

# Unit Four

## Education and professional development from a strategic perspective

### Key messages

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

- *the strategies used to help GP employers release staff for continuing professional development (CPD) activities*
- *a training-needs analysis in order to identify the needs of general practice nurses (GPNs).*

### The strategic perspective

QOF Education 1, 4, 6, 7, 8, 10 – 23 points

Historically, GPNs have been trapped in a low-skill equilibrium, with their professional development largely unsupported by their employers or professional bodies. The *new General Medical Services contract (nGMS)*<sup>1</sup> creates an imperative for primary care to develop a skilled GPN workforce and in doing so, highlights opportunities for collaborative working with other primary care professionals. The *nGMS contract* is just one of the many changes that have moved primary care in this direction. 'New Ways of Working' has become a familiar mantra, as the *Health Service of all Talents*<sup>2</sup> seeks to address the demands of an increasingly consumerist public, and a modernising government.

*Liberating the Talents*<sup>3</sup> outlines a new framework for nursing in primary care, based on three core functions:

- *first contact/acute assessment, diagnosis, care, treatment and referral*
- *continuing care, rehabilitation and chronic disease management*
- *public health/health protection and promotion.*

*Liberating the Talents*<sup>3</sup> highlights the need for flexibility across professional boundaries and makes it clear that nurses in primary care will increasingly take on roles that were previously considered to be the province of the GP. The workforce-reshaping agenda is well underway, accompanied by inter-professional learning initiatives in the undergraduate and secondary care sector. It is the responsibility of the primary care trust (PCT) to have a structure in place to help these changes to occur effectively. This may require liaison with deaneries to promote inter-professional learning, for example, on long-term conditions, or areas highlighted within the *Quality and Outcomes Framework (QOF)*.<sup>4</sup>

If a GPN is placed in situations where they work unsupervised, clinical governance demands that they must have been appropriately educated and trained, and been assessed as competent. It is the PCT's responsibility to check that this has occurred. Staff who feel valued by having access to training and career progression are more likely to be retained within the NHS. Trained GPNs add usefulness and flexibility to the workforce, and the PCT has a central role to play in ensuring that this occurs.

## Professional standards – practice and CPD

PCTs will be familiar with the requirements relating to practice and CPD for registered nurses:

- **practice standards** – nurses must work a minimum of 450 hours in a continuous 3-year period to maintain their registration or undertake an approved 'return to practice' course for re-registration
- **CPD standards** – nurses must take and record CPD within a current 3-year period; the minimum level for this is 5 days (35 hours) of learning activity relevant to their area of practice. In addition, nurses must maintain a personal professional profile of their learning activity.

Any mandatory training required by the practice or PCT is in addition to these requirements.

GPNs may undertake CPD in a wide variety of ways – there is no approved set format, apart from ensuring that the learning is relevant to the GPN role. Many GPNs find it easier to attend individual study days rather than enrolling on lengthy courses – but both have their place.

A GPN new to general practice who has neither received any post-basic training, nor had their abilities to do the assigned tasks assessed as competent, requires close supervision. Although the GPN will have the skills of a registered nurse, they may not have any of the additional skills needed for work in general practice. Their competence must therefore be assessed in order to prove their safety in practice. GPs who delegate tasks to a GPN need to be confident in the nurse's abilities to carry out the tasks in a competent manner. If the practice knows that the GPN has completed a recognised training and induction programme to enhance and assess skills, knowledge and attitudes, they will be confident in their delegation. Many GPNs work in situations where they cannot be closely supervised and they need to be able to take the responsibility to work safely and correctly themselves.

GPNs should be made aware of any local courses available, from basic skills to more-advanced education. The suitability of these courses should be determined by assessing the individual's own learning needs and balancing these against the needs of the practice and requirements of the PCT. An education lead or GPN lead for the PCT could take on this responsibility. Encouraging practices to record the competence of their GPNs enhances clinical governance and minimises risk as well as identifying priority areas for development.

New GPNs require immediate assessment of their capabilities in order to maximise patient safety. The importance of induction programmes is discussed in **Unit:**

**Employment of general practice nurses.** Any programme needs to be individual to the practice, its requirements and the level of experience of the GPN. The PCT may be able to ensure practices provide comprehensive induction programmes by providing a template or sample programme that can be followed or easily adapted. For examples of typical content within induction programmes, see

*Tool – Sample induction programme*

QOF Education 4  
3 points

Some universities run accredited introductory courses for GPNs. These provide a blend of theory and practice, and have the significant advantage of being assessed, in order to demonstrate competence. If the local university does not run such a course, it may be worth meeting with them to discuss whether this can be introduced. They will want a summary of anticipated demand, based on the number of new GPNs. It may also be worth considering whether or not the commissioning of this type of course could be useful to attract potential GPNs or to create a basic standard for all locum nurses and those new to the role.

## Mentorship

As most GPNs are employed within an individual practice they have to work hard at establishing networks that will provide support, whereas PCT staff will gain support and use networking much more easily. GPNs can suffer from professional isolation, which could lead to lack of motivation or failure to identify career opportunities. Therefore, GPNs should have a mentor with whom they can have regular contact, turn to with any problems and who can help them organise their learning. This will ensure that they focus on where their role is leading, their development needs and whether or not they are on course to achieve any objectives identified within the practice.

A mentor can be anyone:

- another GPN
- a GP
- a nurse working in a different area (as long as they have an insight into the variety of opportunities that exist within general practice nursing).

It is not a good idea for a mentor to be the GPN's line manager or a GP who works with the GPN (particularly if they are also the employer) because of potential conflicting interests. A PCT-appointed mentor would therefore be ideal. This could be the PCT GPN lead or a nominated GPN from another practice. There are other opportunities here that PCTs can take such as, a nurse lecturer, who would be ideally placed to participate in the educational supervision of GP learners as well as GPNs and other primary care nurses. Inter-professional learning opportunities could also develop to enable trainee GPs and GPNs to learn from each other to promote collaborative practice.



The relationship between mentor and mentee should be one of mutual trust and respect, in a supportive yet challenging relationship, where they remain non-judgemental. The emphasis is on the mentor helping the mentee to develop their own thinking and find their own way.

The PCT could create a bank of GPN mentors who would then be called on to mentor any new GPNs or to assist any GPNs who are having problems. The Nursing and Midwifery Council (NMC) provide standards on mentorship that require current NMC registration and a minimum 12 months of post-registration experience. There are no direct NMC-approved training programmes for mentors but these are expected to be provided by higher education institutions (HEIs) offering NMC-approved programmes for pre-registration nursing or specialist practice nursing programmes. It is expected that PCTs and HEIs together should formalise the preparation and support for mentors.

Mentors should also receive support from the PCT for their activities. Many educational programmes in general practice nursing require practice placements or preceptorship under the guidance of a qualified nurse mentor. Nurse mentors attached to training practices or networks of training practices fulfil the requirements of the clinical environment and the role of the committed mentor, who can facilitate purposeful learning. Mentors are required to attend regular updates as evidence of current knowledge in order to support students.

## Identifying learning needs

The NMC standard requires nurses to maintain a personal professional portfolio, and within this there should be a personal development plan (PDP).<sup>6</sup> The PDP outlines what the individual wants to achieve and how they plan to achieve it. Developing a PDP could be undertaken in conjunction with the PCT and also with the mentor so that everyone is aware of the GPN's aspired development, both long- and short-term. See [Tool – Creating a PDP](#) for tips on creating a PDP.

## Facilitating learning

The role previously adopted by workforce development directorates in supporting health care education is now subject to local variance. It is important to stay abreast of local changes in order to capitalise on opportunities to apply for additional funding. The *nGMS contract*<sup>1</sup> includes some provision for GPN CPD but PCTs also have a responsibility to include the needs of the GPN workforce within their education budget. Involving GPNs in education events for other community nurses will be beneficial to all by helping to widen perspectives. This means that the PCT education and teaching plan should encompass the needs of GPNs alongside other community nurses.

Education plans should include key issues, such as:

- *clinical governance*
- *monitoring performance*
- QOF<sup>4</sup>
- *revalidation and accreditation of practices (such as for training status, eg to provide placements for pre-registration nurses and GPNs undergoing further development and training)*
- *plans for changes to service delivery, the services and financial framework and the business investment plan.*

The PCT needs to provide an environment where flexibility, innovation, education and training are going on every day, not just at courses or in bursts of activity when change is needed, see

[Tool – Developing an education and teaching plan](#).

Evaluate the investment in education and training at regular intervals, in order to review and realign priorities. If it is difficult to release staff to attend courses then consider new ways of learning, such as distance and e-learning, or liaise with education providers to create more work-based learning packages that can be accessed by groups of staff at lunchtimes within health centres.

'Marrying' the education and training resources and activities in the PCT with the health needs of the local population is important. Encourage and enable practices to formulate and execute personal and professional development plans that are centred around PCT priority areas. Asking a GPN lead to review GPNs' professional development plans may help to do this, as the PDPs could be compared with the practice and PCT plans. This could lead to a review or realignment of priorities.

If the PCT has an idea of the support needed for the practitioners and practices, it can plan how to allocate resources fairly.

## Undertaking a training-needs analysis

If not already done, profiling the GPN workforce is an essential starting point to identify areas of nursing expertise and specialist provision across general practices. Information from profiling can then be used to develop a database that will show numbers (head count and whole-time equivalents), age, skills and qualifications of the GPNs within the PCT.

An analysis of training needs for GPNs could be carried out, either at the same time as the profiling exercise, or as a result of this, to define and determine the education and training needed. The time and budget for this education should be identified together with the need for access to mentorship and clinical supervision for staff development, see [Tool – Conducting a training-needs analysis](#).

## Employment of a GPN lead

A GPN lead/advisor is an invaluable asset for the education and training of GPNs who are employed within the PCT. This role needs to be clearly defined, and have support and backing from the PCT. This will provide the individual with the authority to put into place training sessions and help staff to be released from their workplace to attend training and educational events, whether in-house or at local universities.

The role of the GPN lead is invaluable in keeping records up-to-date regarding the training and educational needs of the GPNs within the PCT. It also highlights where excellent care is being provided, so that this can be utilised for the training and supervision of GPNs who are in training in certain areas. For examples of the kind of activities this post could encompass, see [Tool – Job descriptions for GPN roles](#).

## Commissioning appropriate education

Consider the varying roles that exist within general practice nursing, then think about the educational preparation that would be required for the various roles. Meet with local education providers to determine whether or not there is adequate local provision. Alternatively, ask for new courses to be developed in conjunction with the PCT and GPNs who can be specific about the service outcomes they require from courses. See [Tool – Varying roles within general practice nursing](#) and [Tool – Questions to ask about courses](#) for further guidance on these areas.

## Multi-professional training practices

Training practices are a valuable resource, but may not be routinely used in the development of other professionals in primary care except for GPs. There is no reason why this should be the case and the training of GPNs across practices could provide ideal work-based learning.

PCTs should engage with education providers and deaneries to encourage education across disciplines, offering a gold-standard inter-professional experience.

Several deaneries have already made some progress down this path:

- *South-western deanery has a multi-professional education lead*
- *Eastern deanery has appointed one associate director in primary care nursing with a specific remit around issues of:*
  - *placements*
  - *practice accreditation*
  - *mentorship*
  - *inter-professional learning*
- *West midlands has an associate dean for nursing and is committed to increasing inter-professional learning.*

## Increasing pre-registration nursing placements within general practice

Most PCTs struggle to find sufficient community placements for pre-registration nurses. However, placements for student nurses with GPNs would be ideal as the general practice experience is so varied and broad. All registered nurses 'have a duty to facilitate students of nursing and midwifery to develop their competence' (section 6.4), as per the NMC *Code of Professional Conduct*.<sup>6</sup>

General practice nursing provides an ideal placement for pre-registration nurses because it includes so many different facets of health care. Although many GPNs have pre-registration students placed with them for short periods, this is usually part of a general community placement with a district nurse or health visitor. However, having a pre-registration nursing student placed with a GPN for a whole placement (usually around 12 weeks) could bring real benefits to both the profession and to the practice.

Pre-registration placements in general practice would not only raise the profile of general practice nursing, but would enable student nurses to see this as an exciting potential career choice. Long placements would also enable practices to obtain a significant service component from the student, who would be able to undertake work under supervision such as:

- *creating health promotion displays*
- *assisting with audits*
- *routine health screening*
- *documentation.*

Having a student nurse working alongside GPNs may create and raise motivation and interest. Talk to practices about the ways in which they could benefit, and then ask the local university to call and assess their suitability as a placement area. Practices are often concerned about the vicarious liability of taking on student nurses. This is of course no different from taking on medical students, as the liability contract is usually held between the university and PCT. Professional advisory organisations such as the Royal College of Nursing ([www.rcn.org](http://www.rcn.org)) or the Medical Defence Union ([www.themdu.com](http://www.themdu.com)) will provide further detailed reassurance on this.

Teaching student nurses can be a rewarding experience for the GPN. The PCT could fund courses on mentorship or teaching for those GPNs who particularly enjoy this.

## Mandatory training

All PCTs or practices will require GPNs to undertake some mandatory training sessions. This ensures that standards are upheld under clinical governance and also provides protection for patient safety in some areas, such as basic life-support.

Some large practices have developed their own mandatory training programmes, whereas others have been developed by PCTs. These are likely to include areas such as:

- *fire safety* (GMS Requirement 18)
- *basic life-support* (QOF Education 1, 4 points)
- *child protection awareness* (QOF Management 1, 1 point)
- *anaphylaxis training* (GMS Requirement 25)
- *infection control* (QOF Management 4, 1 point and GMS Requirement 7).

An education lead or GPN lead within the PCT could create a database for the GPNs' attendance at these sessions to ensure that they are keeping their knowledge and skills up-to-date. After attending these training sessions, GPNs should be provided with copies of attendance certificates for practices to demonstrate compliance with requirements.

In order to encourage practices to adopt *Agenda for Change*,<sup>7</sup> any education developments should link to the *Knowledge and Skills Framework*.<sup>8</sup> This will clarify the level that nurses are working at and help GPNs to progress up the career ladder if they undertake education. See ***Units: Career development for general practice nurses*** and ***Competences of general practice nurses***.

### References

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