

Unit Four

Education and professional development from a general practice employer's perspective

Key messages

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

- *the importance of continuing professional development (CPD) for general practice nurses (GPNs)*
- *the learning activities and resources required to develop an optimal learning environment.*

GPs will be familiar with the wide range of education that is required to work in primary care with the diversity of patients and problems presented. Education for GPNs relies strongly on the principle of 'lifelong learning' that is supported by the Nursing and Midwifery Council (NMC)¹. All registered nurses are required to keep a portfolio of learning and practice that demonstrates how they keep up-to-date with practice, and GPNs are no exception. GPNs must demonstrate CPD by achieving the NMC post-registration education and practice standards (PREP).²

Professional standards for practice and CPD

In order for GPNs to remain on the professional nursing register they must prove the following standards relating to practice and CPD:

- **practice standards** – *nurses must work a minimum of 450 hours during a continuous 3-year period or undertake an approved 'return to practice' course within a 3-year period prior to re-registration*
- **CPD standards** – *nurses must take and record CPD within a current 3-year period as the practice standards; 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 primary care trust (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 assure yourself of their safety in practice.

Professional staff who delegate tasks to a GPN need to be confident in the abilities of that individual to carry out the tasks in a competent manner. If the professional staff know that the GPN has completed a recognised training and induction programme to enhance and assess their skills, knowledge and attitudes, they will be confident in their delegation. Many GPNs will be required to work in situations where they cannot be closely supervised and will need to be able to take the responsibility to work safely and correctly themselves. There are many courses available from basic skills and induction, to more advanced skills, which will need to be assessed in terms of balancing the individual's own learning needs with those of the practice and the PCT.

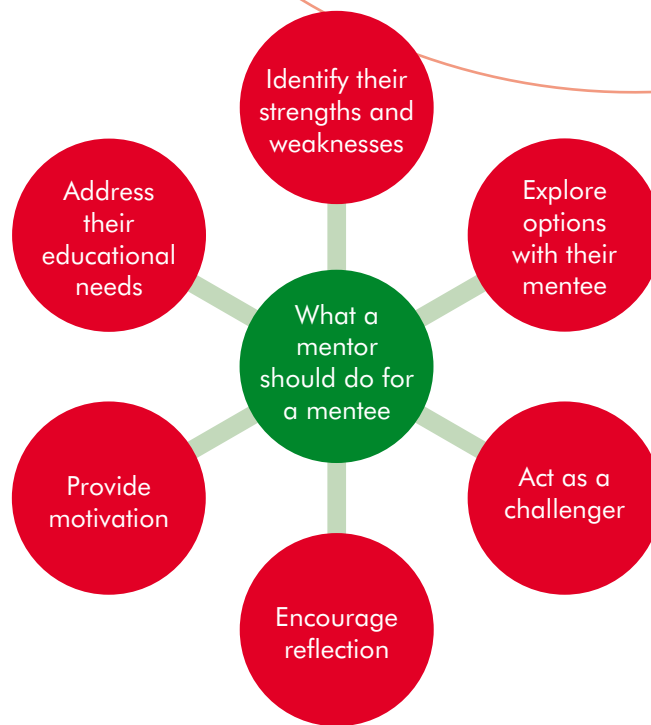
The importance of induction programmes is discussed in **Unit: Employment of general practice nurses**. Any programme needs to be tailored to the practice, its requirements and the level of experience of the GPN. See **Tool – Sample induction programme** for examples of typical content within induction programmes.

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 your local university does not run such a course, it may be worth approaching the deanery to see whether or not any joint working with the nursing department of the local university could occur to put this in place.

Mentorship

A mentor can be anyone – another GPN, a GP or a nurse working in a different area, as long as they have insight into the variety and opportunities that exist within general practice nursing. It is not a good idea for a line manager or a GP who works with the GPN (particularly if they are also the employer) to be their mentor because of potential conflicting interests.

As most GPNs are employed within an individual practice, they have to work hard at establishing networks that will provide support. They may suffer from professional isolation, which could lead to lack of motivation or failure to identify career opportunities. GPNs should therefore 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 they are on course to achieve any objectives identified within the practice. A mentor role is more of a one-way relationship, where the mentor has the time and capacity to listen and help facilitate career decisions.³ 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.



The relationship between mentor and mentee should be one of mutual trust and respect, in a supportive yet challenging relationship, where they both remain non-judgemental. 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. The PCT may help you to find a suitable mentor for a GPN.

The NMC provide standards on mentorship that require current NMC registration and a minimum 12 months of post-registration experience.⁴ There are no direct NMC-approved training programmes for mentors, but these are expected to be provided by higher education institutes (HEIs) offering NMC-approved programmes for pre-registration nursing or specialist practice nursing programmes. It is expected that service providers and HEIs together should formalise the preparation and support for mentors. Mentors should also receive support from their employers for their activities. It is therefore important to support any GPNs in the practice who are acting as mentors for others, as you will find this brings prestige and high standards to the practice.

Identifying learning needs

QOF Education 8
3 points

The NMC standard requires nurses to maintain a personal professional portfolio and within this there should be a personal development plan (PDP).¹ This is a document that outlines what the individual wants to achieve and how they plan to achieve it. Developing a PDP should be undertaken in conjunction with you as the employer and also with the mentor so that everyone is aware of the aspired development of the mentee, both in the long- and short-term.

Tool – Creating a PDP

Ways of learning

Apart from taking formal courses, GPNs learn in a variety of different ways. Some PCTs actively facilitate learning, as described in the example below.

Case study

'In addition to the formal learning process, practice nurses can access and participate in the practice nurse development team education sessions. These fortnightly, short 2-hour sessions offer the opportunity for nurses to discuss key clinical issues pertinent to their practice. Adopting an informal approach, they bring in specialist nurses and nurses with a proven area of expertise to discuss clinical management. Nurses at a local level who recognise the need to discuss nursing practice and access local knowledge base have driven these sessions. A peer-support approach to learning is adopted that enables individual nurses to apply theory into practice. The sessions require and support nurses to adopt a reflective approach to their practice. The sessions are well publicised and available to all nurses working within the city area.'

Learning Sessions at Liverpool PCT.

Contact Lynda Carey, Professional Lead for General Practice Nursing for more information
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In many areas, GPNs have established support groups where GPNs can meet and exchange ideas, look at problems and help each other out. Many of these groups also invite speakers to talk about certain aspects of health relevant to their clinical work. It is useful for GPNs to keep a journal or log to record their learning, both to check that subjects are covered from their point of view and to help with their learning-needs assessment.

Encouraging GPNs to engage in reflective practice will enable them to learn from their experience, see

Tool – Learning-needs assessment

and

Tool – Example of a reflective practice tool

QOF Education 8
3 points

Specific training and education for the GPN post

GPNs should be provided with a structured programme of development that is linked to their appraisal and to the needs of the practice. Encouraging GPNs to access courses within HEIs means that the practice has assurance relating to the quality of the course and that assessment will be included. Using a validated academic course means that GPNs can accumulate credits towards an honours degree or Masters degree if they wish. This will ultimately help to raise the profile of general practice nursing and encourage recruitment and retention.

Although pre-registration nursing courses are designed to produce nurses who can work in any setting, many GPs and GPNs feel that further education and training is required for nurses to work in general practice. The NMC recordable qualification of 'specialist practice – general practice nursing' is commissioned by many PCTs at degree or post-graduate levels. However, the content of these programmes should be scrutinised by practices and GPNs. Comparison should be made to alternatives in order to see which course would best equip GPNs for a particular role in the practice. Identifying the needs of the practice population and the profile of the practice team will help to identify the skills that are required.

As there are no statutory qualifications apart from advanced nurse practitioners for general practice nursing, it is possible to transfer from one area of nursing to general practice without additional education. However, as nurses are governed by the NMC *Code of Professional Conduct*, which makes it clear they must not work outside their area of competence, most GPNs will want or need to undertake some form of formal education. Although most GPNs will participate in induction programmes, these should not be considered a substitute for formal development programmes, but seen as the first step in their practice nurse career development.

Nurse prescribing

Undertaking a qualification in extended and supplementary nurse prescribing can be extremely beneficial to GPNs and to the practice as a whole.⁶ This professional NMC qualification allows nurses to prescribe any medication (with the exception of controlled drugs) that falls within their sphere of expertise. The supplementary prescribing part of the qualification also means that they can prescribe any drug (including controlled drugs) relating to a long-term condition within a clinical management plan that has been agreed between the GP as an independent prescriber and the nurse as a supplementary prescriber, together with the patient.

Nurse prescribing courses are demanding – they comprise a minimum 26 days of directed learning plus 12 days clinical learning and the GPN will require a GP to act as a mentor for this time. However, the benefits to the practice of GPNs being able to prescribe can be very rewarding as it means that they are able to combine both care and treatment. As prescribing is not just about issuing prescriptions, it demands that GPNs have skills in assessment and diagnosis in order to identify the appropriate treatments. This should therefore only be considered for those GPNs who are working at an advanced level and have acquired the requisite skills. For more information, access the website: www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NonmedicalPrescribing/nurseprescribing/fs/en.

Continuing professional development

If GPNs are to expand their role and take on duties previously only done by the GP, they will require CPD. This must be backed-up with allowances for study time and mentorship within the practice, and support when they take on their new roles in the practice.

Practices should consider developing a policy on study leave to ensure there is parity across staff. Nominating a partner or practice manager to act as an education lead for GPNs will also help to ensure that the needs of individuals and the practice are co-ordinated. This role could also help to ensure that the previous learning and experience of a GPN is taken into account when planning future development needs.

Tool – Policy on study leave

Funding for GPN education

The *new General Medical Services contract*⁵ makes it clear that practices have a duty to develop their staff and includes an allowance to support CPD. GPN contracts of employment should also refer to this. As the PCT has overall responsibility for clinical governance, it also has a duty to support practices with CPD.

GPNs wishing to attend courses should be prepared to identify:

- *what the course is about*
- *what they hope to gain from the course*
- *how it will benefit the practice*
- *costs (in terms of course fees and time out of the practice).*

An informed decision can then be taken as to the suitability of any particular course.

Other sources of funding may be available to GPNs, such as scholarships, which are advertised regularly in the nursing press and also on the internet. Pharmaceutical companies also provide sponsorship for courses pertinent to their products, for example in the following therapy areas:

- *asthma*
- *chronic obstructive pulmonary disease diploma or degree modules*
- *diabetes and heart failure.*

Information on courses provided by HEIs can be found on local university and college websites or on national websites, such as www.hotcourses.com.

Local universities may have a CPD contract with the PCT to provide relevant education, and funding may be available via this contract. Alternatively, universities may be keen to hear about the type of education that is required by GPNs from deaneries or GPN forums.

Mandatory training

All PCTs or practices will require GPNs to undertake mandatory training sessions. This ensures that standards are upheld under clinical governance and also provide protection for patient safety in 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 within the practice could ensure that GPNs are booked to attend these, as required, in order to keep their knowledge and skills up-to-date. PCT practice nurse advisors or facilitators will have knowledge of the particular training that is required and the provision of courses. After attending these training sessions, GPNs should provide copies of attendance certificates to demonstrate compliance with requirements.

Tool – Example of a mandatory training programme

Attention now needs to be given to training needs, which also fit in with the *Knowledge and Skills framework*⁷ brought in with *Agenda for Change*⁸, so that training and education can be aligned with the skills and knowledge required for GPNs to progress up the career ladder.

References

1. Nursing and Midwifery Council. *Supporting Nurses and Midwives Through Lifelong Learning*. London: NMC; 2000.
2. Nursing and Midwifery Council. *The PREP Handbook*. London: NMC; August 2004.
3. Bayley H, Chambers R, Donovan C. *The Good Mentoring Toolkit for Healthcare*. Oxford: Radcliffe Publishing; 2004.
4. Nursing and Midwifery Council. *Standards for the Preparation of Teaching of Nurses, Midwives and Specialist Practice Community Public Health Nurses*. London: NMC; 2004.
5. Department of Health. *Investing in General Practice: the New General Medical Services Contract*. London: Department of Health; 2003. Available at: <http://www.dh.gov.uk/assetRoot/04/07/19/67/04071967.pdf>.
6. Department of Health. *Nurse Prescribing – Achieving Prescriber Uptake*; 2005. Available at: <http://www.healthxectv.tv/home.asp>.
7. Department of Health. *The NHS Knowledge and Skills Framework*. London: Department of Health; 2004. Available at: <http://www.dh.gov.uk/assetRoot/04/09/08/61/04090861.pdf>.
8. Department of Health. *Agenda for Change: What Will it Mean for You?* London, Department of Health; 2004. Available at: <http://www.dh.gov.uk/assetRoot/04/09/08/59/04090859.pdf>.