

## Unit Four

# Education and professional development from a general practice nurse's perspective

### Key messages

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

- *the importance of lifelong learning*
- *the learning and development options that are available for general practice nurses (GPNs).*

## The GPN's perspective

General practice nursing covers a very broad range of skills. GPNs come into contact with many types of patients, ranging from the very young to the very old – the healthy to the acutely ill. This means that the education required to undertake the GPN role is vast, and relies strongly on the principle of 'lifelong learning' that is supported by the Nursing and Midwifery Council (NMC).<sup>1</sup> This involves developing your own professional knowledge and competence to cope with the complexities of practice. All registered nurses are required to keep a portfolio of learning and practice that demonstrates how they have kept up-to-date with practice, and GPNs are no exception. A GPN must demonstrate continuing professional development (CPD) by achieving the NMC post-registration education and practice standards (PREP).<sup>2</sup>

The number of GPNs in a primary care trust (PCT) usually equates to, or out-numbers, the number of district nurses and health visitors. This means that GPN education must receive due attention and not be secondary to education for other community nurses.

## Professional standards for practice and CPD

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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 in practice within 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; 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 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.

## Formal learning and education

Many people who have not done any formal learning for a while feel worried that they will not be able to cope. They often remember unpleasant situations where a teacher made them feel stupid by correcting them and exposing their lack of knowledge. Adult education should be very different. Most people learn best through experiential learning; learning through doing, rather than passively receiving. It also involves learning through reflecting on what you have done. The learner's previous experience plays an important role that you build on and add to your established knowledge and skills.

Formal learning (such as accredited programmes through universities or colleges) usually includes assessment. This has the advantage of providing reassurance for both you and your employers that you have achieved a certain level of knowledge and competence.

Understanding the academic levels that you are able to study at in higher education institutions (HEIs) is important.

See [Tool – Academic levels of study](#) for more information on academic levels.

Although academic levels are consistent across all HEIs you will find that they all have their own credit ratings for courses that accumulate as points towards a diploma, degree or Masters degree. Credits from one HEI cannot be automatically transferred to another HEI.

The credit accumulation and transfer scheme (CATS) is a way of evaluating the academic content of different courses so that points can be collected towards an academic award. Many GPNs may be highly experienced in clinical practice having undertaken many short courses but not undertaken any university-accredited courses. In this case it may be possible for you to use your clinical experience and learning to count towards academic credits. This can be done using the accreditation of prior experiential learning (APEL) system. Life experiences, professional knowledge and skills are assessed and credited towards a relevant academic course. A professional profile needs to be prepared that outlines previous learning experiences and the ways these have influenced your practice. This will be easier to do if you are in the habit of keeping a learning log – described later in this section. Most HEIs charge for these APEL assessments, which are complex to administer. You need to contact the college or university where you wish to study to enquire about their system for doing this.

Assessment of prior learning (APL) allows credits to be awarded for relevant courses and examinations that you have taken elsewhere.

When applying to different colleges and universities to do different courses for your CPD always check how much of your prior learning and experience counts towards a degree or even a masters degree. Every institution may have slightly different systems so do not assume that what one tells you will be the same for another.

[Tool – Understanding APEL procedures](#) provides a simplified approach to APEL and APL, and an example of a GPN who used this method to gain credits.

## Identifying your learning needs

If you have come into general practice from secondary care, this will be a completely new environment and you may feel like you have moved from being an expert in your previous area to once again becoming a novice. Take this as a challenge and you will soon gain the experience and knowledge to progress in general practice. You will normally have an induction course to enable you to start your job and carry out some of the tasks listed in your job description under supervision. As your competence develops, some of the tasks that you do and the skills you require will be signed off as not requiring further training at this stage.

Your learning needs assessment, personal development plan (PDP) and appraisal should help you and your employer plan what learning you require for your post now and in the future.

In addition to your induction programme you should consider taking an accredited introductory programme in general practice nursing. This should provide a broader basis in comparison to your induction, and will encourage you to implement evidence-based practice. Working with a mentor is a good way of helping you to find out what you already know and what you need to know in the future. The practice may provide a mentor for you as part of your induction. If not, you could approach the PCT and ask them to find a suitable mentor. See *Unit: Employment of general practice nurses* for more information on mentors.

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### Example: GPN who had a mentor

'When I commenced employment with the trust I was given a mentor. She offered support and advice; it was an informal arrangement. Initially, it was more about orientating me to the trust and advising me on trust policies and so on. My mentor encouraged me to identify my learning needs. I spent time with my mentor during my first week and then we met for about 1 hour once a week for the first couple of months. The idea of mentoring holds great appeal – it conjures up a positive way of bridging boundaries. Mentoring includes factors such as trust, confidentiality, mutual respect and support. Factors that could inhibit mentoring relationships include authoritarian approaches, lack of respect, taking control away from the person, intrusiveness and forcing the pace. There are many differing types of mentoring. I feel in my case it was more buddying than formal mentoring. It was good to know someone was there, looking out for me, and genuinely interested in my progress.'

Discuss with your mentor the types of things you need to learn about. Make a list and then find out what courses your local university offers to new GPNs. See if the courses on offer match your needs, so that you are going on appropriate courses, rather than just assuming that their course will meet your requirements.

*Tool – Introduction to practice nursing courses*

provides examples of typical introductory programmes for GPNs.

## Find a mentor

As most GPNs are employed within an individual practice, they have to work hard at establishing networks that will 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 leading, 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 insight into the variety of 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 you to make decisions about your career.<sup>3</sup> 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 and emotional support too.

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*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 quite 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 changes.*

*Allison, GPN from Cheshire*

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*When I first started my Masters 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; 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*

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*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*

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## How to become a mentor

The NMC provide standards on mentorship that require current NMC registration and a minimum 12 months of post-registration experience.<sup>4</sup> 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. 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 so it is important to talk to the practice about the benefits that mentorship can bring in terms of prestige and high standards. Mentors need to have regular updates in order to demonstrate current knowledge and be eligible to support students.

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.



Your relationship with your mentor should be one of mutual trust and respect in a supportive yet challenging relationship where both remain non-judgemental.

You will start by agreeing ground rules for meeting:

- *confidentiality*
- *commitment*
- *duration*
- *frequency of sessions*
- *location*
- *purpose*
- *personal boundaries*
- *how or whether you will record your meeting*
- *objective outcome clarification.*

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 a mentee may be from different backgrounds, which may provoke a cross-fertilisation of ideas, and 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.

## Organising your learning

Your PDP should take into account:

- *your commitment*
- *study time needed*
- *motivation*
- *prioritisation*
- *areas of interest (including your own and the practice or wider NHS perspectives).*

You need to consider how your own PDP contributes to the wider practice-based planned clinical governance programme. Identify your learning and service development needs through discussion with your mentor or employers, or following your annual appraisal, and balance your learning needs as an individual with those of your working environment. Learning needs of your working environment include systems and procedures in your practice, the PCT and the NHS as a whole, especially with the government drive on more nurse-led services and the extension of nursing roles and responsibilities. Look at the PCT's local delivery plan as well as the practice business plan and see what you can do to contribute to meeting these targets and priorities. You may find that there are resources for learning or developing those prioritised areas in your practice at a later stage.

Devise a programme to meet your and your practice's service development needs. Check it out with someone else to get their perspective on how it fits with the practice as a whole. As the GPN role develops and expands, GPNs will be contributing more to the overall service provision of the practice and will continue to do so at more autonomous levels. It is vital, therefore, that your educational programme and CPD fits in with the practice's long-term objectives.

Finding the right course to meet your needs (and those of the practice) is important. Select the courses and events that are most clearly focused on your areas of interest rather than because they are the most convenient or the cheapest around. Use [Tool – Questions to ask about courses](#) to make sure that you know what you are signing up to when looking at enrolling on a new course.

When you have undertaken a course or attended a study event it is important to evaluate your learning and professional development. *Agenda for Change*<sup>5</sup> and *the Knowledge and Skills Framework*<sup>6</sup> emphasise that you must be able to demonstrate your competence and that you are fit to practice. You should always keep records of what you have achieved and reflect on these. Working in general practice means that you will continually be identifying new areas of learning and development. These areas will be formally identified in your annual appraisal.

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3 points

## Personal development plans

The NMC standard requires you to maintain a personal professional portfolio and within this there should be a PDP.<sup>3</sup> This is a document that outlines what you want to achieve and how you plan to achieve it. Developing a PDP will help you to consolidate your thoughts. This can be shared with your employer and mentor so that everyone is aware of your aspired development, both long- and short-term.

See [Tool – Creating a PDP](#) for tips on putting your PDP together.

You should also take time to evaluate your plans for learning and development to see if you are realistic about what you can and cannot achieve. [Tool – Learning and personal development – evaluation by a GPN](#)

## Ways of learning

Apart from taking formal courses, GPNs learn in a variety of different ways. Some PCTs actively facilitate learning, as 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. These principally adopt a peer-support approach to learning 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 PCTs

Contact Lynda Carey, Professional Lead for General Practice Nursing for more information:

[Lynda.carey@centralliverpoolpct.nhs.uk](mailto:Lynda.carey@centralliverpoolpct.nhs.uk)

Most learning occurs in informal situations:

- *through observing others*
- *talking to others*
- *practicing activities*
- *trial and error*
- *simply working with experienced people.*

It is not only what happens in the training courses, workshops or classrooms, but how this translates into practice that makes your learning meaningful. Many areas provide support groups for GPNs where they can meet and exchange ideas, look at problems and help each other out. Many of these groups also invite speakers to present on certain aspects of health relevant to their clinical work. Find out about your local GPN forum or support group by contacting your PCT or GPN facilitator. If there isn't one then you could always join up with other GPNs to form one. **Tool – Setting up a GPN forum** gives guidance on how to go about setting up a group that includes CPD.

The Royal College of Nursing provide a specialist forum for GPNs and this provides education on various educational opportunities. The website can be accessed at: [www.rcn.org.uk/members/yourspecialty/newsletter-plus/forum/index.php?fd=practicenurses](http://www.rcn.org.uk/members/yourspecialty/newsletter-plus/forum/index.php?fd=practicenurses).

Much of what you learn will be during the normal course of your work in the practice. It is useful to keep a journal or log to record this learning, both to check that subjects are covered from the point of view of your mentor or yourself and to help with your learning needs assessment.

The purpose of the learning log is for you to pick out the most personally significant experiences on a particular day and record what you learned from these experiences. This will involve reflecting on:

- *what was most significant*
- *why was this personally significant*
- *what you learned*
- *any actions you propose to take as a result.*

See **Tool – Learning-needs assessment** and **Tool – Example of a reflective practice tool** as examples of what you could add to your learning log.

In-house learning events and one-to-one teaching in the practice are all valuable sources of education. You may find that a GP you work with is very happy to teach you if you show an interest in a particular topic. In-house learning can add an extra dimension and breadth of experience.

## Funding for education

You will need to find out from your practice/PCT how your education will be funded. Practices receive funding from the *new General Medical Service contract (nGMS)*<sup>7</sup> to support continuing development of staff and your contract 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. If you wish to attend a particular course make sure that you get details about costs as well as content, and be prepared to make a case for why you should go on the course. This should include:

- *what the course is*
- *what the cost is in terms of fees and also time out of practice*
- *what would be gained by doing the course*
- *how would it benefit the practice.*

As the *nGMS contract*<sup>7</sup> makes it clear that practices have a duty to develop their staff, GPs should be receptive to your request if they can see that your learning will improve patient care. Other sources of funding may be available 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 areas: asthma, chronic obstructive pulmonary disease (COPD) diploma or degree modules and diabetes and heart failure modules.

Information on courses provided by HEIs can be found on local university and college websites or on a national website such as [www.hotcourses.com](http://www.hotcourses.com). Local universities may have a CPD contract with the PCT to provide relevant education; 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 GPN forums.

You are encouraged to examine the indicative content of courses and see whether they match your learning needs and the needs of the practice. Also consider the methods of assessment and what length of time is required for both classroom tuition, work-based learning and independent study.

See **Tool – Questions to ask about courses** to help you find the right course for you.

## Study skills and learning styles

Using a variety of ways to acquire new information or skills will help you to learn with maximum efficiency.

See **Tool – Identifying your learning style and ways you can approach learning**.

It is not unusual to feel overwhelmed by a particular task when you start studying, but simply breaking it down into smaller sections will make it more manageable. On other occasions you may feel irritated by the detail involved in studying something. However, you need to be able to draw back and see how it fits into a bigger picture. It is also a good idea to put things you see into a framework that is connected to what you already know. It does not matter in which direction you build this framework, but the existence of the structure increases your feeling that you are in control of this new material and makes it feel less overwhelming.

After a learning session, use the following tool to review what you have gained, then print it off and put it in your portfolio of learning to see what did and did not work and what you would do differently next time.

**Tool – What have I gained from my learning experience?**

## Mandatory training

All PCTs will require you to undertake some mandatory training sessions. These training sessions 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 Requirement 7).

You need to ensure that you know who to contact about these sessions and ensure that you keep your knowledge and skills up-to-date. The best person to speak to would be your practice nurse advisor or facilitator for the PCT. If you are employed by the practice, your practice manager will be aware of the mandatory training you must undertake. Copies of certificates given on completion of these training sessions or a simple entry in your learning log should be made to ensure that your learning awareness is kept up-to-date and is evidence that the course was completed.

## Learning and teaching

Demonstrating to yourself that you really do understand something can increase your confidence that your learning is really working. Teaching someone else or writing about new information is one of the best ways to prove to yourself that you have learned new skills or information. All registered nurses 'have a duty to facilitate students of nursing and midwifery to develop their competence' (NMC *Code of Professional Conduct*, section 6.4<sup>8</sup>). General practice nursing provides an ideal placement for pre-registration nurses to learn from because it includes so many different facets of health care. Although many GPNs have pre-registration students placed with them for short periods, this is usually part of a general community placement with a district nurse or health visitor.

However, having a pre-registration nursing student placed with a GPN for a whole placement (usually around 12 weeks) could bring real benefits to both the profession and to the practice.

Pre-registration placements in general practice would raise the profile of general practice nursing and enable student nurses to see this as a potential career choice. Long placements would also enable the practice to obtain a significant service component from the student, who would be able to undertake work

under supervision, such as creating health-promotion displays, and assisting with audit and routine health screening and documentation. Having a student nurse working alongside you as a GPN may re-energise you and make you aware of all your skills and strengths. Talk to the practice about the ways in which you may benefit and then ask the local university to call and assess your suitability as a placement area.

Teaching junior GPNs can also be a rewarding experience for both the learner and teacher. If you enjoy teaching others, then consider taking a module on teaching or mentorship to strengthen your skills.

## Specific education and training for GPNs

GPNs are often approached by pharmaceutical companies providing educational opportunities. However, there may be an element of bias within this; in addition, there may be no way of assessing the quality of education. Such opportunities do not generally assess the competence or learning that has occurred. This is a reason for seeking education that is accredited or validated by a university who have quality assurance mechanisms.

Studying can be expensive both in terms of cost and time. It is therefore important to liaise with the practice about your study leave entitlement. The amount of study leave granted to GPNs may vary from one practice to another, and will probably vary according to the number of hours worked. Find out what your entitlement is within the practice and talk to other GPNs to establish what theirs is and whether this is fair and appropriate. When negotiating for study leave remember to check whether this is additional to any time for mandatory training (such as cardiopulmonary resuscitation), as the practice or PCT may dictate the frequency of this.

*Tool – Policy on study leave*

Although pre-registration nursing courses are designed to produce nurses who can work in any setting, many GPNs feel that further education and training is required 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. GPNs should look carefully at the content of these programmes and compare them to alternatives in order to see which course will best equip them for their particular role in the practice. Evaluating the needs of the practice population will help to identify the skills that are required. You could consider your development in relation to the three core skills for community nurses identified in *Liberating the Talents*<sup>9</sup> and see how you can best develop skills in all of these areas to be a multi-skilled GPN.

As there are no statutory qualifications for general practice nursing, it is possible to transfer from one area of nursing to general practice without additional education.

Nurses are governed by a code of conduct, which makes it clear they must not work outside their area of competence. Guidelines, including national service frameworks and PCT standards, stipulate that nurses undertaking nurse-led services should be appropriately qualified, with evidence of post-registration education relating to the specific work undertaken.

In order to comply with the NMC *Code of Professional Conduct*, most GPNs will want or need to undertake some formal education. Many PCTs and practices run induction programmes for new GPNs, but these should not be considered a substitute for formal development programmes, see

*Tool – Sample induction programmes*

Some PCTs have developed apprenticeship schemes for GPNs. These schemes help to bridge the gap between induction and more in-depth education. They often provide evidence of competence and enable the individual GPN to move up the career ladder in terms of seniority. Some schemes are linked to universities so that students can gain academic accreditation.

See *Tool – Practice nurse apprenticeship scheme* for some examples of these schemes.

## Strategic learning

Although you will inevitably be guided by the needs of the practice as to which courses you take up, you should also consider your individual needs. Taking individual modules at university in disease-specific areas (eg diabetes and COPD) may benefit the practice by improving the care you deliver, but it could also benefit you as an individual if you link these into a degree pathway. Most universities now offer a modular system whereby there will be certain 'core' modules (one of these is generally a module on research or critiquing evidence) and multiple modules around other areas, including disease-specific topics, physical assessment modules or leadership. Think about what you need ultimately to help you to do your job effectively and create an education pathway to help you get there – you could gain an honours degree at the same time. Contact your local HEI and arrange to visit and discuss suitable educational pathways with a tutor.

See *Unit: Career Development for general practice nurses*.

Some areas have developed a structured approach to training and development of GPNs, which incorporates formal structured education for new nurses into general practice, ongoing education and support through learning groups for existing nursing staff, and the development of higher level skills and knowledge to support nurses to achieve specialist practitioner qualifications. Contact your PCT to see what facilities are open to you. Rather than being overwhelmed by a series of random courses, try and link your education to areas that are closely linked to your role.

See *Tool – Development programme for GPNs* to see some of your options, for example:

- *educational role – to include mentoring other health care professionals such as F2 doctors*
- *managerial role – to include nurse partners in GP practices and nurse-led personal medical services (PMS) practices*
- *extended role – to include walk-in centres*
- *extended public health role – to include obesity clinics.*

## Nurse prescribing

Undertaking a module in extended and supplementary nurse prescribing can be extremely beneficial to GPNs. This has the advantage of providing you with academic credits because it will be studied at a minimum of degree level in a university setting, and also provides you with a professional NMC qualification allowing you to prescribe any medication (with the exception of controlled drugs) that falls within your sphere of expertise. The supplementary prescribing part of the qualification also means that you can prescribe any drug (including controlled drugs) relating to a long-term condition within a clinical management plan that has been agreed between yourself (as a supplementary prescriber), the GP and the patient.

Nurse prescribing courses are demanding – they comprise a minimum of 26 days directed learning plus 12 days clinical learning and you will require a GP to act as your mentor for this time. However, the benefits to yourself and the practice of being able to prescribe can be very rewarding as it means that you are able to carry out holistic care at the ultimate level – combining both care and treatment. Prescribing is not just

about issuing prescriptions – it demands that you have skills in assessment and diagnosis in order to identify the appropriate treatments. Nurse prescribing should therefore only be considered by those GPNs who are working at an advanced level.

## Lifelong learning

While you are working as a GPN you will never stop learning – this will be in a variety of different ways. Look for educational opportunities that are run jointly with secondary care. Common examples of these include:

- *update days on diabetes and asthma care*
- *immunisation updates*
- *refresher study days.*

You need to ensure that you know where to access educational information – a good start would be your nurse lead for the PCT. If you have difficulty accessing the information, contact the education lead for the PCT. Contact your local HEI and find out what courses are available and relevant for GPNs.

The range of courses offered by educational organisations is vast and continually changing in response to demand. When new items appear on the NHS agenda, such as practice-based commissioning, look out for workshops or study days that explore what this means. This way you will feel well-informed and able to contribute fully to life in general practice.

Look at national websites and the websites or prospectuses of local universities to determine what is on offer to enhance your role as a GPN, also see [www.hotcourses.com](http://www.hotcourses.com) for HEI courses.

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