISATION CHART

When undertaking sessions for NES the GPN Education Supervisors will report to and receive direction, management and leadership from the NES National Co-ordinator for General Practice Nursing.

5. ROLE OF THE DEPARTMENT

The Medical Directorate of NES supports doctors in training across four postgraduate geographical deaneries, varying in size and complexity, with some 33 recognised subspecialty programmes. It places great emphasis on the importance of inter-professional approaches to the delivery of education and training. GPs work in primary healthcare teams and many of the recent GP-led initiatives in Scotland involve other members of the primary healthcare team. This includes the successful national education programme for Practice Managers in the Scottish Practice Managers Development Network (NES).
6. KEY AREAS OF RESPONSIBILITY: KEY RESULT AREAS / MAIN TASKS

- Support the NES National Co-ordinator for GPN to successfully deliver a national NES General Practice Nurse Training Programme.
- Work in partnership with local and national stakeholders to promote the national learning programme for nurses to become a General Practice Nurse.
- Contribute to the NES General Practice Nurse training programme so as to enable nurses new to working in general practice to deliver a safe, effective and person-centred care.
- Prepare and deliver education plans on specific areas of expertise to support the delivery of the NES NES General Practice Nurse training programme.
- Within a support structure deliver a work based learning programme for nurses undertaking the NES General Practice Nurse training programme.
- Support the delivery, facilitation and evaluation of central education events.
- Use quality assured methods to assess trainee progress for successful completion of the programme including clinical skills assessment.
- Create and update databases and reports to develop and gather information about trainee progress.
- Support the evaluation of NES General Practice Nurse training programme.
- Work with the National Co-ordinator for GPN and GPN administrator to monitor and manage a budget for expenses related to the post.

7. USE OF PHYSICAL RESOURCES

Equipment, machinery and systems

- Regular use of computer.
- A working knowledge of the following software packages
  - Word
  - PowerPoint
  - Excel
- Regular travel to various local and national meetings
- Use of audiovisual equipment such as data projectors, laptop computers and overhead projectors.

8. ASSIGNMENT, GENERATION AND REVIEW OF WORK

The role of the GPN Education Supervisor is supported by the Medical Directorate within NES. The postholder is expected to work, with support from the National Co-ordinator for General Practice Nursing, to plan, prioritise, and set objectives as part of delivering the NES General Practice Nurse training programme.

9. COMMUNICATIONS AND WORKING RELATIONSHIPS

Candidates in preparation for the role of GPN Education Supervisors and successful candidates will report to the National Co-ordinator for General Practice Nursing. The GPN Education Supervisors will be expected to communicate effectively with a wide range of health professionals including:

- National Co-ordinator for GPN and GPN administrator
- HEI lecturers and tutors
- NES General Practice Specialist Nurse Trainees
- GPN Professional Leads (or Primary Care Lead Nurse)
- Practice nurses, general practitioners, practice managers.
10. MOST CHALLENGING PARTS OF THE ROLE
Political awareness to be able to work operationally across organizational boundaries.

Working in a professional and collaborative way with a range of professional colleagues while maintaining expertise in GPN.

Providing autonomous educational support and guidance for the NES General Practice Nurse Trainees in a challenging and changing employment, workforce and regulatory contexts.

Managing time effectively to achieve required outcomes within the constraints of the role.

Providing high quality reports on activity and assessment of the NES GPN Trainee.

11. EFFORT REQUIRED TO DELIVER THE REQUIREMENTS OF THE ROLE

**Physical**
Travel to visit NES GPN Trainee and attend central training events.
Key board and IT skills
Moving presentation and teaching equipment.

**Mental**
Produce detailed, accurate and comprehensive trainee reports.
Problem solve around delivering complex information to trainees.
Manage prolonged periods of concentration.
Communicate complex information to individuals and groups in relation to learning.

**Emotional**
Managing change.
Negotiation with trainees on complex and sensitive matters supported by the National Co-ordinator for GPN.

**Working Conditions**
Exposure to a variety of environmental settings including clinical areas in general practices and education/teaching venues.
12. QUALIFICATIONS AND/OR EXPERIENCE SPECIFIED FOR THE POST

- Registration with NMC as first level nurse
- Educated to first level degree or equivalent
- Experienced General Practice Nurse currently employed in Scotland
- Experience in, and commitment to, teaching and facilitation of learning and development in GPN
- Demonstrates wide range of knowledge & skills in delivering quality contemporary General Practice Nursing care.
- Willing to undertake appropriate preparation and training required to become and remain a GPN Education Supervisor.
- Critical appraisal skills with the ability to present and disseminate complex information using both written and verbal methods.
- Working in a quality learning environment
- IT skills
- Team Player, able to be flexible and adaptable
- Able to act autonomously
- Reflective, self analytical and open minded
- Ability to support others in a rapidly changing health care environment
- General Practice employer committed to supporting a GPN Education Supervisor
- Adequate time commitment to NES GPN Trainee
- Willing to travel distances to meet with NES GPN Trainee and attend central events.
## NES GPN Consultation Questions for VTS

### 1) What Organisation do you represent?
- Scottish Practice Nurse Association
- Scottish General Practice Nursing Leads Group
- Queens Institute for Nursing
- Nursing: Scottish Government
- Nursing: Other
- Higher Education Institutions
- Royal College of General Practitioners
- British Medical Association
- Practice Managers
- Other  ……………………………………………………

### NES GPN Programme Structure (please refer to pages 16 & 19 of the consultation)

### 2) Does the design support the aim of the programme?
- Yes
- No
- I / we do not know

3) Please state why

### 4) Is the programme length appropriate to level of content?
- Yes
- No
- Not sure

5) Please explain why?
### Learning Outcomes (page 17)

6) Are the draft learning outcomes a fair reflection of what a nurse employed by general practice should be able to do?
   - Yes
   - No
   - I / we do not know

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 competencies?
   - Yes
   - No
   - I / we do not know

11) Please add your comments

12) What Scottish Credit Qualification Framework (SCQF) rating and level do you think the draft learning outcomes most reflect?
   - 9 (degree)
   - 10 (honours degree)
   - 11 (masters)
   - I do not know
   - Other .................................................................

13) Please add your comments
**Learning Support (pages 19)**

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?
   - Yes
   - No
   - I / we do not know

16) Please state why?

17) How appropriate are the proposed quality assurance strategies for assessing learners?
   - Appropriate
   - Somewhat appropriate
   - Somewhat inappropriate
   - Inappropriate
   - I / we do not know

18) Please add comments

19) How can the employing practice support their trainee nurse?

**Formal Recognition of Learning**

20) Is formal recognition of learning from an awarding Higher Education Institution necessary for this programme of learning?
   - Yes
   - No
   - I / we do not know

21) Only answer this question if you indicated No or I / we do not know to question 20 above then go to question 24. Please state why?
22) Only answer this question if you indicated YES to question 20 above.

If formal recognition is necessary which approach by NES is the most appropriate?

- Accreditation from an HEI/HEA to provide SCQF rating. (Learners register with an HEI / HEA for externally assessed and quality assured learning for NES).

- Accreditation in line with SCQF credit rating from a recognised body and thereafter NES provides certificates that evidence learners' achievements within the context of the SCQF rating. (Learners are internally assessed and learning processes are quality assured by NES).

- Other (please describe in the comments box)

- I do not know

23) Please add any comments

Recruitment to General Practice Specialised Training for Nurses (page 20)

24) How appropriate are the criteria for selecting trainees on the programme?

- Appropriate

- Somewhat appropriate

- Somewhat inappropriate

- Inappropriate

- I / we do not know

25) Please state why?

26) Would this Vocational Training Scheme appeal to registered nurses entering their General Practice Nursing career?

- Yes

- No

- I / we do not know

27) Please state why?
### F. Funding (page 22)

28) How reasonable is the trainee grant?
   - Reasonable
   - Somewhat reasonable
   - Somewhat unreasonable
   - Unreasonable
   - I / we do not know

29) Please state why?

30) Are the NES General Practice Nursing Education Supervisor bursary arrangements conducive to ensuring 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.