

Unit Two

Employment of general practice nurses from a general practice employer's perspective

Key messages

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

- *factors to consider before hiring a general practice nurse (GPN)*
- *ways to employ and retain the highest calibre of staff to deliver patient care*
- *recruitment and selection processes for the role of a GPN in primary care*
- *ideas to help you create a good employment environment, addressing issues such as flexible working and balancing the needs of the practice with the needs of employees*
- *guidance on adopting the employment principles from Agenda for Change (AfC).*

Establishing the need for a GPN in the practice

In order to establish the types of nursing role required within the practice, the needs of the practice population should first be profiled. This will provide a template that will enable patient needs to be matched with nursing provision. The role and skills of other community nurses involved with the practice (eg district nurses, school nurses and health visitors) should also be considered in this profile of needs. The employment of a GPN should be considered in the context of both the practice as a whole and the primary care trusts (PCT's) business strategy for nursing services. See *Unit: Integration of general practice nurses in the community health care workforce*.

Principles of staff employment

The principles of employing staff who can provide the best, most-effective care for patients are outlined in *A Health Service of All the Talents*.¹ This consultation document emphasises the importance of:

- *team working – across professional organisations and boundaries*
- *flexible working – to make the best use of the range of skills and knowledge of staff*
- *streamlined workforce planning and development – aligned with the needs of patients, rather than professionals*
- *maximising the contribution of all staff to patient care – removing barriers that state that only doctors and nurses can provide particular types of care*
- *modernising education and training – to ensure that staff are equipped with the skills they need to work in a complex, changing, health care environment*
- *developing new, more flexible careers – for all staff*
- *expanding the workforce and giving consideration to succession planning – in order to meet future demands.*

*The NHS Plan*² emphasised the importance of primary care. There has been a central government commitment to support general practice in improving standards and providing a wide range of more accessible services for patients. In order to make the most of this new investment, changes to current working practices are needed. Many practices have already started to lead the way by making better use of the skill mix, for example, within general practice nursing. National direction for nursing, *Liberating the Talents*,³ has provided a framework for nursing that includes an emphasis on public health, long-term conditions and first-contact care.

Primary care continues to evolve and grow with new services being developed. Practices face an excess of changes that contribute to continued improvement in patient care. Many of these changes demand new ways of working in order to make the best use of workforce skills. Patient-led services and the drive for quality of care provision have led to the deployment of staff skills based on patient need, not professional group. This has allowed the development of new roles, with many nurses taking on advanced clinical skills that previously fell in the domain of doctors.

While the role of the GP is changing to embrace more complex care, new roles for nurses are evolving within general practice settings. When employing GPNs, recruitment and retention issues must be considered to ensure the delivery of sustainable services.

How is the practice perceived as an employer?

In order to ensure that you employ and retain the highest calibre of staff to deliver quality-focused, appropriate care for your patients, you need to consider not only the needs of the practice, but also what the practice has to offer staff. Adopting *AfC*,^{4,5} which is the new NHS pay-and-reward system, is likely to make the practice more attractive to new recruits.

Why adopt *AfC*?

Although many GP practices already provide good terms and conditions for their staff, implementation of *AfC* would ensure pay parity throughout the NHS (equal pay for work of equal value).

Adopting *AfC* will ensure the following:

- *a highly motivated workforce, with defined skills to deliver high-quality care*
- *enhanced staff development, with annual staff appraisals*
- *use of the Knowledge and Skills Framework to identify the requisite skills and competences for your practice*
- *improved employment practice, with pay rates the same for equivalent jobs within the community*
- *better initiatives for staff recruitment and retention.*

Process of adopting *AfC*

AfC is a new system of pay and conditions for all NHS non-medical staff – a major component of this project is the job evaluation scheme. All staff transferring to the *AfC* system will need to complete a job-matching process in order to establish their pay banding. In the majority of cases, nurses will be assimilated to the closest point equivalent to, or above, their current salary on the new pay scale.

The *Knowledge and Skills Framework* outlines career-development pathways. The advantages of this system are that the nurse's role will be more clearly defined, and there will be financial remuneration for those who gain advanced knowledge and skills. In addition, *AfC* terms and conditions are more generous than the previous Whitley Council arrangements in secondary care (www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/EqualityAndDiversity/WhiteleyCouncilAgreement/fs/en?CONTENT_ID=4052044&chk=rYumWe); for example, there is more annual-leave entitlement. It is important to remember that if the practice adopts *AfC*, this applies to all staff, not just the nursing team. It may be worth calculating the financial impact of adopting this system prior to discussing the process with staff in the practice. Introducing the holiday element of *AfC* will impact on the extra cover needed to ensure adequate staffing at all times.

The practice and the PCT should discuss how best to adopt *AfC* principles; human resource (HR) departments will have vast experience in this area. The *Agenda for Change – NHS Terms and Conditions of Service Handbook*⁶ and the *Job Evaluation Handbook*⁷ may also be useful.

It is possible for GPs to choose to implement some aspects of *AfC*, but not the package in its entirety. You may find that many of your staff are disadvantaged under the *AfC* system and the financial impact of this also needs to be considered. If you do decide to adopt *AfC*, adequate time and resources must be allocated to the process. It is also important that staff are supported during this change process. Selecting an individual to act as the project manager will facilitate change and can avoid duplication of effort. Ideally, this should be a trained evaluator with knowledge and understanding of general practice. See

Tool – How do practices adopt Agenda for Change for further information.

Improving working lives

Flexible working and balancing the needs of the individual with the needs of the practice may enable people to apply for jobs who have previously been excluded due to family commitments (eg child care). You might want to consider part-time working or job sharing for new staff.

Use the following tool to see how your practice could be viewed by a potential GPN applicant. This should help you to identify any areas that you need to improve. See *Tool – Checklist for employers*.

It may be worth considering whether the practice could buy in HR services from the PCT. The practice should determine whether or not only certain components of the HR services can be bought in. If not, the practice must make sure they agree with all the elements of the service offered by the PCT's HR department. Although the contract of employment would remain with the practice, the PCT would incur some legal indemnity (www.rcn.org.uk/pcph).

'At the Horden Group practice we provide our own HR, but subscribe to a local consultancy firm "The Practice Manager's Buddy", who provide regular updates on HR legislation. We feel this is well worth an annual subscription because it assures us that the practice is kept up-to-date.'

The Royal College of Nursing (RCN) has developed an employment charter for practice staff that lays out the basis for a good employment strategy.⁸ It states that practices should:

- *follow the spirit and requirements of the relevant national HR strategy*
- *provide an up-to-date written contractual statement and job description for every post*
- *link salaries with national scales, providing annual increases in line with national pay awards*
- *offer staff a personal training and development plan*
- *ensure staff have the right to join and be represented by a trade union of their choice, suffering no disadvantage as a result*
- *offer health professionals a source of professional advice and support within the PCT*
- *have written procedures to handle disciplinary matters and grievances, following guidance published by the Advisory, Conciliation and Arbitration Service (ACAS)*
- *have a written health and safety policy, based on the concept of risk assessment*
- *observe the requirements of the Working Time Regulations*
- *have a system for recording accidents and violent incidents involving staff, including verbal and other abuse*
- *have a written equal opportunities policy and follow good practice in making appointments, staff management, terms and conditions of employment, training opportunities and promotion*
- *have a written policy on sickness absence, including the sick pay arrangements that apply in the practice.*

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4 points

Prior to recruitment of a GPN

Take a step back and consider the whole team in the practice, not just the nursing team. Draw up an organisational chart to clarify the role that each staff member plays in the practice.

Consider how much the practice uses the skill mix within the GPN team.

- *What is the total allocated budget for clinical staff in the practice?*
- *If the practice does not have a budget, this may be a good time to think about introducing one.*
- *How does the practice ensure that adequate funds are available to provide the appropriate patient services?*

Financial planning and business planning (ie what you want to achieve in the practice) should go hand in hand. Without adequate financial planning, the business/practice will not be able to move forwards in an organised fashion.

Once an overall budget is in place, the practice will be able to look at the total funds available for employing clinical staff. The practice should consider carefully how this should be spent. A salaried GP costs approximately £65,000–£70,000 (plus 'on-costs'), whereas a nurse practitioner costs £30,000–£40,000 (plus 'on-costs'). The cost of a nurse varies depending on experience and grade, and of course don't forget the value of health care assistants (HCAs) to the practice.

It is essential to review the current salaries of the existing GPNs in the practice to ensure that the salary offered to a new GPN post is in line with the existing team. It would be demotivating to other staff if an inexperienced nurse was brought in on a higher salary than an existing nurse with many years of experience in general practice, together with a high level of competence and responsibility.

Budget holders within the practice

It is always surprising that when team members are given spending ability within the practice, workplace efficiencies typically follow.

Even within a small practice, having budgets at team level can increase autonomy, motivation and an individual's ability to influence the outcome of that area of practice. For example, a lead nurse could be involved in the planning of the next financial year (ie what is needed within their team to make it possible to deliver the patient services needed to meet the business plan of the practice). The cost of the training, staff, equipment, staff welfare, wages and consumables required in order to meet the team's objectives should all be considered.

Once the budgets have been consolidated and it can be seen that the total planned expenditure of the practice does not exceed the total predicted income, budgets can then be signed off. Sign-off is usually provided by the partners. It is important that financial spending is reviewed monthly by the team leader, practice manager and/or GP. These monthly management accounts, provided per month and per year (to date), give a snapshot of the current financial status of the practice.

Having determined that the practice will benefit from the recruitment of a new GPN, the points below should be considered.

1. Premises

Does the practice have the room to accommodate another member of staff? What extra resources would be required? If the practice is planning to employ an additional GPN, would their working hours need to be opposite to existing staff? Would change-over time be needed? Could GPNs share resources or would they need individual equipment if working the same hours?

2. Practice structure

How could expanding the nursing team help the practice to achieve its objectives? Would a GPN with certain skills (or be prepared to help develop these skills) need to be employed in order to develop enhanced services? If so, what are these skills and how would they meet the practice's objectives? Consider the skill mix within the nursing team – are HCAs employed within the practice? Go to www.wipp.nhs.uk for more information on HCAs.

Does the practice need a senior-level GPN or advanced nurse practitioner (see **Unit: Competences of general practice nurses**)? Alternatively, existing staff may welcome the opportunity to develop their skills to a higher level, and for junior-level staff to be brought into the practice. Does the practice require specialist staff, that is, those specifically trained in respiratory disease, diabetes etc? Consideration should be given to the introduction of practice-based commissioning (PbC) and whether or not this is likely to affect the staffing levels in the practice.

3. Clarity of role

Prior to writing a job description for a GPN, the perceived benefits for the practice and for patient care should be listed. Careful planning and consideration at this point will maximise the benefits of this additional resource, and minimise risk to patients and the practice.

4. Service delivery

As part of PbC and service development, consideration must be given to strategic planning for future developments. This will include a health-needs assessment. All team members should look at what is likely to happen within the practice over the next 12 months, 2 years and 5 years in terms of:

- *local demographics*
- *changes in information technology*
- *succession planning*
- *how the practice will ensure that the role continues if a member of staff leaves and new ways of working should all be considered.*

5. Professional development

An expansion in the number of nurse-led clinics in general practice will require the development of GPNs in parallel. The changing boundaries of health care professionals should also be considered, for example many physiotherapists are expanding their remit to provide first-contact care. The development of independent nurse prescribing will provide nurse prescribers with much more freedom to treat patients autonomously.

6. Patient involvement

The practice could set up a service-user group to give feedback on their experience of GPN services; this group could also be involved in the recruitment process.

7. Clinical governance

- How can patient safety be ensured?
- Have clinical, managerial, professional accountability and supervision roles been agreed?
- How will the competence of new GPNs be assessed (see **Unit: Competences of general practice nurses**)? See **Tool – Sample induction programme** for further information.

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3 points

8. Education and continuing professional development (CPD)

What are the education and training requirements of the GPN role? **Unit: Competences of general practice nurses** will give information on the type of education programmes available for GPNs. The local university or PCT education centre will have information on the programmes available in the area. Qualified and experienced nurses still have considerable learning needs if they are new to a general practice setting so a basic introductory course in general practice nursing should be considered to ensure patient safety. Although it may be possible to devise a suitable in-house programme, preference should be given to an accredited course, as this will provide firm evidence of competence.

9. Evaluation

Consider how evaluation of the role of the GPN and their individual performance will take place. Probationary periods may be helpful for practices and GPNs to ensure that the right person is in post. However, evaluation of a probationary period should include some objective measures of success, not merely subjective responses from individuals. See **Tool – Induction: evaluation by a GPN** for an example.

Recruitment and selection

If the practice has the right recruitment procedure in place from the start, a GPN who fits the needs of the practice and patient population, and who is more likely to commit to the practice long term, is more likely to be recruited. The longer the GPN stays in post, the easier the day-to-day running of the practice becomes and the less often the practice will need to recruit. This could ultimately save the practice time and money.

It is good practice to ensure that the process of recruitment and selection is transparent, fair and equitable, and that it can be defended against any claims of discrimination. The recruitment process should ideally involve a multidisciplinary approach, including a nurse of appropriate level.

Pre-selection

To get the process underway, a good place to start is with a job analysis. See [Tool – Job analysis tool](#) for an example. This provides the basic information needed to compile a job description and should:

- *identify the tasks involved in the job*
- *look at how, why and when the tasks are performed*
- *identify the main duties and responsibilities of the job*
- *consider the physical, social and environmental conditions of the job.*

It is good practice for the whole team to have the opportunity to contribute to the development of the role, especially where duties that have previously been undertaken by other team members are being transferred. **Unit: Competences of general practice nurses** provides guidance around competences and roles, and may help you decide what the practice should expect the post holder to undertake.

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Equal opportunities

A practice should consider the implications of the *Equal Opportunities Act* (www.eoc.org.uk) when sending out application forms. No applicant should receive more or less favourable treatment on the grounds of race, nationality, colour, ethnic or national origin, age, sex, marital status, sexual orientation, religion, creed or disability.

PCTs require information from practices about equal opportunities to ensure that their policies are being adhered to. Good practice is to attach a monitoring form to the application form, which is detached prior to the short-listing procedure and kept in confidence in a secure place until such statistics are requested by the PCT. See [Tool – Job descriptions for GPN roles](#) for further information.

Job descriptions

A good job description is one that is accurate, concise and reflects the job purpose, role, principle responsibilities, accountability, communication and working relationships that have been identified in the job analysis. Since it forms the basis of the whole recruitment process, it is worth spending time on the job description to prevent possible problems later in the process.

A job description outlines the GPN role and the requirements of the job; an example of a job description can be found in: [Tool – Job descriptions for GPN roles](#). It should include the areas detailed below.

- **Proposed job title** – GPNs work under a confusing array of titles and standardisation of these titles is to be encouraged for clarity. It is therefore suggested that the job titles outlined in the competence section (see [Unit: Competences of general practice nurses](#)) are adopted. The Nursing and Midwifery Council (NMC) plan to formally recognise the term 'advanced nurse practitioner' from Autumn 2006. From this point, any registered nurse with appropriate qualifications may register as an advanced nurse practitioner. After the transition period of approximately 3 years, no nurse will be able to use the term 'nurse practitioner' unless they are registered as an advanced nurse practitioner.
- **Main purpose of the job** – this should be written in a short, concise paragraph.
- **Objectives of the job** – these should be stated clearly, detailing the activities involved and how they should be carried out. These could include clinical and non-clinical roles.
- **Scope of the job** – this indicates the importance of the job and the degree of responsibility. It is important to state who the GPN is accountable to (job role or named person, as appropriate), and if this is different from their line manager, the way that this responsibility is allocated.
- **Salary for the post** – current salary levels signifying the range of potential increments should be included. Where possible, these should link with AfC, see [Tool – How do practices adopt Agenda for Change](#)
- **Continuing professional development (CPD) opportunities** – this should indicate that the job requires regular updating of skills through CPD, see [Tool – Job descriptions for GPN roles](#)

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Person specification

A person specification defines a job in human terms that may be recognised and measured objectively as far as possible (see [Tool – Person specification for a GPN role](#)). It identifies the kind of person needed to fulfill the demands of the job by outlining the characteristics and attributes considered essential or desirable in the ideal candidate.

While the job description describes the job itself, the person specification broadens the picture to match the likely candidate with the demands of the job. It should show the minimum requirements needed to perform the job successfully. Consider which attributes are desirable or highly desirable and which are essential to the performance of the role. The more flexible the person specification, the more flexible the later stages of negotiation about the post can be. If current registration with the NMC is listed as an essential attribute, it is worth noting that this will incorporate other factors embraced within the NMC *Code of Professional Conduct*, for example, it provides assurance of attributes such as professional conduct, confidentiality, acknowledgement of working only within own levels of competence, and so on. This means that these factors do not also need to be individually listed under personal attributes.

To help identify the basic requirements, various organisations and authors have proposed lists of points against which the demands of the job and the attributes of the candidate can be measured, see

[Tool – Person specification for a GPN role](#). One of the best known is the *Seven Point Plan*⁹:

1. physical make-up
2. attainments
3. general intelligence
4. special aptitudes
5. interests
6. disposition
7. circumstances.

Application form

The application form is an important part of the selection process, see **Tool – GPN application form**. It collects the same information about every candidate, making comparisons easier, while giving the applicant the opportunity to outline the particular skills they could bring to the post. However, many nurses will also send in copies of their curriculum vitae, which provides an opportunity to review their presentation skills and often offers a wider view of their employment history.

Advertising the post

Good employment practice is to advertise all vacancies and this can be done in a number of ways. Emphasis needs to be placed on encouraging prospective employees to apply and to welcome their interest through the whole process.

The job advert should be eye-catching and aimed at procuring a limited number of suitable candidates. The more information provided in the advertisement, the more likely it is to attract only those suitable for the role. Providing contact numbers for an informal, pre-selection chat is often helpful to both parties so that the job can be discussed in more detail. Advertising can be carried out through the routes detailed below (internal and external advertisement should be conducted at the same time).

- **Local newspapers** – *this is often the most effective way of reaching the local population; however, it can be costly.*
- **National nursing press** – *this will reach the widest audience, but can be very costly and may attract applicants from other parts of the country.*
- **PCT websites or vacancy bulletins.**
- **NHS jobs** (www.jobs.nhs.uk) – *the HR department of the PCT will be able to assist in posting jobs on this website.*
- **The internet** – *for example, www.thisisstaffordshire.co.uk has a section for people who are looking for new opportunities.*
- **Word of mouth** – *people often stay longer if recruited this way.*

Some PCTs offer practices support with HR issues, and can give help and advice on advertising jobs in the area. It is good practice to arrange the date for interview before the advert is placed and this can then be included within the advertisement. This helps to signify a well-organised employer. Remember to negotiate rates with advertisers, and ask for the top-right-hand-page space, where possible, and think about using colour to give the advert that bit of difference on the page.

Receiving applications

Interested applicants should be invited to the practice for an informal visit in order to give both the team and the applicant a chance to get a feel for their suitability for the role. Use the following tool to ensure all the necessary information is prepared for interested parties, see **Tool – Application pack checklist**.

The selection process

The final decision on who to appoint in any post always lies with the PCT or practice partnership as the employer. However, it would be good practice to include whoever may be working closely with the GPN (once appointed) in both the short-listing and interviewing process. This might be the practice manager for the non-clinical duties and the senior practice nurse for clinical matters. In addition, the practice may want to consider whether or not to include a patient representative in the selection process. This variety of expertise and appropriate professional input will help the practice to make a better-informed decision, especially around the quality of the responses made by the candidate to the questions asked. For practices that do not already employ a GPN, this support could come from within the PCT, for example, using the GPN lead or equivalent, or involving a GPN from a neighbouring practice.

Short-listing

Using the criteria developed in the person specification, job applications are reviewed for those that meet the essential and desirable criteria, see **Tool – Short-listing: a systematic approach**.

Terms and conditions

Some PCTs take on the employment of GPNs and deploy them to work in practices, but it is more common for GPNs to be directly employed by the GP partnership. This means that, as an employer, you are able to determine levels of pay. The RCN strongly believes that nurses and HCAs employed in general practice should be employed on AfC⁴ terms and conditions. The *new General Medical Services (nGMS)* contract also encourages this practice.¹⁰ AfC provides a uniform package of terms and conditions, and should form a stronger link between the rewards and the demands of any given job. It is intended to replace clinical grading for nurses, and the terms and conditions as set out by the Whitley Council. It is a modern pay-and-conditions framework based on the principle of equal pay for work of equal value. AfC links with the *Knowledge and Skills Framework*, which outlines the competences required for various roles. See **Unit: Competences of general practice nurses** for more information on adopting AfC. If your practice is not able to adopt AfC, remember to try and use the main principles of it. See **Tool – Checklist for employers** to ensure all the necessary legal requirements are covered before offering employment to a new GPN.

The NMC Professional Register has three parts:

1. *nursing*
2. *midwifery*
3. *specialist community public health.*

Although GPNs can be on more than one part of the register, they must be on the nursing part.

NMC registration

GMS Requirement 8

All registered nurses are provided with a NMC registration card that states their PIN registration number and expiry date; however, this card does not demonstrate proof of professional registration. Registration can be checked via the NMC free registration-confirmation service at www.nmc-uk.org/aDefault.aspx.

Nurses should renew their NMC registration every 3 years, and are required to have demonstrated a 3-yearly achievement of minimal CPD requirements and a declaration of good health and character. If nurses do not renew their registration, they are not eligible to practice. It is important to point out that locum nurses are subject to the same checks required for permanent nursing staff.

Employers' responsibilities

Employment is a serious business and you must be confident that your employment practice complies with legal obligations. The practice's responsibilities include:

- *maintaining personnel records for all employed GPNs – a GPN has the right to see their own individual records on request*
- *ensuring an agreed disciplinary/grievance procedure is in place that adheres to the ACAS Code of Practice (www.acas.org.uk)*
- *providing all staff with a written procedures manual covering employment policies – this will include policies on equal opportunities, bullying and harassment, maternity leave and sickness absence*
- *informing GPNs of their right to join the NHS superannuation scheme – the practice employer is obligated to contribute towards this scheme*
- *checking that staff NMC registration is updated every 3 years*
- *offering a degree of flexibility in working hours to cope with unexpected family issues*
- *providing a safe and comfortable working environment*
- *providing terms and conditions of employment that reflect the principles outlined in AfC (if adopted)*
- *ensuring all GPNs have access to professional nursing leadership (this may be within the practice or PCT)*
- *providing all GPNs with personal development plans for review at annual appraisal*
- *enabling GPNs to both maintain a portfolio of learning, as required by the NMC, and to demonstrate achievement of the minimum standard of 5 days' study every 3 years in order to re-register with the NMC every 3 years*
- *providing GPNs with access to mandatory training updates on a regular basis*
- *providing a formal period of induction with a named member of staff taking responsibility for this role*
- *ensuring that locum GPNs have the same professional checks as permanent GPNs*
- *providing IT access for GPNs during all clinical consultations; within the practice, GPNs should also have access to e-mail (via their own e-mail address), the internet, Intranet and NHSnet resources*
- *ensuring that GPs familiarise themselves with the NMC Code of Professional Conduct – in delegating duties to GPNs, they must be sure of their competence (see **Unit: Competences of general practice nurses**).*

Employment legislation

GMS Requirement 10

The *Employment Relations Act 1999* brought in several changes to the rights of employees and Trade Unions. The *Employment Act 2002 (Dispute Resolution) Regulations* came into force on 1 October 2004 and the **Age Discrimination Act 2006* will be introduced in October this year. See www.acas.org.uk for up-to-date information on employment issues. The HR department of the PCT or specialist HR companies will provide further advice and guidance relating to specific queries.

*The Age discrimination Act 2006 is coming into force on the 1 October 2006. The regulations (which will not affect the age at which people can claim their state pension) will:

- ban age discrimination in terms of recruitment, promotion and training
- ban unjustified retirement ages of below 65
- remove the current age limit for unfair dismissal and redundancy rights.

They will also introduce:

- a right for employees to request working beyond retirement age and a duty on employers to consider that request
- a new requirement for employers to give at least six months notice to employees about their intended retirement date so that individuals can plan better for retirement, and be confident that "retirement" is not being used as cover for unfair dismissal.

For more information go to www.eoc.org.uk

The interview

The make-up of the interview panel is an important consideration – both patient and multidisciplinary input into this stage of the procedure could prove to be very beneficial. It will enable the quality of the answers to be assessed against nursing competences and practice. There should be a minimum of two people on the interview panel to ensure consistency and fairness. This will also help protect the practice if there is a later complaint. It may be useful to include another GPN on the panel, but it is inappropriate to use a peer of the same grade. See [Tool – Interviewing: how to get it right](#) for tips and hints on preparing and conducting interviews.

Offer of employment

After all the interviews have been completed and a final decision has been reached by the panel on the suitable candidate, both the successful and unsuccessful candidates should be notified. A written job offer should not be made to the successful candidate until satisfactory references have been received, or the job offer should be subject to satisfactory references and a criminal record bureau check (see www.crb.gov.uk for more information). Once these checks have been confirmed, a starting date can be agreed.

GMS Requirement 10

Contract of employment

The contract of employment starts as soon as an offer of employment is accepted. Employers are legally obliged to provide every employee with a written statement of their terms and conditions of employment. This should be in place no later than 2 months from the start date and must include any terms and conditions agreed informally at the interview. It is prudent to include a probationary period (eg 3 months) as this will allow for easy discontinuation of employment if either party is dissatisfied. Although contracts can be drawn up by the practice, the content of a contractual agreement should be reviewed by an expert in employment law for the protection of both parties. See [Tool – Example of a contract of employment for GPNs](#) for an example of the type of information that should be included within a contract of employment.

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3 points

Induction

Induction is about welcoming and integrating a new member of staff into the team, and is a core part of good employment practice. It should be considered as the final part of the recruitment process. Good induction is likely to lead to better retention of staff, who are more settled and secure in their practice.

The first task, therefore, is to give an introduction to the practice itself and its particular features. This can then be followed by looking at training and development needs as the GPN becomes more confident in their new environment. You should never take it for granted that a GPN will fit easily and smoothly into their new post.

It is important to also consider the practice team. There will be an existing unity in the team, which is solid and well formed. New members need to fit into this structure, so you need to support them and help them to feel they belong. If there is an existing GPN or team of GPNs, they may feel threatened by a new nurse who may be better qualified, or who seems to receive a lot of attention and feedback.

[Tool – Sample induction programme](#)

Pre-arrival preparations

It is good practice to address the points below within the practice before the new GPN arrives:

- *Does everyone know that someone new is starting?*
- *Who will greet the new starter and show them around the premises?*
- *Who will be the named coordinator of the induction programme? This could be the practice manager for the non-clinical items and the nurse for the clinical competences.*
- *Who will be their 'buddy' and/or mentor?*
- *Will someone take them to lunch on the first day?*
- *Where can they put their personal belongings? Is there a locker, and desk and chair, and do they have use of a personal computer?*
- *Has a uniform and identity badge been ordered to be ready for their first day?*
- *Have registered patients been informed that a GPN will be starting at the practice (via the practice newsletter or information on the noticeboard)? This should include information about their role and what can be expected of them.*

Providing evidence of competence

Before the GPN is able to fully adopt their role in the practice, they must be able to provide evidence of competence so this is a fundamental component of the induction programme. Consideration should be given as to who is best placed to assess competence. For proof of clinical competence, the assessor needs to be someone with clinical expertise and is, therefore, likely to be the GP or an existing, experienced GPN. However, competence in non-clinical issues (eg IT skills) may be assessed by administrative staff or the practice manager (see **Unit: Competences of general practice nurses**).

For practices that have adopted the *NHS Knowledge and Skills Framework*, a GPN's learning needs should be identified using the profile to decide the competences required for the role at foundation and gateway points. There will need to be a degree of honesty from the new starter and openness to elicit support from the practice. More information on using the *NHS Knowledge and Skills Framework* can be found at www.dh.gov.uk/PolicyAndGuidance/fsl/en.

Review of progress

It is good practice for the mentor to have weekly meetings with the new GPN, as part of the induction programme, to discuss how things are going. Prior to these meetings, the mentor can check with the practice team to determine whether or not there are any pertinent issues that need to be raised. This regular review allows you to identify any problems and solve them in a timely manner; in addition, it provides the GPN with an opportunity to raise any questions. The GPN could be encouraged to keep a 'reflective' diary so that certain incidents or issues arising in practice can be discussed.

Induction for locum GPNs

If the PCT does not have a bank of GPNs who can support the practice when staff are sick or on holiday, the practice could ask the PCT to set up such a system for local practices. If this happens, check that they have a standardised quality-assurance system whereby you can have confidence that competence and professional standards of the locums have been checked. If not, the practice will need to undertake all the necessary employment checks. Use **Tool – Checklist for employers** to ensure the practice has covered all necessary legal requirements before offering to employ a new GPN or locum GPN. A modified induction programme for locum GPNs should also be in place. See **Tool – Modified induction for locum GPNs** for more information.

Employer's liability

GMS Requirement 9

Nurses have their own professional accountability to the NMC. They are bound to work within the limitations of their own acknowledged scope of practice and to work within national/local guidelines. If employing advanced nurse practitioners, practices should check that their own defence organisations will provide indemnity cover for any new GPN responsibilities (see www.the-mdu.com; www.medicalprotection.org/medical/united_kingdom/default.aspx). It is strongly advisable for GPNs to also have their own professional indemnity cover to protect them against claims of professional negligence. GPNs are covered for vicarious liability by the practice if they are:

- *employees acting in the course of their employment (eg at an appropriate time, place etc)*
- *working within the employer's guidelines – if nurses follow their own clinical judgement outside practice guidelines, the GP's indemnifier would look for additional support from the nurse's own indemnity*
- *doing the job that they are employed to do.*

Disciplinary, grievance and appeals procedures

GMS Requirement 16

After the practice has spent time recruiting, training and introducing new members of staff to the team, they are likely to want them to stay. All staff within the practice are expected to perform their duties to an acceptable standard. This standard is agreed at the commencement of employment through the job description, person specification and contract of employment. However, sometimes there are circumstances when this standard is not met and the first step is to offer support, guidance and, if appropriate, training. This is best tackled in a discussion with the person concerned in a quiet place where you will not be interrupted or overheard.

If you have been alerted to a problem, consider it carefully before jumping in. You may want to gather evidence to ensure that you have the facts right before making an appointment to meet and discuss it. The *Employment Act 2002 (Dispute Resolution) Regulations* came into force on 1 October 2004. They impact on both employers and employees. Since October 2004, employers are required by law to have a discipline and grievance procedure. This covers the disciplinary rules for handling discipline, grievance and appeals. Full details of these regulations can be found at www.acas.org.uk or www.dti.gov.uk/er/resolvingdisputes.htm. See **Tool – Grievance procedures – a simplified view** for more information.

Poor performance

As well as an annual appraisal system, there should be a system in place to provide regular monitoring of a GPN's performance (see **Unit: Quality improvement and evaluating practice**) and feedback should be given at regular intervals. If there are serious concerns regarding lack of a GPN's competence, this should be reported to the NMC. However, before reporting occurs, the NMC requires written evidence to demonstrate that there have been attempts to deal with the problem. If the problem is dealt with successfully at a local level, there is no need to refer to the NMC.

When there are serious concerns regarding competence, the following steps should be taken:

- *gather factual information about the nurse's lack of competence – this should clearly signify that appropriate support has been offered in an attempt to rectify the situation*
- *identify any extraneous factors that may be affecting performance and consider referral for occupational health guidance, if appropriate*
- *identify whether organisational issues may have affected performance*
- *formally raise the issue with the GPN.*

For further guidance on reporting impairment to practice access, see www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=66 or www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=65.

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