# Unit Five

## Career development from a general practice nurse's perspective

### Key messages

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

- *career planning and progressing on your chosen path*
- *managing your career*
- *key motivators*
- *finding a mentor.*

It is important and refreshing to stop and consider where you are in your career pathway from time to time. On reflection, you may feel that you are in fact content in your current job. Alternatively, it may make you realise that you want to expand your horizons and develop your role, or change direction.[1,2] Life events will influence the amount of time and energy you are able to invest in your job, so your position will not be constant. However, this very fact means that it is essential to look to the future and position yourself so that you will be able to move forwards, when, and if the time is right. If you have an idea of where you want to get to, you will be able to create a pathway to achieve this.[1,3]

Within general practice nursing there are a wide range of possible career options and you should consider the type of skills and background that are needed in order to access various posts. Career opportunities depend on the individual practice, as the range of roles and responsibilities for general practice nurses (GPNs) may vary. This means that some GPNs will have to move practices in order to advance their career, whereas others may be able to develop into expanded roles within the same practice. See *Tool – Career pathway for GPNs* for one specific example of this, which was developed by North, Central and South Liverpool primary care trusts (PCTs).

The overabundance of job titles and variety of roles present a challenge to practices in terms of defining jobs and levels of practice. Outlining the roles on the basis of the activities that GPNs do, rather than relying on job titles to differentiate between roles, is one way forward. This is the principle underlying the *Knowledge and Skills Framework*[4] (*KSF*), which seeks to:

- *clarify what knowledge and skills are needed in a post*
- *accurately apply knowledge and skills to job demands*
- *ensure access to appropriate learning and development*
- *identify the knowledge and skills needed for career progression*
- *link appropriate pay to suitable use of knowledge and skills.*



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Even if the practice you work for has not yet adopted *Agenda for Change (AfC)*, it is still worth looking at the *KSF*. This consists of six core dimensions that you will do in your job at a defined level. There are 24 other specific dimensions, some of which you will do at varying levels depending on the nature of your role and responsibilities as a GPN. The *KSF* profiles of jobs will act as a prompt for action by you and your manager at your annual appraisal to ensure that your knowledge and skills about your current job are up-to-date. This is also an opportunity to review your personal and professional development, which may complement your current work or prepare you for another role to help you progress in your career. It will also enable you to see what knowledge and skills are required for future career steps and identify the development you will need to support your progress.

The current array of titles used within general practice nursing can be confusing for both you and your employer. Some PCTs or strategic health authorities have created local definitions of these terms to avoid confusion. In addition, the Royal College of Nursing (RCN) has set definitions for the titles of nurse practitioner, advanced nurse practitioner and specialist nurse (see *www.rcn.org.uk*). The Nursing and Midwifery Council (NMC) has also provided a defined level of preparation for an advanced nurse practitioner (ANP) (see *www.nmc-uk.org*).
See *Unit: Competences of general practice nurses* for more information on GPN competences and *AfC* banding guidelines on different levels of practice and roles for GPNs.

> *"How did I get where I am? I guess for me it was a process of evolution rather than revolution or planned change. I had been a practice nurse for several years and it was a gradual role extension into more advanced work. I see a nurse practitioner as being much more than a 'minor-illness' nurse, and initially extended my role within chronic disease, doing a Masters-level nurse practitioner course from which I graduated in 2000. At this time I was working in a small practice with a high proportion of elderly patients, hence the focus on long-term conditions. I was one of the first cohort to do the nurse prescribing course, qualifying as an extended formulary nurse prescriber in 2002, and a supplementary prescriber in 2003. In time, I also took on more first-contact work. In 2004, I moved to a large practice where about half of our patients are students; here I am a nurse practitioner/nurse team leader. In this practice my role involves first-contact work, sexual health and management of long-term conditions, in addition to running the nurse team and teaching nursing and medical students within the practice.*
> *For more information contact Anne at: anne.baird@gp-c88007.nhs.uk"*

For an outline of some of the typical roles in general practice nursing, and the qualifications needed, see *Tool – Varying roles within general practice nursing* (NB. The roles provide a broad indication of the type of work that may be involved but should not be taken as definitive roles or requirements). Examples of local definitions that have been devised to create a common understanding of roles within localities can be found in *Tool – Varying roles within general practice nursing*. Furthermore, *Tool – Studies around effectiveness of nursing roles* provides information on the evidence base for expanded GPN roles.

## Role expansion

Many GPNs are expanding their roles to take on more work that has traditionally been managed by GPs (eg management of long-term conditions within nurse-led clinics). This type of work can be very rewarding but GPNs must not be coerced into taking on extra responsibilities without appropriate education. As a GPN you must not take on a new role or task if you, or your employer, do not consider yourself to be competent to do so without breaching the NMC *Code of Professional Conduct*[5] and being open to a charge of professional misconduct.

- There are two legal standards that apply to the expansion of nurses' roles. One is a 'constitutional stand' (the rule of law), which requires the nurse to act within the law.
- The second is a minimum quality standard (the rule of negligence), which requires a nurse who takes on a role or task previously performed by a doctor, for example, to perform that task or role to the same standard as a doctor.

It is essential that nurses who take on new roles are aware of the legal boundaries relating to the role. Sufficient training and preparation must be provided to ensure that this new role is performed to the required standard. GPNs taking on additional responsibilities will no doubt have to relinquish some of their former duties, and the use of health care assistants (HCAs) in general practice is increasing because of this. It is important to realise that GPNs are still accountable for tasks that they delegate to others. This means that you must ensure that the person you are delegating to is competent to undertake the activity. See *www.wipp.nhs.uk* for further information on HCAs in general practice.

## Professional isolation

Professional isolation can be suffered by GPNs as a consequence of working within one practice if there is little contact with other practices. External group support (eg GPN forums) is important, especially if you are developing your role and taking on additional responsibilities. A GPN may need to actively seek ways of facilitating peer support. To find out if there are any local GPN groups, contact the PCT lead for nurses who works in general practice or try phoning another local practice to chat to the GPN there, and perhaps arrange to meet up and compare notes about practice. See *Tool – Setting up a GPN forum* for more information.

The RCN provides a specialist forum for GPNs. To access the website go to: *www.practicenurse.org.uk*.

## Future roles for GPNs

Although role development can be seen in terms of progressing to a nurse practitioner or ANP, further options of nurse partners, nurse-led personal medical services (PMS), and practice-based commissioning are also available. New initiatives[6,7] point to nurses becoming partners in a practice, and providing additional services such as out-of-hours care.

## Benefits and challenges of becoming a nurse partner

### Benefits:

- *autonomy and independence*
- *involvement in decision-making/strategic-planning at a higher level*
- *greater patient advocacy*
- *higher pay*
- *wider opportunities to develop your career*
- *greater job satisfaction*
- *better teamwork.*

### Challenges:

- *knowing about employment law*
- *understanding and handling finances*
- *sorting out pension and insurance issues*
- *longer working hours*
- *changing relationships with nurse and GP colleagues*
- *financial investment in the practice.*

More information on becoming a nurse partner can be found at: *www.rcn.org.uk* and *www.qni.org.uk/nursepartners.htm*.

Another area of development is the advent of the practitioner with a special interest[8] (PwSI); see *Tool – Varying roles within general practice nursing*. This role supplements a generalist role by delivering a high-quality, improved access service to meet the needs of a PCT or group of PCTs. PwSIs deliver a clinical service beyond the normal scope of general practice, undertake advanced procedures and develop services. There are numerous PwSIs employed by PCTs in different areas of clinical care.

> *"The services we offer are very patient centred. Our clinics are local, easy to access, and give patients the confidence of knowing they can see someone they know who has the time to spend with them. We don't diagnose. Our role is to troubleshoot, advise, support and educate.*
> *Nurse with a special interest in diabetes"*

## Career planning

The Chief Nursing Officer has highlighted that information on 'modernising nursing careers' will be forthcoming to reflect the significant changes associated with nurses embracing more advanced roles. When thinking about which direction you wish to proceed in, think about your personal strengths, and what things you most enjoy about your job. If you find, for example, that contact with patients is your over-riding source of satisfaction you may want to consider a career that will keep you in patient contact. Think about your motivation and your priorities in life, and this will help you to understand the level of responsibility and challenge that you will be best suited to. Think about the ways in which you balance your time between work and leisure.

Your career plans may centre on developing particular skills and interests within the GPN post in which you are working, so that you function more effectively.[3] You may want to develop your career so that you become more specialised in a particular clinical area. While working in general practice you may wish to develop specialist expertise in areas such as diabetes or respiratory care. If you are looking for promotion in a role, with more status or responsibility, you may need to develop advanced clinical skills such as physical examination, or more advanced theoretical knowledge in planning care pathways. Nursing provides an opportunity to move between different areas of practice. This is also the case within general practice, where GPNs can focus on particular areas such as minor-illness management or long-term conditions, or the business perspective of generating income for the practice.

It is healthy to periodically take stock of where you are in your career and review your options. Various triggers might occur in your life that prompt you to ask yourself if you are happy at work, if you are in the right job, and if it is worth thinking about moving on to another practice. Particular times to do this are when:

- *you are faced with a variety of opportunities and options, uncertain of which career path to take*
- *you feel there is a mismatch between you and the practice you are working in – maybe your personal ethics or values are threatened, or your needs and preferences have changed*
- *you feel demotivated or dissatisfied with your work – maybe your role has changed, or you feel your career has plateaued for too long*
- *a serious life-event occurs – bereavement, getting married, going through a divorce, developing an illness or disability*
- *a significant event occurs at work – a complaint from a patient, the traumatic death of a patient, you making a mistake, a critical incident arising from work, such as you or a colleague being subject to a dispute or personal attack*
- *you are preparing for retirement – wanting to slow down a bit but not stop entirely.*

### Tips for managing your career:[1]

- *consider what you want or need from your career and what you can offer in return*
- *recognise your transferable skills and competences*
- *develop one or more career goals*
- *be flexible about change so that you can take advantage of opportunities as they crop up*
- *promote an accurate profile of yourself – maximise your strengths, acknowledge your weaknesses or inexperience and what you are doing to address these*
- *understand the value of your contribution to others and their work programmes in various health settings or organisations*
- *plan for your future – never stop – even if it is to get ready for a fulfilling retirement.*

Consider the changing world of primary care in relation to the planning and review of your career. Your career planning needs to be done in the context of the likely changes to the way the health service is organised, through developments such as more patient choice and practice-based commissioning. For example, the current emphasis on flexible working practices means that you can combine more than one post into a portfolio career, perhaps working in more than one general practice, or having dual clinical- and managerial-type posts. Secondment opportunities are more common place and varied, as some short-term posts are set up to introduce the NHS changes.

If you wish to advance your career in general practice in a clinical role, consider working towards a nurse prescribing qualification. In order to undertake this you will need to have skills in assessment and diagnosis. Achieving a qualification as an independent/supplementary prescriber will allow you to undertake holistic care that spans from assessment through to treatment. Although prescribing brings added responsibilities, it should also bring enhanced job satisfaction, achieved through determining the most appropriate treatments for your patients.

Your career should be a positive driving force, rather than a negative or nuisance part that gets in the way of the rest of your life.

## Develop one or more career goals

Having a clear idea about the direction of your career gives you the elements of choice and control you need for that overall vision. How will you know if you have achieved your career goal if you do not have a vision for the future? Identify what you are aiming for and the nature of the milestones that will describe how you are going to get there. This does not mean that you cannot change your career plan if your circumstances should change; it is essential to your success to be flexible.

Having an up-to-date curriculum vitae (CV) can be helpful in several ways:

- *it links to your professional portfolio, providing a summary of your experience*
- *it creates a portrait of you as an individual and can demonstrate how you have acquired skills through experience and formal learning*
- *it can help to highlight gaps in knowledge or experience that you may want to bridge*
- *it provides a useful tool to have ready when you see a new job that you wish to apply for.*

## Create a curriculum vitae

A poorly written CV can work against you and may prevent you from being short-listed for interviews. A CV creates an immediate impression, so the style and attention to detail is crucial in making a statement about yourself, see *Tool – Example of a GPN CV*.

### Tips for writing a CV

- *create a word-processed document using a font style that suits you*
- *pay meticulous attention to grammar and spelling*
- *create an initial summary of who you are and what your experience is – this should be no more than one short paragraph*
- *use the following headings within your CV:*
  - *professional qualifications*
  - *academic qualifications*
  - *current role and responsibilities*
  - *previous posts and achievements within them*
  - *professional interests and activities*
  - *continuing professional development activity over the past 5 years*
  - *personal interests and activities.*

*Tool – Hints and tips on compiling your CV*

## Lifelong learning

The NMC *Code of Professional Conduct*[5] states that you must keep your knowledge and skills up-to-date throughout your working life. This means that you must regularly take part in learning activities that will assist in the development of new skills and knowledge in order to provide care that is up-to-date and evidence based. Identifying the learning activities that will also help advance your career prospects is also important. In general practice, GPNs are exposed to many learning opportunities provided by pharmaceutical companies; although these are often of good quality, they may be biased to the product that they produce. It may be better to consider undertaking courses that are accredited by local higher education institutions (HEIs). Rather than going on a course because you think it looks interesting, consider how it will help you in your role. Think about what you will be able to do that is different as a result of attending a course, and consider how this links to your future career aspirations.

Before starting any course make sure that you have asked certain key questions, as in the following *Tool – Questions to ask about courses*. Lifelong learning can be assisted by clinical supervision. This allows you to analyse real-life events in practice and consider whether they have been dealt with appropriately or could have been managed more effectively in another way. Clinical supervision supports best practice and should therefore be encouraged by your employer, see *Tool – Clinical supervision: how and why?*. More information can be found on clinical supervision in *Unit: Quality improvement and evaluating practice*.

All nurses should have a personal development plan (PDP) that they review each year as part of the appraisal process. Your PDP will vary from year to year depending on your personal circumstances and opportunities. It will also be influenced by the needs of the practice and the patients you see. Career development should be an integral part of such a plan, setting out goals for the forthcoming year and beyond, and describing realistic ways of achieving them.

Your own individual learning needs should not be viewed in isolation from those of the rest of your work team. There needs to be an opportunity to use new skills you hope to develop – for example, in your practice or PCT.

In a fast-paced environment such as primary care, where change is a common facet of your working life, you will be expected to be flexible and move with the times. This means you need to capitalise on your skills, recognise your strengths, personal attributes and experiences (whatever the source) and transfer those into your everyday work, applying them to the next task or challenge that presents itself.

## Motivation

People are motivated by different things.[3] Money, fame and power are all key motivators. Some of the best motivators for fulfilling your needs are:

- *interesting and/or useful work*
- *sense of achievement*
- *responsibility*
- *opportunities for career progression or professional development*
- *gaining new skills or competences*
- *sense of belonging to a practice team or the NHS.*

## Plan for your future

Formulating your personal aspirations and defining career opportunities are essential for career planning. People need to be at least one step ahead of their career development and this forward planning should be evident in actions, such as working to gain qualifications that will position you for the future posts you envisage. If you do not underpin your career aspirations by cultivating the right networks, gaining new skills or qualifications, your career is likely to remain static.

Reflect on what you are looking for from your work by considering the following:

- *the kind of work you enjoy – routine, exciting, prestigious?*
- *the type of practice in which you want to work – a large, busy practice with a team of GPNs, or a small single-handed practice where you are the only nurse?*
- *the type of people for whom you want to care – is the profile of the practice population largely disadvantaged or affluent? Does it comprise a high proportion of young families or is it predominantly the elderly?*
- *the type of people with whom you want to work – would you rather work with colleagues who are interested in research or a particular specialty area?*
- *do you like to be part of a team who socialise well together?*
- *the extent of patient contact that suits you*
- *the level of income you consider (i) essential and (ii) desirable*
- *the working hours, holidays and study leave: how the hours fit with your current and future domestic plans*
- *opportunities for parallel career interests such as research, writing, education, consultancy, private work or work-related hobbies*
- *the extent of professional autonomy and responsibility you want.*

### You will also need to take account of:

- *the details of any further education required – hours, practical difficulties, academic level*
- *the job prospects of alternative career paths: the opportunities for you to progress, or the competition ratio – that is, the number of people trying to get a more senior job in a particular area relative to the number of senior posts that exist.*

## Career anchors

Gaining insight into your skills will help with your career planning. Work values are personal to you. You will be happiest and most fulfilled in a job that incorporates your main work values. Eight career anchor categories have been identified by Schein[3] to increase people's insights into their strengths and motivation as part of career development. These categories are:

- *technical or functional competence*
- *general managerial competence*
- *autonomy or independence*
- *security or stability*
- *entrepreneurial creativity*
- *service or dedication to a cause*
- *pure challenge and lifestyle.*

People define their self-image in terms of these traits and come to understand more about their talents, motives, values and which of these they would not give up if forced to make a choice.

*Tool – Identify your career anchors and how well you percieve these to match your current job*

## Look in-depth at your skills and strengths

Reflect on your career development and undertake an analysis to identify your particular strengths and weaknesses. Use the following tool to assess how you feel about your current nursing role – this will be useful to you if you are already in general practice nursing or are considering moving into this area of nursing. See *Tool – Self-analysis: your skills, strengths, plans and vision*.

## Find a mentor

As most GPNs are employed within an individual practice, they have to work hard at establishing networks to provide support and ideas. They may suffer from professional isolation, which could lead to lack of motivation or failure to identify career opportunities. It is therefore advisable to find a mentor with whom you maintain regular contact. This will ensure that you make time to stop and focus on where your role is currently going, your development needs, and whether you are on course to achieve the objectives you have identified. A mentor can be anyone you choose – another GPN, a GP or a nurse working in a different area, as long as they have an insight into the variety and opportunities that exist within general practice nursing. It is probably not a good idea to select your line manager or a GP you work with (if they are your employer) because of potential conflicting interests. A mentor relationship is more of a one-way relationship where the mentor has the time and capacity to listen to you and help facilitate you in making decisions about your career.[10] Some mentors are only concerned with helping the person being mentored (the mentee) identify and meet their educational or training needs through a development plan, whereas others give practical or emotional support too.

The emphasis is on the mentor helping the mentee to develop their own thinking and find their own way, not to teach the mentee new skills or act as a patron to ease the mentee's career path by special favours.

> *"I had been working as a GPN in a single-handed practice for a few months before I had an officially appointed mentor. This arose when I started a degree course in specialist practice nursing. The university had a bank of practice mentors they used, and I approached one who lived near to me to see if she would be willing to act as my mentor for the duration of my 2-year (part-time) course. She was an inspiration – I learned so much from her. Just talking through things that she did at her practice made me realise how much I could change things in my practice. I worked alongside her and learned different ways of doing things. She sat in on my consultations sometimes, to comment on my style of working and my performance generally. We became really good friends. I think we learned from each other in the end. Without her I don't think I would have strived so hard to achieve change.*
> *Allison, GPN from Cheshire"*

> *"When I first started my Master's degree I couldn't find another GPN to be my mentor. Instead, one of the GPs I worked with volunteered to be my mentor. This worked quite well as she was a really good teacher, but it always felt a bit intimidating somehow. After 6 months or so a new advanced nurse practitioner (Anne) came to work in the area and I asked her if she would mentor me. I also carried on having mentorship from the GP. Having Anne as my mentor was really good because she had experienced lots of things that I was going through – like feeling out of my depth at times and questioning my ability; she was good at confidence boosting, and could understand that the more I was learning the less confident I sometimes became because I would realise all the risks I hadn't appreciated before. I saw her once a fortnight for about 30 minutes – sometimes it wasn't that long and sometimes it went on for a bit longer. We usually met at lunchtimes. I went to her surgery and we chatted whilst having our sandwiches!*
> *Pat, GPN from Burton-on-Trent"*

> *I had a mentor from another practice assigned to me when I started work as a GPN, but to be honest it was difficult to get to meet her. We did meet up a few times, but she confused me a bit because she worked differently to the way we worked in the practice. She always seemed to think that her way of doing things was the right way, but it just wouldn't have worked in our practice. I sort of found my own unofficial mentor – another GPN at the practice who had been there for about a year before I started. I was always asking her things and she sort of 'took me under her wing' – you just find someone who suits you, and who you get on with easily. It's like you find your own support mechanisms. I think that's the best way for mentorship to work.*
> *Anonymous*

## How to become a mentor

The NMC provide standards on mentorship that require current NMC registration and a minimum of 12 months post-registration experience.[11] There are no direct NMC-approved training programmes for mentors. These are expected to be provided by HEIs offering NMC-approved programmes for pre-registration nursing or specialist practice-nursing programmes. Service providers and HEIs should work together to formalise the preparation and support for mentors. Mentors should also receive support from their employers, so it is important to talk to the practice about the benefits that mentorship can bring in terms of prestige and high standards.

A mentor helps the person being mentored to realise their potential by acting as a trusted senior counsellor and experienced guide on personal, professional and educational matters. A mentor should be able to agree learning objectives with a mentee and subsequently guide the mentee to address their educational needs, identify their strengths and weaknesses, explore options with them, act as a challenger, encourage reflection and provide motivation. The relationship with your mentor should be one of mutual trust and respect in a supportive, yet challenging relationship where they remain non-judgemental.

You will start by agreeing ground rules for each meeting – confidentiality, commitment, duration and frequency of sessions, location, purpose, personal boundaries and how or whether or not you will record the meeting. Clarify the objectives and outcomes that you both want to cover.

A common framework used for mentoring follows three stages:

1. ***exploration*** *– when the mentor listens and prompts the mentee with questions*
2. ***new understanding*** *– when the mentor listens and challenges the mentee, recognises the strengths and weaknesses of their ideas, shares experiences, establishes priorities, identifies development needs, and gives information and supportive feedback*
3. ***action planning*** *– encourages new ways of thinking, and helps the mentee to reach a solution, to agree goals and to develop action plans.*

A mentor and mentee may be from different backgrounds and the differences may provoke a cross-fertilisation of ideas, shared understanding and perspectives. The mentoring session may be an opportunity to reinforce or analyse what learning took place after doing a new task or activity such as a secondment. Being a mentor can be a very rewarding experience as you help to develop others through sharing your experience.

## Example: Career progression within general practice nursing

'After working as a health visitor for several years I decided I missed 'hands on' nursing. I was looking for part-time work and when a post in practice nursing was advertised at a local practice I decided to apply for it. I think I got the job because I was skilled at making good relationships with families and I could demonstrate that I could work without direct supervision, as well as having good workload organisation. When I started the job I was astounded at the variety of work and the pace that I needed to work at. If it hadn't been for the support of other, experienced GPNs in the team, I would have left within the first few weeks because I felt so overwhelmed! I attended an introductory course for new practice nurses run by the local university and this really helped lift my confidence and competence. The GPs I worked with asked if I would set up a weight-control clinic as they recognised the need for this within the practice. This was successful, and I attended a course on obesity management and nutrition, which developed my knowledge further. Many of the patients attending the clinic were diabetics so my interest in this area also increased.

I approached one of the GPs I worked with who had a special interest in diabetes and asked if he would help me to learn more. We had tutorials once a fortnight where I would discuss patients and we would go through their management. I booked myself on a diabetes module at the local university and, during this time, set up a diabetes clinic which I ran, with the GP being available for help and advice. It wasn't long before my knowledge matched up to his and I was able to make the clinic nurse-led. I have since undertaken audits around the care of patients with diabetes and am pleased to say that the care and control has improved significantly since I have been actively following-up patients. I undertook the nurse prescribing course so that I can now prescribe treatments for my patients. The PCT ask me to speak at various education events, and I am a designated support nurse for other GPNs who want to set up diabetic clinics. This means I attend their surgeries and work with them to determine appropriate management for patients. I also teach on the diabetes module at the university about the practical issues in setting up diabetes clinics in general practice. I am now employed as a senior-grade GPN with a special interest in diabetes. I love my role and never stop learning!'
*Maria, GPN, Newcastle-upon-Tyne*

## Career progression

The GROW sequence (**G**oals, **R**eality, **O**ptions and **W**ay forward) will help you to consider how you might cope with the change that career progression might bring. This will help you to be specific about your career options. *Tool – The GROW diagram*

## Applying for a new post

If you are interested in applying for a more senior post in general practice nursing, make sure you are fully aware of the roles and responsibilities you will be taking on. Look at *Unit: Introduction* for examples of the types of post you may want to apply for and see *Tool – Careers information for nurses*.

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