

Unit Three

Competences from an education provider's perspective

Key messages

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

- the opportunity for education providers to link their education provision to clinical requirements in the practice
- the educational needs of general practice nurses (GPNs) in general practice.

The education provider's perspective

Education providers are required to design and supply a wide range of education packages for GPNs in order to keep up with this expanding role within primary care. Many GPNs are being asked to play a greater role in the management of long-term conditions. Education providers who link their courses to the clinical conditions highlighted in the *Quality and Outcomes Framework*^{1,2} will therefore know that they have a receptive market.

The *new General Medical Services contract (nGMS)*¹ specifically states that practices should develop their staff. Practices should therefore be interested in any courses related to specific clinical areas that have a direct link to income generation. Clinically focused courses could adopt a multidisciplinary learning approach, rather than being tailored to the needs of GPNs. All members of the wider primary-care team would be attracted to learning more about conditions that they encounter on a regular basis.

General practices should work closely with higher education institutes, colleges and independent providers to ensure the education provided is appropriate and matches the competences.

As the role of a GPN expands, advanced practice nurses will be aware that the Nursing and Midwifery Council (NMC) *Code of Professional Conduct* (section 6.2)³ requires them to 'acknowledge the limits of your professional competence and only undertake practice and accept responsibilities for those activities in which you are competent'.

Although self-assessment of competence provides a degree of public protection, it is also important to have a formal objective assessment of competence, in order to minimise risks for the employer and the public. Accredited education courses evidently provide an assurance of capability. However, if more courses for GPNs included a practical assessment of competence, this would strengthen their position and minimise further risk. This assessment should be matched against the *Knowledge and Skills Framework (KSF)*⁴ – the tools within this Unit provide examples of GPN roles that have been appropriately matched.

Mentorship and assessment of competence

Assessment of clinical competence can be measured in classroom settings (eg through objective, structured, clinical examinations or viva voces) or by mentors within the practice. However, the need for approved mentors in practice can sometimes be problematic for GPNs if they work at a senior level. Often, health visitors and district nurses do not have the required skills to assess the competence of a GPN. Education providers are also key in ensuring the student applying for a course has a mentor with the necessary recognised course qualification.

There is often a scarcity of suitable mentors. Education providers should liaise with primary care trusts (PCTs) to draw on the skills of the wider community-nursing workforce within specific areas of care, for example:

- *district nurses*
- *health visitors*
- *clinical nurse specialists.*

Liaison between education providers and GPs is also significant, in order to emphasise the importance of developing GPN mentors. Sometimes GPs may appear to be reluctant to release GPNs from the practice to attend courses where they learn skills in mentorship and assessment. This is because the rewards to the practice may be less overt than the rewards from GPNs attending clinically focused courses. However, discussion with GPs and GP educators could prove very useful in aiding recognition of the mentor role.

Many GPs act as mentors to GPNs who are attending clinically focused courses. This can work well, as the GP has the expertise in clinical practice that is required to enhance the GPN's skills. However, if the GP is also the employer, this can create a potential conflict of interest and bias, which should be openly discussed. It may be possible to establish a group of GPs who are willing to act as mentors for GPNs from different practices. Discussions with the deanery may be instrumental in moving this forward. Peripatetic GPN assessors can also work across the health community.

Competence in practice may also be assessed by education providers and this would add to the rigour of assessment. However, the resource implications of this need to be considered before setting up this system.

Measurement of competence

When assessing clinical competence, a form of convergent assessment is usually required – this is 'open thinking' – which is needed because there may be more than one fixed way of doing something. Divergent assessment allows for alternative ways of doing things and should be implicit within any criteria for assessing clinical competence.⁵

Education providers will be familiar with the concept of assessing learning outcomes and will therefore apply the principles of convergence and divergence when devising assessments of competence. This means that competence will need a framework or marking criteria to measure standards. The difficulties of assessing clinical competence⁶ are well known to education providers, but there are many frameworks available to assist with this.^{7,8} The *KSF* provides an excellent opportunity to measure course outcomes in a pragmatic way.⁴ Courses designed with this in mind will help both employers and GPNs to define their levels of skill, and to design their role accordingly. Any frameworks that are developed should be aligned to the National occupational standards defined by Skills for Health. These can be allocated on the Skills for Health website. www.skillsforhealth.org.uk.

Where assessments of competence are devised, it is often important to incorporate a continuous method of assessment as formative feedback is vitally important in allowing students to develop. A single snapshot of their performance in practice will often not be as accurate as a gradual record of performance.

Many GPNs will identify their development needs during their annual appraisal. It may be useful to review their 'personal development plans' when any GPNs embark on, or express interest in, a new course. If GPNs have used a rating scale to self-assess their level of competence, this can help education providers direct GPNs to the most appropriate courses.

Using a skills-assessment rating scale will help both GPNs and employers feel confident about their specific areas of competence. It will also help to identify any areas that require further development.

Tool – Skills assessment using a rating scale

Advanced nursing practice

A recent consultation from the NMC has supported the proposal to introduce an additional level of registration for advanced nurse practitioners. The proposal is currently awaiting approval from the Privy council and will require changes to legislation before it can be implemented. This additional sub-part of the nursing register will have defined standards for advanced practice. The standards are linked to competence in assessment and treatment, and must be achieved at a minimum of honours degree level. Education providers therefore need to incorporate these standards within the design of their courses.

Designing courses for GPNs

In order to fully satisfy the needs of the employer and the GPN, it may be useful for education providers to evaluate examples of their job descriptions *Tool – Job descriptions for GPN roles*. Education providers need to liaise with strategic health authorities to ensure their workforce planning has encompassed the general practice workforce. It is also important to identify how best to deliver courses (eg work-based programmes, blended learning), as this will help overcome the problem of releasing clinical staff for training. Location and frequency of courses are also important.

Linking competences to the KSF

In addition, competences from the *KSF*⁴ that link directly to *Agenda for Change*⁹ pay banding are important and should be considered when creating learning opportunities for GPNs. The competence tools provided in this Unit take account of these standards.

Linking GPN competences to the *KSF*⁴ provides a benchmark and clarity of role. The *KSF* is a framework of competences that are referred to as dimensions.

The *KSF* helps to:

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

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

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

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

Tool – GPN competences framework aligned to the KSF version 7

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

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

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

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

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