

Unit Three

Competences from a general practice employer's perspective

Key messages

Once you have read this Unit, you should have an understanding of:

- the competence required for varying roles within general practice nursing
- the Quality and Outcomes Framework (QOF) and the Knowledge and Skills Framework (KSF).

The income of general practices depends on how well the practice can demonstrate that their work, especially the management of long-term conditions, meets certain standards as set out in the QOF^{1,2}. General practice nurses (GPNs) and health care assistants (HCAs) can carry out most of the routine work, leaving the GPs available for more-complex disease management.

The introduction of the QOF^{1,2} has meant that many GPNs now require more-advanced skills to assist in the management of patients with long-term conditions.

Unit: Career development for general practice nurses identifies a range of roles for GPNs and provides examples of job descriptions from across the country highlighting the different ways in which GPNs may choose to work. It is therefore essential to clearly identify the level that individual GPNs and HCAs are working at, in order to define their capabilities and development needs. It is also essential to eliminate risk to patients by ensuring their care is managed by staff with the appropriate knowledge and skills. The KSF³ can provide this clarity of level, and the tools within this Unit will enable you to identify where your GPN roles fit in, should you decide to adopt *Agenda for Change (AfC)*.

GMS Requirement 8

All practices employing GPNs should check that the nurses hold the current Nursing and Midwifery Council (NMC) registration and that they are on the required part of the register (see **Unit: Employment of general practice nurses**). This provides evidence of basic competence and professional behaviour as a registered nurse. However, nurses taking on more-advanced roles will need to prove their competence to their employer before carrying out additional skills.

Nurses are bound by the NMC *Code of Professional Conduct* (section 6.2)⁴ and this states that they 'must acknowledge the limits of your professional competence and only undertake practice and accept responsibilities for those activities in which you are competent.' Although this provides a degree of public protection, it relies on self-assessment; more-formal objective assessment of competence is therefore required to differentiate between varying levels of practice.

The principles of delegation and safe practice require that competence at a particular task has been demonstrated before delegation can occur safely.

See **Tool – Skills assessment using a rating scale**, which provides a skills-assessment rating scale that will help to both provide assurance that a GPN is competent in many diverse areas and to identify future development requirements.

What is competence?

Competence is the demonstrable ability and skills required to undertake a particular role or set of activities. Assessment of competence provides evidence of capability for the individual concerned, to the employer, and to patients. An assessment of competence provides an opportunity to identify development needs, and also means that staff can then be directed to work at an appropriate level, making full use of their skills. It will also mean that GPNs are not undertaking work for which they are inadequately prepared. When defining levels of competence it is helpful to look at a range of levels to identify tasks that can be appropriately delegated to others (eg HCAs).

Why are competences needed?

The range of work undertaken by GPNs is increasing, following national guidance that promotes nursing autonomy⁵⁻⁷ and the *new General Medical Services contract (nGMS)*.¹ Accurate assessment of a GPN's capability will ensure that patient safety is not compromised if roles that have traditionally fallen under the remit of the GP now rest with the GPN. Competences for different levels of GPNs will demonstrate that it is possible to have a career in general practice, with defined career progression. This will attract more newly qualified nurses into general practice earlier because they will have a recognised framework supporting them.

Some GPNs prefer to practice traditional clinical skills and not take on advanced roles. All nurses should be valued for their own unique contribution within the practice, recognising that they require different types of support and development. Clear identification of all GPN roles within the practice will minimise risk and maximise effectiveness. Use of a standardised competence framework will help to achieve this clarity.

How is competence measured and by whom?

Defining the competences required for a specific role is a way of identifying whether the GPN, expected to undertake certain activities, has the skills and capacity to do so. Skills for Health (www.skillsforhealth.org.uk) are compiling a variety of competence frameworks linked to specific areas (eg coronary heart disease). These frameworks help to identify the type of behaviours that link directly to the work that needs to be done.

Objective measurement is needed to determine the level of practice. In order to be aligned with the National occupational standards and National workforce competences, all local documentation (including protocols) should be checked against these National occupational standards which can be found on the skills for health website (www.skillsforhealth.org.uk), also see **Unit: Competence management approach, HCA Toolkit**.

Reviewing competences in a formal way may be strengthened by using the *KSF³* that underpins *AfC*.⁸

What is advanced nursing practice?

A recent consultation from the NMC has supported the proposal to introduce an additional level of registration for advanced nurse practitioners. The proposal is currently awaiting approval from the Privy council and will require changes to legislation before it can be implemented. This additional sub-part of the nursing register will have defined standards for advanced practice. GPNs who are currently acting in advanced roles (or using the title 'nurse practitioner') will have the opportunity to prove achievement of these standards. The standards are linked to competence in assessment and treatment, and must be achieved at a minimum of honours degree level. The competence tools take account of these standards. If advanced clinical skills are gained, it is likely that taking a qualification as an independent/supplementary nurse prescriber would be even more advantageous to patient care. This qualification must be achieved through an NMC approved and university-accredited course.

Legal accountability

Clear standards strengthen accountability by defining the limits of practice. GPNs acting in an expanded role do so perfectly legally if they are required to perform advanced roles as part of their role and act within the law. However, in order to avoid claims of negligence, they must be able to pass the Bolam test and prove that the level of their practice is equivalent to that of the ordinary skilled practitioner at whatever level they are functioning. In order for a GPN to be found liable in negligence, the following would need to be proven:

- *that the GPN owed a duty of care to the relevant patient*
- *that the GPN was in breach of the appropriate standard of care imposed by the law*
- *that the breach in the duty of care caused the patient harm meriting compensation.*

Why link competences to the KSF?

Linking GPN competences to the KSF³ is one way of facilitating the adoption of AfC. The KSF is a framework of competences that are referred to as dimensions.

The KSF helps to:

- *identify the knowledge and skills needed for a particular post*
- *guide an individual's development*
- *provide an indication of appropriate pay*
- *present an objective framework to review staff development needs.*

Tool – The process of linking GPN roles with the KSF shows the process that is followed to match GPN roles against the KSF.

The competence tools listed below have put the mapping process into action, and identify how various levels of work within general practice nursing are situated within the KSF. These competences have been adapted by Torbay PCT from work developed as part of a joint initiative by practitioners working within Avon Gloucestershire and Wiltshire strategic health authority and the South West Deanery.* They therefore do not signify nationally approved standards. However, they are being considered for approval or adaptation by Skills for Health and the Royal College of Nursing, and provide a robust structure for GPNs to use to position themselves within the KSF.

Tool – GPN competences framework aligned to the KSF version 7

Tool – Senior GPN competences framework aligned to the KSF version 7

Tool – Lead GPN competences framework aligned to the KSF version 7

Tool – Advanced nurse practitioner competences framework aligned to the KSF version 7

*The Scottish Framework for Nursing in General Practice*⁹ provides a less-detailed model that identifies components of the roles of staff nurse, specialist practice nurse and advanced nurse practitioner. **Unit: Employment of general practice nurses** also provides examples of the components of various roles within general practice nursing.

*The competence framework originated in 2002 as an output from the educational advisory group comprising experienced GPNs from the south west. In 2003, Avon Gloucestershire and Wiltshire strategic health authority established a project group of personnel drawn from general practice, higher education institutes and the South West Deanery. They developed the work further, incorporating the job descriptions produced by Charnwood and North Leicestershire PCT, and aligning it with the *Knowledge and Skills Framework* (Version 6) of the NHS. In 2004, a Toolkit was completed and piloted. It is this Toolkit (called the AGS/SWD Toolkit) that has been adapted and piloted by Torbay PCT.

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