NHS SCOTLAND

Framework
for Nursing in General Practice

SCOTTISH EXECUTIVE

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Contents

Ministerial Foreword

In Partnership for Care I set out my vision for the future of health services in Scotland. A vision of a culture of care, developed and fostered by a new partnership between patients, staff and Government.

The implementation of the new General Medical Services contract is a vital component in delivering this vision, supporting the development of effective accessible, high quality primary care services. Its renewed emphasis on the effective management of chronic diseases will do much to improve the quality of life for many Scots. It also opens up new opportunities to deliver services in different ways. Practice nurses will be central to this.

This framework acknowledges the contribution that practice nurses make to the delivery of high quality primary care services and provides a structure for practices to use to support and promote their development. At its heart are a set of standards which practices can aspire to. They are based on the NHS Scotland Staff Governance Standard which entitles NHS Scotland staff to be well informed, appropriately trained, involved in decisions that affect them, treated fairly and consistently and provided with a safe and improved working environment. In the NHS Reform (Scotland) Act I placed a duty on NHS employers in relation to the governance of staff. The duty ensures corporate accountability for the fair and effective management of staff.

My vision has always been that this is how all staff who work as part of the NHS family should be treated. I am therefore delighted that the principles, values and employment law requirements within the Staff Governance standard have been used to inform the development of the Framework for Nursing in General Practice. I am particularly pleased to note the extent to which this work has been developed in partnership, engaging nurses, doctors and managers and their professional organisations in developing a resource which I'm sure will be a valuable asset to both practices and practice nurses and which ultimately will support the delivery of better patient care.

Malcolm Chisholm

Malcolm Chisholm, MSP
Minister for Health and Community Care

Support from Professional Organisations

Practice nursing has long been characterised by its ability to adapt to meeting the health care needs of people seeking advice and care from their general practice. Yet this adaptability has brought with it a complex melee of role description and function, employment conditions, educational attainment and opportunity. Throughout the UK many health administrations – local and national – have sought to rectify this situation and ensure quality care outcomes from practice nurses whom are appropriately qualified and recompensed for the work they carry out. The Scottish Executive is to be commended for the inclusive approach taken in the production of this framework and we look forward to working with them, practice nurses, and our GP colleagues in bringing its intent to reality.

Mark Jones
Director,
Community Practitioners' and Health Visitors' Association

The Framework for Nursing in General Practice supports and enhances professional development for practice nurses. In addition, it recognises that the role of the practice nurse is integral to the delivery of patient care in the primary care setting and this is embraced in all aspects of the framework. It links to all of the RCGP Scotland assessment programmes and we are delighted to see it launched.

Dr Mairi Scott
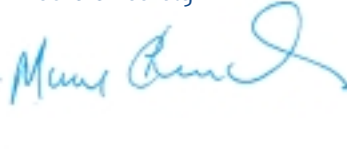Chair of the Royal College of General Practitioners (Scotland).

SGPC recognises and values the significance of nursing within General Practice and we encourage all moves to positively enhance and improve working arrangements for all those employed within primary care. SGPC therefore recognises the Framework's guidance notes and template documents as useful tools for GPs and Practice Managers who are either voluntarily looking to put such arrangements in place, or seeking to review their current arrangements. SGPC anticipates that the framework will be particularly useful to larger practices with significant human resources capabilities.

Yours sincerely

Dr David Love
Joint Chairman
Scottish General
Practitioners Committee

Yours sincerely

Dr Mary Church
Joint Chairman
Scottish General
Practitioners Committee

The development and launch of the Scottish Framework for nursing in General Practcie has been eagerly awaited by Practice Nurses in Scotland.

From its inception in early 2003, Julie Orr and I have endeavoured to represent the members of the SPNA – we have voiced their views concerns and encouragement throughout the last busy year. The group working on the framework has worked hard and deliberated over many months on the content and structure of the final document. The effort is demonstrated throughout the document, as we now have a Framework to support Practice Nursing that is easy to read, follow and understand.

I feel sure that Practice Nurses facing the many changes and challenges of todays, and of future General Practice will find this comprehensive and hard fought for Framework the essential core in the development of their profession – esnuring the highest quality care for our patients.

The SPNA is proud to have been involved in its development.

Anne Cooper
Chair, Scottish Practice Nurses Association (until 1/3/04)

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Nurses are key to helping people make the most of their health. Nurses are leading on the transformation in health care services and in no sphere is it more apparent than primary care.

This framework will enable practice nurses to deliver, with colleagues, the ambitious opportunities for improvements in patient care generated by the new GMS contract. It offers guidance and standards for quality and professional nursing practice, set within modern employment expectations.

Agenda for Change applies to the NHS UK wide and the RCN will continue to drive to improve pay and careers for nurses working in all settings across the UK including the independent sector and for practice nurses.

This is an opportunity for practice nursing to plan and shape modern careers within primary care teams. RCN Scotland is pleased to support the implementation of this framework and hopes individual nurses, practice managers, Community Health Partnerships, NHS Boards and medical organisations, all play their part.

James Kennedy
Director, Royal College of Nursing (Scotland)

UNISON is delighted to note that recognition is given to the evolving role of the Practice Nurse. This is particularly so given the huge volume of changes that continue to occur within the NHS in Scotland.

This document goes some way the developing consistency in the treatment of these staff which in turn offers security and ultimately safer standards of care.

Bridget Hunter
Regional Officer
Unison

Introduction

1 Why produce a framework for nursing in general practice?

Practice nursing is a rapidly developing field of nursing practice, with numbers in Scotland doubling over the last 10 years (ISD Scotland 2004). Practice nurses are expanding their scope of practice to accommodate the new demands of patients and the public for modern primary care services. Nurses are often attracted to practice nursing because of the potential to expand their clinical practice and the ability to work within a small organisation.

However, it has not always been easy for practices to make the most effective use of skills of the nurse members of their teams. Practices, as very small organisations, have little access to Human Resources expertise or professional nursing leadership to support the development of their nursing staff. Yet there is an increasing expectation on behalf of practice nurses that they will have equal standing and terms and conditions with their NHS staff. The implementation of Agenda for

Change will undoubtedly increase the expectations of practice nurses seeking parity with their NHS colleagues.

The new General Medical Services (GMS) contract, one of a number of strands of pay modernisation that run across the whole NHS family, creates many new opportunities for practices and for practice nurses, who it has been argued will play a critical role in helping practices achieve quality targets. The practice based nature of new GMS creates opportunities for practices to meet the needs of their populations in different ways, changing skill mix, developing new roles and even exploring nurse partnerships. The particular emphasis on Chronic Disease Management will create new opportunities for practice nurses to build upon existing expertise in this area. At the same time, the Agenda for Change strand of pay modernisation provides a new set of proposed terms, conditions and pay scales for the bulk of NHS staff including nurses. Practice nurses are keen to benefit from these new terms and conditions, and NHS Boards will need to provide support and HR expertise to those practices wishing to implement Agenda for Change for their staff.

This framework sets out a series of standards and supporting good practice guidance for practices to equip them to effectively and safely develop and support their nursing staff in the challenging environment of modern primary care.

How was it developed?

Development of the framework consisted of two main strands.

1. Practice nurses from across Scotland were involved in local workshop discussions about their roles, identifying strengths and areas they felt needed to be developed in order to be more effective. This culminated in a consensus workshop attended by over 200 people, including practice nurses, GPs, practice managers and NHS Board managers and nurse leaders. This process identified a number of common issues which nurses and other key stakeholders agreed needed to be addressed. These included:
   • Access to learning and development opportunities.
   • Leadership and professional support.
   • Profile and perceptions of practice nursing among peers.
   • Networking and peer support.

- Career pathways.
- Teamwork
- Employment conditions
- Autonomy and accountability

These topics are summarised in Annex A.

2. A set of standards for the employment and deployment of practice nurses was developed. The standards were drawn together from a number of sources. The majority were drawn from the new GMS contract, which sets out a number of standards around practice nursing, and the NHS Scotland Staff Governance Standards. In addition, standards were mapped against Practice Accreditation and Quality Practice Award standards.

The standards were then used as the basis for the framework, with the chapters of support materials developed to cover the main points in the standards.

The development of the framework was overseen by a multi-disciplinary steering group, who met at key points during development of the framework and contributed to the development of the detailed chapters.

NHS Scotland Staff Governance Standards

The NHS Staff Governance Standards have been developed by the Scottish Partnership Forum and the Human Resources Forum. They represent a statement of good employment practice, based on current employment law. For NHS Scotland employers, there is now a statutory requirement under the NHS Reform (Scotland) 2004 Act to commit to achieving them. The standards are aspirational and it is recognised that they cannot be achieved overnight. General Practices, as independent contractors, are not legally required to meet those standards. However, there is an expectation that Community Health Partnerships should seeek to commend best practice to all employers within the CHP, for the benefit of all employees and in turn for the benefit of patients and carers.

The standards have provided a useful foundation for this framework, where they have been interpreted into a context that will be relevant to practices and will help them achieve standards set out in the GMS contract.

The NHS Scotland Staff Governance Standards state that staff are entitled to be:
- Well informed.
- Appropriately trained.
- Involved in decisions which affect them.
- Treated fairly and consistently.
- Provided with an improved and safe working environment.

What is the framework and who is it for?

Practices in Scotland vary considerably in size and there can be no one right model for all. Some may have large and varied clinical teams, others may have only a single GP and a part time nurse. The standards have been written to be relevant and applicable to all settings, although clearly some will be more relevant to each practice than others. All of the standards will need to be interpreted and applied by individual practices within their own context of geography, patient need and staffing resources. They are intended to be developmental and aspirational rather than an absolute minimum, although there are clearly some areas where legislation establishes a minimum standard that must be met by all employers.

The framework has been written to be a helpful resource for practices and practice nurses. It summarises and interprets a wide range of current legislation and policy in relation to the employment and development of practice nurses. It is not intended to be a definitive statement of any of the current legislation and policy, but makes numerous links to authoritative guidance, which should be of help to practices in developing their practice nursing service.

The standards

There are 11 standards in total covering the following six areas which form the structure of the main chapters of the framework:
- Fair and consistent treatment.
- Induction and initial preparation for role.
- Developing the nursing team.
- Learning and development.
- Communication and teamwork.
- Accountability for professional practice.

Each is set out in the form of a standard statement and a number of criteria which break the standards down into more detail.

Using the Framework

The framework is intended to be a resource for practices. Whilst the standards represent a coherent whole, each of the chapters can be read on its own and the resources on the CD ROM can be used independently or collectively, adapted to meet the specific needs of the practice. The framework is fully indexed to support this.

Practices could use the framework to help demonstrate achievement of a number of organisational standards within the Quality and Outcomes Framework and could also demonstrate achievement of a range of standards within the RCGP's Practice Accreditation and Quality Practice Awards and Fellowship by Assessment for Nurses, developed by Queens Nursing Institute (Scotland).

Practices will not be assessed against the standards in any formal way, although it is recognised that individual practices may find it helpful to self assess against the standards as part of their own development plans.

Supporting Practices

Whilst the framework will be a useful resource to practices as it stands, additional support will be needed to help those practices who choose to use it as a developmental tool. CHPs will have a critical role in providing local leadership and support and in promoting good practice across the CHP. Similarly NHS Boards will have a contribution, particularly in providing support to practices wishing to implement Agenda for Change. At a national level work is underway to develop a support network which will promote good practice and encourage practice nursing development.

2 Standards for Nursing in General Practice

1 Fair and Consistent Treatment

Standard statement

1.1 There is a robust process for the recruitment of practice nurses which aspires to best Human Resources practice and meets employment legislation.

Criteria

Vacancies for the post of practice nurse are advertised.

Job descriptions and person specifications are produced for all vacancies.

The recruitment of applicants is carried out by a multidisciplinary panel which should, if possible, include a nurse of appropriate experience and level of practice.

The practice checks that the nurse is registered with the NMC on the appropriate part(s) of the register.

The practice checks at interview the qualifications of potential practice nurses, checks personal identity and also takes up references.

The practice ensures that a new practice nurse has a check carried out by Disclosure Scotland prior to commencing employment.

The practice complies with current legislation on employment rights and discrimination.

The practice ensures that the work of all nurses working in the practice is covered by appropriate employers liability insurance.

Standard statement:

1.2 There is a fair process for the employment of practice nurses which aspires to best Human Resources practice and meets or exceeds the minimum legal requirements.

Criteria

The practice nurse has a job description that reflects the job purpose, role, principle responsibilities, and accountability, communication and working relationships.

The practice nurse has a contract stating the written terms and conditions of employment which conforms to or exceeds the statutory minimum.

There is an agreed disciplinary & grievance procedure that adheres to the ACAS code of practice.

Accurate and complete personnel records are kept and there is a system whereby practice nurses can access them on request.

There is a written procedures manual that includes staff employment policies including Equal Opportunities, Bullying and Harassment, Maternity Leave and Sickness Absence (including illegal drugs, alcohol and stress) to which staff have access.

The practice nurse has the right to join the NHS Superannuation Scheme.

There is a system in place for identifying and dealing with poor performance.

The practice checks on a regular basis that the nurse is registered with the NMC on the appropriate part of the register.

A locum practice nurse is subject to the same professional checks as a permanent member of staff.

The practice nurse has access to NHS child care facilities where these are available.

There is a degree of flexibility in working arrangements to cope with unexpected family issues.

Practice nurses work in a safe environment.

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Standard statement:

1.3 Practice nurses are rewarded for increasing role and responsibilities in line with the principles of Agenda for Change.

Criteria

The terms and conditions of employment of practice nurses reflect the Agenda for Change principles.

The practice nurse is rewarded for improving his/her knowledge and skills through appraisal using the Knowledge and Skills Framework.

2. Induction and Initial Preparation for Role

Standard statement:

2.1 All nurses moving into a new post in General Practice undertake a formal period of induction and support to ensure that they are adequately prepared for their role.

Criteria

An appropriate named person within the practice takes responsibility for the induction of each new member of nursing staff.

Induction covers a range of core topics essential to allow the practice nurse to function effectively in the new post.

Job description and person specifications identify the specific skills and knowledge necessary for each post.

Individual learning objectives for the induction period are identified based upon a learning needs assessment.

The length of the induction period is tailored to reflect the learning needs of the nurse.

A mentor is identified for each new practice nurse who provides support to the new nurse during the induction period.

The mentor assists and supports work based learning, encouraging personal and professional development.

All team members contribute where appropriate to the induction process.

A record of induction is kept on the staff record.

Locum practice nurses are provided with a tailored induction programme appropriate to their knowledge, skills and competency.

3. Developing the Nursing Team

Standard Statement:

3.1 Practices make safe and effective use of the skills of the whole nursing team, ensuring that adequate attention is given to developing and implementing new and advanced nursing roles.

Criteria

Practice nursing roles are informed by the needs of patients and communities and complement the roles of other primary health care team members.

Developments in nursing practice take place within legal, ethical and regulatory frameworks to ensure patient safety is maintained.

Developments in practice nursing roles are evidence-based and build upon the body of nursing knowledge.

Practice nurses have access to training and education that adequately prepares them for their roles.

Planned and structured support mechanisms, including mentorship and supervision are in place to support nurses undertaking enhanced roles.

Clear responsibilities and lines of accountability for practice are established with all nurses.

There is a system in place for the practice nurses to maintain and develop their professional competence.

Practice nurses are appropriately rewarded for their roles and for taking additional responsibilities.

Practices and nurses ensure that nurses are adequately covered by indemnity insurance.

Standard Statement

3.2 Practice nurses have access to professional nursing leadership which supports their development and promotes safe clinical practice.

Criteria

All practices and practice nurses have access to professional nursing advice at CHP or primary care division level.
Practice nurses should, if possible, have professional nursing input to their annual appraisal and personal development plans.
Practice nurses are supported to develop clinical leadership roles and skills relevant to their area and level of practice.
Practice nurses are able to use their clinical leadership skills to help inform developments within the practice clinical team.

4. Learning and Personal Development

Standard statement:

4.1 There is a systematic process to support the ongoing learning of the practice nurse in response to patient, community and practice needs.

Criteria

All practice nurses have personal development plans which are reviewed at annual appraisal.

Personal development plans are developed to reflect the nurses learning needs in line with practice development plans, reflecting job description and competencies.

There are opportunities for professional nursing input to development and review of personal development plans.

Personal development plans are part of a continual process of planning, monitoring, assessment and support to help practice nurses develop their capabilities and potential.

The practice agrees the identified learning needs of the practice nurse, including appropriate access to education programmes and resources and study leave.

Practice nurses benefit from protected time for learning in line with their identified Personal development plans.

Practice nurses maintain a portfolio of learning, that meets the requirements of the NMC and demonstrates achievement of the minimum standard of five days study every three years.

There are opportunities for work based and multidisciplinary learning within the practice team.

Practice nurses have access to statutory training updates on a periodic basis.
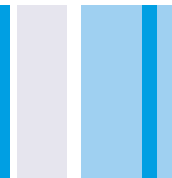
Standard statement:

4.2 Practice nurses are supported to undertake reflective learning.

Criteria

The practice nurse has access to clinical supervision with professional peer(s) where appropriate.

The practice nurse is involved in learning through significant event analysis within the practice.

The practice nurse, as part of the team, is involved as appropriate in the practice review of patient complaints and suggestions.

5. Communication and Teamwork

Standard statement:

5.1 Communication systems within the practice and with the wider NHS, partner agencies and other practices support the role of the practice nurse as a core member of the primary health care team.

Criteria

The contribution of practice nurses to the strategic development of the practice is recognised and supported.

The practice has a means to ensure that practice nurses are well informed about all decisions that affect them and encouraged, where appropriate, to contribute to the decision making process.

The practice nurse has active engagement into the discussion and agreement of written policies covering clinical and administrative procedures.

Regular team meetings take place to discuss clinical issues and policies. Records are kept of the meetings which are available to all team members.

There is a system in place to ensure the appropriate sharing of clinical information between all team members.

There is an effective system to ensure that practice nurses receive relevant information originating from outwith the practice.

There are opportunities for informal networking within the wider primary health care team and more widely
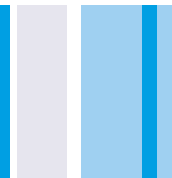
Standard statement:

5.2 Practice nurses have ready access to Information Technology including email and the internet.

Criteria

The practice nurse has access to the clinical computer system during every clinical contact.

Access to computer data is password controlled and each practice nurse has an individual password.

The practice nurse has access to e-mail and an individual e-mail address.

The practice nurse has access to internet, intranet and NHSnet resources outside clinical sessions in order to inform her practice.

6. Accountability for Professional Practice

Standard statement:

6.1 Practice-employed nurses and General Practitioners have a clear understanding of nurses' professional accountability for their practice.

Criteria

Nurses have a personal copy of the Nursing and Midwifery Council's Code of Professional Conduct and understand it's implications for their practice.

GPs are aware of the NMC code of Professional Conduct and understand their responsibility as an employer to provide a working environment in which nurses can exercise their professional accountability.

GPs who delegate new duties to nurses ensure that they have access to appropriate education and training, and are competent to carry them out safely.

Nurses ensure that they only take on new duties for which they can demonstrate competence.

Nurses ensure that Health Care Assistants are competent to undertake any duties that they delegate and retain accountability for the performance of those duties.

Fair and Consistent Treatment

3

Introduction

The flexibility and responsiveness of general practice as well as the entrepreneurial spirit, which promotes and encourages role development and autonomy are highly valued by practice nurses. Indeed many nurses move into practice nursing because they value working within a small and tightly knit clinical team.

However, some clear messages emerged from the consensus workshop that practice nurses wanted greater standardisation and consistency of employment status with their NHS employed peers. Many were keen to see the development of a career structure that allowed them to progress and rewarded them for taking on new responsibilities. The draft agreement on implementing Agenda for Change in the NHS and the implications for practice nurses has been widely debated and will need to be considered by practices if they are to be able to continue to recruit nurses in an increasingly competitive market.

This chapter is based on standards 1.1-1.3 covering recruitment of new practice nurses, employment of practice nurses and the potential implications of Agenda for Change for practices.

Policies and Procedures

Practices, as employers of often significant numbers of staff will always have developed policies and procedures, written or unwritten, about how they manage their staff. Written policies and procedures, whilst time consuming to produce can prove invaluable in handling HR and employment issues in a fair and consistent way. As small organisations it can often be difficult to access appropriate HR advice or guidance in an area that can be a legal minefield. NHS Scotland's Scottish Partnership Forum has supported the development of a series of PIN (Partnership Information Network) guidelines. These have been developed with the NHS in mind, rather than much smaller practices, however, they are a very useful source for practices. They all start from an understanding of the current legislative and policy position. They have been negotiated and agreed with professional organisations and provide a model policy that could easily be adapted for use within general practice.

The full range of PIN guidelines is available at: http://www.show.scot.nhs.uk/psu/guide.htm

In addition, the Scottish practice managers network are compiling a list of policies in use in practices across Scotland. Sample policies are available from the network's website at: http://www.show.scot.nhs.uk/alhcc/PracticeManagers/ Policies_Protocols.htm

Equal Opportunities

Equal opportunities is defined by the Scotland Act (1998) as "the prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, on racial grounds, or on grounds of disability, age, sexual orientation, language or social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions".

Practices as employers are required by a whole stream of UK and European legislation to treat all staff fairly and equally in relation to recruitment, promotion, redeployment, access to education and career development.

The NHS Scotland PIN guideline on Equal Opportunities sets out the legislative base for this as well as a model policy which could be adapted for use within a practice: http://www.show.scot.nhs.uk/psu/documents/ equal%20opps.pdf

The recruitment process

A key feature of practice nursing is the diverse nature of the role, so it is seldom easy to simply recruit someone with the full range of necessary skills, even if they are already working as a practice nurse.

Considering filling a practice nurse vacancy provides an opportunity to consider the current and future needs of the practice. There may be the possibility to develop more advanced roles as part of improving access or delivering effective chronic disease management eg nurse consultants. Equally there may be potential to develop staff nurse or health care assistants roles. There may also be opportunities to change the roles and responsibilities of existing team members to enhance their career development.

The skill mix model set out in chapter 5 provides a framework to support decisions about what level of nurse is needed to fulfil the role. The Quality and Outcomes Framework in the new GMS contract rewards practices for developing a job description and person specification for each vacant post. Careful planning and consideration of each new post will help to maximise the benefits and minimise risks to patients, post holder and the practice.

Job Description
The job description should outline the purpose and aims of the post, the main responsibilities, who the individual will report to, and who they may be responsible for. It is important to include appropriate reporting and accountability arrangements and scope of decision making and autonomy. The salary or salary scale should also be included. A set of model job descriptions are included on the CD ROM. These have been drawn up to reflect the four levels of practice outlined in the skill mix model (chapter 5). The model job descriptions have been put together to reflect the full range of roles that a nurse working at each level might take responsibility for and are intended to be tailored to the particular needs of the vacant post.

Person Specification

The person specification is an important tool that the practice can use to ensure they recruit the right person for their post. It identifies the knowledge and skills required for the post. Spending time on the person specification should make every subsequent stage in the recruitment process easier. A model person specification form is available on the CD ROM, which would need to be filled in to meet the specific requirements of each post, based on the job description and the practice's aspirations for the post.

The application process

It is good practice to advertise all vacancies and will help ensure that the practice is not open to accusations of discrimination. The advert should give clear and accurate information in a brief and concise form, which will enable potential applicants to assess their suitability for the post against the criteria to which it refers. Adverts could be placed in local/national or NHS Board media. Applicants should be provided with the job description and person specification along with some details about the practice.

Applications can either be by CV or a formal application form. A model application form is included on the CD ROM. The benefit of using an application form is that the same information is gathered about every applicant, making comparisons simpler. If using CVs, it is common practice to ask applicants to restrict this to a maximum of 2-3 pages and include a single page outlining the particular skills that they would bring to the post and why they are applying.

Whatever method is used, nurses should be asked to provide details of the NMC PIN number and the expiry date, which will be needed to check their registration. They should also be asked to give two referees, one of whom should ideally be their current employer.

The selection process

The final decision on who to appoint to any post will always lie with the practice as employers. However the advice and experience of a practice nurse during the recruitment process would be a valuable asset to practices. The benefit to the practice of engaging nursing input to the process at both shortlisting and interview stage is in questioning candidates on professional matters and advising on the quality of responses. Appropriate professional input will help the practice to make better informed decisions.

Professional nursing input could be sought either from a senior practice nurse within the practice, where a more junior post is being recruited to, or may come from an external source. Practice nurse advisors, where they exist, are well placed to provide this support. Other community nurses attached to the practice may bring relevant local knowledge and expertise in recruitment and selection. Alternatively, professional advice should be available within the Community Health Partnership or the NHS Board primary care division.

The selection process should be transparent, fair and consistent. In particular, interviewers should be aware of the law relating to equality and discrimination. Failure to comply with the law in relation to equal opportunities could result in practices facing expensive litigation claims.

Offering a Post
A job offer should not be made until satisfactory references are received and should be conditional on the following:

• NMC registration check.
• A current Standard Disclosure Scotland certificate.
• Confirmation of identity.

• Satisfactory health assessment.
• Check of relevant certificates.

Disclosure Scotland
The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 sets out those professions and services which are exempt from having to apply the terms of the act and employ people with a criminal record. All health professions are included in this category, as is "Any employment or work which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of that person's normal duties".

The consequence of this is that practices should always make it clear in their application process that nurses applying are required to disclose if they have a criminal record and practices should check via Disclosure Scotland that this statement is correct.

Part V of the Police Act 1997 introduces a new system of disclosing criminal history information to individuals and organisations for employment and other purposes. A new Disclosure Bureau has been established within the Scottish Criminal Record Office (SCRO) for the purposes

of issuing certificates under Part V of the 1997 Act. This new service is known as 'Disclosure Scotland' and is responsible for issuing 3 levels of certificates to be known as 'Basic Disclosures', 'Standard Disclosures' and 'Enhanced Disclosures'. The aim of the new Disclosure Scotland service is to enhance public safety and to help employers and voluntary organisations in Scotland to make safer recruitment decisions.

While there is not currently any formal legal requirement on practices to undertake a Disclosure Scotland check, it is standard practice for all such posts in the NHS and practices would be well advised in terms of their own protection and that of patients to follow the same procedure. Nurses should normally have a standard disclosure.

In order to access a disclosure certificate, it is first necessary for the organisation to be registered with Disclosure Scotland. A number of NHS Boards are setting up a single registration for practices, which has a significant cost saving. The cost of the actual certificate would normally be borne by the applicant. Full details of Disclosure Scotland are available at www.disclosurescotland.co.uk.

Nursing and Midwifery Council Registration

Under statutory and contractual requirements, practices must ensure that all health care professionals employed by the practice are currently registered with the relevant professional body on the appropriate part(s) of the register. Practices must therefore ensure that the successful candidate is registered with the Nursing and Midwifery Council (NMC). The NMC professional register has three parts, nursing, midwifery and specialist community public health nursing. Every practitioner eligible to practice will be on the NMC professional register. Practitioners can be registered on more than one part of the register, but as a minimum, applicants for practice nursing posts would need to be on the nursing part of the register.

All registered nurses should be able to produce a card indicating their registration PIN number and expiry date. However, neither the PIN card nor the statement of entry on the register is valid proof of registration. The only way to ensure that nurses, midwives and health visitors have a current NMC registration, and can therefore be employed as registered practitioners, is to check details

with the NMC's registration confirmation service. This is a free service, which enables all employers to check the registered status of nurses, midwives and health visitors either by telephone, internet or in writing. Details of how to use these services are available at: http://www.nmc-uk.org/nmc/main/confirmations/ $confirmations.
Practices must use the NMC registration confirmation service before employing or re-employing a registered nurse, midwife or health visitor.

Registered nurses are required to renew their registration on a three yearly basis, providing evidence that they have achieved the minimum requirements for continuing professional development and signing a declaration of good health and character. Practices, as employers, should maintain a record of registrations for nurses they employ. When a nurse's registration is due for renewal, the practice should check that she has done so. Failure to maintain a live registration means that the nurse is not eligible to practice and would result in the practice needing to withdraw her from clinical practice until the registration is renewed. When the nurse renews her registration she will receive a new registration card which should be checked by the practice. There should be no need to re-check registration direct with the NMC, unless

the practice has some concern regarding an individual's registration status.

It is important to ensure that any locum practice nurses are subject to the same professional registration check as a permanent member of staff. (Bank or agency nurses employed in practice will have had this checked by their employer.)

Enrolled nurses

Enrolled nurses are nurses who completed a two year programme of education leading to a second level registration. Whilst the education of enrolled nurses ended in the mid 90's and many have since taken the opportunity to upgrade their qualification to that of a first level registered nurse, there still many enrolled nurses practicing in Scotland. All enrolled nurses are registered on the NMC's register and are entitled to call themselves registered nurses. All are required to work in accordance with the standards set out in the NMC's Code of professional conduct. This makes it clear that all registered nurses are accountable for their practice. The NMC does not describe a limit to the practice of second level registered nurses but simply the requirements of them at the start of their careers. All registered practitioners have a personal and professional

accountability for their own knowledge and competence and for ensuring that they are appropriately prepared for their professional practice. Employers and managers have a responsibility to ensure that all registered nurses whom they employ are competent and up to date in their practice. Practices choosing to employ enrolled nurses will need to ensure that they have access to appropriate education and are competent to fulfil their role, but need not restrict their scope of practice purely on the basis of their second level registration.

Contract of employment

The contract of employment starts as soon as the nurse accepts an offer of employment. Employers are legally obliged to provide to every employee with a written statement of their terms and conditions of employment not later than 2 months from the beginning of that employee's starting date. Legally, this must reflect any terms and conditions agreed informally during the recruitment process. A model contract that practices can adapt for their own use is available on the CD ROM.

Indemnity cover for Practice Nurses – Employer's liability

Under contractual and statutory regulations all professionals working in the practice must be covered by appropriate indemnity insurance. The medical defence organisations have provided clarification on the extent to which GP's membership covers their practice staff. Cover available to members provides indemnity of their own professional acts or omissions, and also provides indemnity for claims made against them in respect of acts or omissions, of non medically qualified staff employed by them. However, indemnity cover for non medically qualified staff, is provided on the basis that individuals work within the boundaries of local /national protocols and guidelines and within their level of knowledge and competency. This is in line with and in addition to the nurses own professional accountability to the Nursing and Midwifery Council. Practices looking to expand the roles of nursing staff should ensure that indemnity cover takes account of any new responsibilities.

Following a consultation in 2002, the NMC in its next edition of the code of professional conduct plan to recommend that all practitioners secure indemnity insurance to cover them against claims of professional negligence.

In the meantime, NMC circular 22/2004 dated 28 July 2004 recommends the following: "a registered nurse, midwife or specialist community public health nurse, in advising, treating and caring for patients/clients, has professional indemnity insurance. This is in the interests of clients, patients and registrants in the event of claims of professional negligence.

Some employers accept vicarious liability for the negligent acts and/or omissions of their employees. Such cover does not normally extend to activities undertaken outside the registrant's employment. Independent practice would not normally be covered by vicarious liability, while agency work may not. It is the individual registrant's responsibility to establish their insurance status and take appropriate action.

In situations where employers do not accept vicarious liability, the NMC recommends that registrants obtain adequate professional indemnity insurance. if unable to secure professional indemnity insurance, a registrant will need to demonstrate that all their clients/patients are fully informed of this fact and the implications this might have in the event of a claim for professional negligence".

Nurses working in general practice may find additional indemnity particularly valuable as they are only covered vicariously through their GP if they are employed and followed the GPs guidelines. Should a claim arise out of the acts or omissions when the nurse has formed his/her own clinical judgement outside of the scope of agreed practice guidelines the GPs indemnifier may be involved but would also be looking for support from the nurses indemnifier. Nurses should seek clarification from their own professional organisations as to what the scope of indemnity cover is and whether any enhanced responsibilities taken on would be covered and by whom.

Dealing with matters of misconduct and poor performance

All employees within a practice are required to perform the duties of their post to an acceptable standard, agreed as part of their contract. Where this standard is not met, the first resort should be to offer support, encouragement,

guidance and, if necessary, training to improve their work performance. However it is recognised that this will not always produce the desired results and more formal measures may sometimes be necessary. At this point it is useful to differentiate between a lack of inherent competence or capability to do the job, due to a lack of knowledge, skills or ability and a lack of performance that is attributable to a wilful refusal to work satisfactorily. The latter may be a matter of conduct and may be dealt with under the disciplinary procedure.

The PIN guidelines on Management of Employee Conduct http://www.show.scot.nhs.uk/psu/documents/conduct.pdf and Management of Employee capability http://www.show.scot.nhs.uk/psu/documents/capability.pdf are a useful resource and contain model policies which could be adapted by practices.

Managing issues of capability can be particularly difficult for practices to deal with as there is often not easy access to any professional benchmarks or comparators. One unfortunate side effect of this is that many more cases are referred by practices to the NMC than the Council deem to be appropriate.

In considering whether there is a problem with capability of a practice nurse, practices should consider the following questions:

• What are the indications that the employee is not meeting the requirements of the job?
• Have there been complaints about, or criticisms of, the employee's work from colleagues or patients?
• Are there factual grounds to indicate inadequate performance, such as poor results (e.g. high rate of inadequate cervical smear tests)?
• Does the manager's own observation of the employee indicate dissatisfaction with his/her performance?
• Has the employee requested help to overcome a problem?

The Employment Relations Act (ERA) 1996 states "capability (is) assessed by reference to skill, aptitude, health or any other physical or mental quality". It also states that "incapability must relate to the work or the kind of work the employee was employed by the employer to do". This must be determined in accordance with employees' current contractual obligations.

The PIN guideline on managing employee capability sets out a procedure designed to deal with those cases where the employee is lacking in some area of knowledge, skill or ability, resulting in a failure to be able to carry out the required duties to an acceptable standard. It is intended to be used where there is a genuine lack of capability, rather than a deliberate failure on the part of the employee to perform to the standards of which (s)he is capable.

Lack of capability can be caused by many factors, including:

• Ill health;
• Personal circumstances;
• Skills and competencies;
• Lapse or loss of registration;
• Changes in the workplace environment;
• End of career change;
• Bullying and harassment.

The PIN guideline sets out details of how to respond appropriately to each of these causes. Practices may wish to seek professional nursing advice from the CHP or primary care division where they have concerns about the capability of a nurse.

Referral to the NMC

The NMC's role is to protect the public from registered nurses whose fitness to practice is impaired and whose situation cannot be managed locally. In these circumstances the NMC committee can restrict or remove a practitioner's registration. The NMC has powers to deal with cases of both unfitness to practice and lack of competence, but will only become involved in circumstances where practice is impaired to the extent that public protection may be compromised. The NMC will not normally become involved in a case if you cannot demonstrate that you have already taken considerable measures to tackle the situation at a workplace level.

Before deciding to make a referral for lack of competence, the NMC expects the following steps to have been taken:

• Informal information gathering to establish the facts about a nurse's lack of competence, together with an attempt to identify possible causes. Many cases may be remedied at an early stage if training needs are identified, clear and achievable objectives are established, and support and supervision is provided.

- Exploring other factors that might be causing stress or health problems and identifying solutions where possible, such as an early referral to occupational health
- Determining whether organisational issues have impacted on an individual's performance.
- When serious problems are identified they must be raised formally with the nurse.

The NMC would expect to see written evidence of attempts to address any such shortcomings at a local level including details of the concerns, agreed action plans and reviews of progress. Where issues can be successfully dealt with at local level, there is no need to refer them to the NMC.

Further guidance on reporting impairment to practice is available at:
http://www.nmc-uk.org/nmc/main/publications/Reporting_unfitness.pdf
Guidance on reporting lack of competence is available at
http://www.nmc-uk.org/nmc/main/publications/lack_of_competence.doc

Maintaining a Healthy Workplace

Health at work is not only about health and safety, although this in itself is a large and complex subject, with a significant range of statutory and legal duties placed on employers.

There are four major components underpinning a healthy organisation:

- health and safety
- promoting access to competent occupational health services
- promoting staff health and wellbeing
- organisation of work

The PIN guideline on Managing Health at Work http://www.show.scot.nhs.uk/psu/documents/health.pdf provides a useful summary of the legislative position in relation to health service employers and sets out a range of model policies that could be adapted and developed by practices.

In addition, the Health and Safety Executive website www.hse.gov.uk is a useful link to guidance and helpful tools.

Agenda for Change

What is Agenda for Change?

Agenda for Change is one aspect of pay modernisation being taken forward by the four UK health departments. It provides a modern pay and conditions structure based on the principle of equal pay for worth of equal value for NHS employed staff. Taken together with the GMS contract, consultant contract and ongoing work on pharmacy and dental contracts the whole stream of work is intended to ensure that employment arrangements for all staff meet the needs of 21st century health care and employment standards. It provides a stronger framework than currently exists to support role development and ensure that salary reflects responsibility

Agenda for Change sets out a proposed new pay and careers package covering the million plus employees who work for the National Health Service across the UK. It aims to harmonise terms and conditions for all NHS staff excluding doctors, dentists and some senior managers, simplifying the current complex and cumbersome systems and introducing a single job evaluation framework linked to a common pay spine. It is proposed, subject to final approval from several staff organisations, that Agenda for

Change will be implemented for all NHS staff from December 2004, with payments backdated to October 2004. Not only will the changes impact on pay, grading, terms and conditions, they will also offer greater opportunities for personal development and career progression.

Full details of Agenda for Change and Scottish proposals for implementation are available from:
http://www.show.scot.nhs.uk/sehd/paymodernisation/afc.htm.

The main components of Agenda for Change are:
• job evaluation
• new pay bands
• standardised terms and conditions of service
• career and pay progression

Job evaluation

All NHS staff will transfer onto Agenda for Change pay bands via a process of job evaluation. Underpinned by the principle of equal pay for work of equal value, its aim is to ensure that all staff are rewarded fairly. Posts are evaluated using a series of 16 factors and a weighted point score determined that matches a particular job to a pay band. To simplify the whole process, the majority of NHS jobs will be assimilated into these new pay bands

using nationally agreed 'job profiles'. The job profiles have been negotiated with professional organisations at UK level and agreed to be fair representations of the post. For practice nursing there are three relevant job profiles: health care assistant (community), nurse working in a general practice and specialist practice nurse. A further profile is being developed for a more highly specialist practice nurse. The job profiles equate to the four levels set out in the skill mix model and to the model job descriptions.

New pay bands

Under Agenda for Change there will be a common pay spine with a series of bands. These are broader than the current Whitley grades. Following job evaluation, every member of staff working within the NHS will be assigned to one of these pay bands. For nurses, this new system will replace clinical grading. Each pay band will have a number of points and it is expected that staff will progress upwards by one pay point each year.

Terms and conditions

Agenda for Change will simplify the current complex and cumbersome system that is based on national and local pay variations. In the future, regardless of their professional or industrial grouping, all terms and conditions will be standardised

Career and pay progression

Under Agenda for Change every member of NHS staff will have an annual development review, which will include appraisal and assessment against the new NHS Knowledge and Skills Framework (KSF). The NHS KSF is essentially a development tool but will also contribute to decisions about pay progression. It is designed to:

• identify the knowledge and skills that each individual needs to apply in their post
• help guide the development of individuals
• provide a fair and objective framework on which to base review and development for all staff
• provide the basis of pay progression in the service.

A summary of the KSF and it's uses is available at:
http://www.show.scot.nhs.uk/sehd/paymodernisation/Documents/ksf_related_development_review.pdf
The full KSF is available at:
http://www.show.scot.nhs.uk/sehd/paymodernisation/Documents/knowledge_skills_framework.pdf

For practice nurses, a KSF profile has been developed matching each of the four model job descriptions and could be used by practices as a basis for personal development planning for practice nurses.

Why should Agenda for Change concern General Practices?

Practice nurses are of course not directly employed by the NHS and practices can choose to pay their staff whatever rate they consider appropriate for the job, so why should practices consider implementing Agenda for Change?

Like the new GMS contract, Agenda for Change has been the subject of lengthy development and ongoing negotiations with the NHS, Health Departments and professional organisations. It provides a uniform package of terms and conditions and should provide a stronger link between reward and the demands of any given job. This new package is intended to replace clinical grading for nurses and the current terms and conditions set out by Whitley Council. This in effect means that practices choosing not to apply Agenda for Change would need to define their own salary scales and terms and conditions as no other benchmark will exist. Indeed for this reason it is understood that many independent sector employers are also working towards implementing Agenda for Change.

Perhaps one of the most powerful arguments for practices in considering whether to implement Agenda for Change will be the impact of market forces. Practice nurse numbers have grown exponentially over recent years and general practice has been viewed by many nurses as a good place to work because of the clinical autonomy that it offers. However, many nurses throughout the development of the framework have commented on lack of access to education and career development in general practice. It seems likely that if career development opportunities and salaries that better reflect responsibilities are developed in the NHS, practices will face an increasingly challenging employment market. In this market, those that have chosen to apply Agenda for Change principles may be more likely to be able to recruit the calibre of staff required to make a success of the new GMS contract.

Implementing Agenda for Change

If practices wish to implement Agenda for Change, they will need to access HR support within the local NHS Board. It will be important for NHS Boards to ensure that the necessary support and resources are made available to practices to enable this.

Induction and Initial Preparation for Role

4

Introduction

The Quality and Outcomes Framework of the new GMS contract rewards practices for ensuring that all new staff receive a period of induction. Induction has three broad goals:

- To help the new member of staff understand their own role
- To provide clear guidance on where they fit within the organisation as a whole
- To enable them to work safely and effectively within the new work environment

An effective period of induction training helps ensure that new members of staff quickly become confident and competent in their role.

In the context of practice nursing, induction is particularly important. Practice nursing staff come to their roles from a wide variety of backgrounds, often bringing with them a broad range of clinical skills and knowledge. However working in general practice is a unique environment, requiring both a sound understanding of

primary care and a variety of clinical skills that are often not part of other nursing roles. There is also little commonality between practices around nursing roles, so even experienced practice nurses moving to a new practice are likely to need to acquire new clinical skills or to deploy their existing skills in different ways. Changing skill mix within practice teams is likely in the future to result in even greater diversity of roles, each with quite different needs in terms of induction and initial preparation.

This chapter explores both initial induction to the practice and the role specific elements necessary to develop confident and competent members of the team. It is based on standard 2.1 and draws in part from the Partnership Information Network draft induction training guidelines:
http://www.show.scot.nhs.uk/spf/PIN%20Consultation%20Docs/GDG%20-%20Induction%20Training%20-%20Draft3.PDF

Potential benefits of a general practice induction programme

• Providing a consistent and comprehensive system of introduction to the practice for all new staff.

• Welcoming staff to the practice and provide an overview of the key goals of the practice.
• Ensuring that all staff have an awareness of legal, occupational and Health and Safety requirements which are necessary for effective functioning within their roles, e.g. fire and emergency procedures.
• Providing staff with information to assist them in becoming familiar with their working environment.
• Providing a reference source and contact person in the first few months of employment.
• Enabling staff to play a safe and effective role in their employment as soon as possible.

Induction acknowledges the obligation that the practice as employer has to the new employee. Likewise the employee has a responsibility to continue to develop knowledge and competence commensurate with the role occupied beyond the early stages of the induction programme. A commitment to the induction process by the practice is essential to its success. Simply ticking things off a checklist is unlikely to achieve much, whereas investing some time and effort in supporting a new member of staff should pay dividends in terms of future commitment to the practice and the contribution that the individual will make to achieving its goals.

The Induction Process

Induction can be seen as falling into two distinct phases, the core induction phase which will contain components such as practice orientation, health and safety and human resource issues and the role specific phase, which focuses on clinical practice issues and the consolidation of the competencies necessary to be effective in the role.

The Core Induction Programme
Aim

To introduce the employee to the organisation, with particular emphasis on organisational orientation, health and safety and human resource issues.

This would normally take place during the first few weeks in post (although it may take longer if the individual is working part time hours). During this period, it is helpful for the new practice nurse to have a named individual within the practice who is their main point of contact and who supports them through the programme. This could be a senior practice nurse, practice manager or GP, depending on the role of the nurse and size and structure of the practice.

Content

Topics that practices may wish to cover in induction include:

- Relevant aspects of national and local policy: including for example GMS contract, Partnership for Care, local health plans and CHP plans.
- Physical orientation to the practice: getting to know the building, facilities and equipment.
- Team working: meeting colleagues and exploring own and others roles.
- Practice structure and reporting arrangements: management arrangements including sickness/absence reporting and communication channels.
- Policies and procedures: exploring organisation policies and procedures, both written and unwritten.
- Clinical procedures and protocols: beginning to explore those that apply particularly to the post.
- Health & safety: ensuring that the new employee understands own and practice responsibilities and policies.
- Learning and personal development: including arrangements for appraisal and opportunities for learning, networking and clinical supervision.
- Clinical governance issues: including accountability, arrangements for handling complaints, patient feedback and incidents.

A model checklist is provided on the CD ROM, which can be adapted by practices to meet their own requirements.

Support with induction

Much of the core programme will need to be delivered specifically within the practice. For larger practices, with a significant turnover of staff, it may be worth developing a pack of written material that could be used with new staff. This core pack has the added benefit of being a readily available resource when introducing locum or agency staff to the practice.

Many NHS Boards already have structured staff induction programmes in place. Not all of this will be relevant to practice nurses, although aspects around national and local policy will. As CHPs develop, there may be merit in practices looking to involve staff in joint local induction programmes, which have the added benefit of enabling the new nurse to develop local networks.

Role Specific Induction and Preparation

Aim

To allow the new employee time to settle into the practice with a particular emphasis on the development and consolidation of role specific competencies.

This second phase of induction is in many ways the most important, yet it is often the most problematic for practices. It is essentially about enabling the nurse to develop and consolidate the knowledge and skills necessary to be effective in the post. It is typically regarded as taking around six months to complete and may include elements of orientation, training and education. If the nurse has specific gaps in knowledge or competence that need to be addressed, it may take longer.

Each general practice is a unique working environment, so even an experienced practice nurse may need to develop new competencies to be effective in her role. For someone new to the field of practice nursing the range of new skills may be considerable.

Identifying learning needs

The first step in developing a role specific induction programme is in identifying the learning needs of the new member of staff. This will require a degree of honesty from the new starter as well as an openness to provide support from the practice.

The NHS Knowledge and Skills Framework (KSF) developed as part of the proposed implementation of Agenda for Change is a helpful resource to practices in identifying the knowledge and skills necessary to develop competence. If agreed, this framework sets out the minimum knowledge and skills expected in the first twelve months of employment, and the fully developed knowledge and skills the post holder is expected to achieve over time. KSF profiles have been developed which match the skill mix model and model job descriptions. These are included on the CD ROM and the full detail of the KSF to which they refer is available at: http://www.show.scot.nhs.uk/sehd/paymodernisation/Documents/knowledge_skills_framework.pdf

At an early stage in the induction programme, nurses should map their current knowledge and skills against the requirements of the post. Professional nursing input to this process, either from a more senior member of the practice nursing team or an external source will help to produce an agreed plan, which is in effect the nurse's first personal development plan. It might be particularly useful to the practice to seek advice from any nurse member of the interview panel as she/he will have formed a good understanding already of the likely strengths and development needs of the nurse.

A simple induction training form is provided on the CD ROM. It is intended to be used to record development needs and a plan for addressing them. This could be completed within the initial induction period and form a basis for the practice and nurse to sign up to a development plan to meet any identified learning needs. Unless there are significant skills gaps, which should be apparent at interview, most of the role specific induction would normally take place within the practice environment, with support from other members of the team and where appropriate external expertise. It should be organised and overseen by the nurse's immediate manager/supervisor with support where appropriate from a professional mentor.

Teamwork
It is important for all members of the practice team to participate in supporting the nurse through the development stage, recognising that this is an important time in building relationships and developing effective teamwork. It may be helpful to discuss with the practice team what opportunities there are to help the new nurse to meet any identified learning needs.

Professional support, supervision and mentorship

The extent of learning required during the first six months in post will vary considerably, dependent on the previous experience of the nurse. In some cases it may simply be necessary for the nurse to adapt her/his skills to meet the structures and protocols of the new practice. In others there may be significant skills gaps. Proper professional support and mentorship during this period can help the transition to safe and effective practice. Engaging the skills of an experienced nurse to act as mentor can help in supporting the new practice nurse to develop safe, competent nursing practice.

The mentor's role can include:
• Agreeing learning objectives with the nurse and the practice.
• Providing time for regular supervisory sessions.
• Facilitating access to learning opportunities, which may include visits outside the practice.
• Observing practice and encouraging critical reflection on performance.
• Providing structured feedback to the nurse and identifying further learning needs.

Mentorship should normally be time limited and is not a substitute for more formal learning where that is indicated.

Practice nurse access to structured mentorship has to date been very varied, with some areas offering a well structured induction programme and others having little professional support. CHPs, with their new role to provide professional leadership across the partnership will have an important role in facilitating access to appropriate mentorship for practice nurses. Further development will also be needed to ensure a cohort of practice nurse mentors with the appropriate skills. Forthcoming guidance on the subject of mentorship and clinical teaching by the NMC will help inform that development.

Concluding the induction period

It is useful for the core induction period and, where appropriate, any longer period of role specific induction to be concluded with a review. The purpose of the review is to consider whether the goals were met and agree any outstanding development needs that should form part of the nurse's personal development plan. To aid this, the new nurse should be encouraged to maintain a reflective journal comprising incidents that relate to personal and professional experiences. Keeping a journal will facilitate critical reflection and promote self assessment. Themes and issues identified in the journal will form a basis for

discussion at review. The review should normally be led by the person within the practice who the nurse reports to, with input from the nurse's mentor where applicable. Further detail on reflective practice and journals is available in chapter 6.

Keeping a record of the induction, which could include a signed core induction checklist and a completed role specific induction checklist and learning plan will help the practice demonstrate compliance with GMS Quality and Outcome Framework standards. A record should also be kept by the nurse as part of her/his Personal Professional Profile.

Induction for locum and agency staff

Because each practice is different, even the most experienced practice nursing staff can find it difficult moving between practices. It is therefore vital that locum staff have some basic induction to the practice. The length and nature of this will obviously vary dependent on whether they are to cover a single shift or to provide a year's maternity leave cover. Obviously role specific induction training will not be possible with other than long term locums. A three stage process is therefore outlined that could help ensure that locum practice nurses are able to function safely and effectively.

1. The first stage is to be very specific about the duties to be fulfilled and ensure before appointment that the nurse has the necessary competencies. Permanent practice nursing staff can help in defining this in relation to specific areas of responsibility. Doing this in advance would ensure that there is clarity in the event of an unexpected absence.

2. Stage two is to have clearly set out operating procedures for every clinic or area of practice nursing responsibility. This would ensure that incoming nurses with the necessary skills have the detailed information to hand about how the practice handles any specific area of practice.

3. The third and final stage is to have a practice induction summary that covers all of the main points of the core induction programme in a simple folder. This would also help with new permanent staff members. Any locum nurse should be met by a named person in the practice, who will be the locum's main point of contact and who would be responsible for physical orientation and introducing the locum nurse to key staff.

Developing the Nursing Team

5 Introduction

The practice based nature of the new GMS contract creates further opportunities to take a team approach to the delivery of primary care services. Practice nurses have already demonstrated that they can take on new roles and develop new skills. Practices wishing to effectively deliver the new GMS Contract, will want to develop and utilise their skills to their full potential. This may mean that practice nursing roles expand to encompass some duties that were formerly part of the GP's remit. It may also mean that for some practices the numbers of practice nurses increase and there is increasing diversity within the skills and responsibilities of the practice nursing team.

In turn this poses new challenges for practices in making the best use of the skills of the practice nursing team, developing sound, reliable professional leadership, supporting safe and effective role development and contributing to planning for the future nursing workforce This chapter is based on standards 3.1 and 3.2, covering

skill mix, role development and leadership. It proposes a skill mix model, which practices can use to inform decisions about the right level of nurse to meet patient needs and explores the potential for nurse partnerships.

Skill Mix

The previous funding arrangements for practices reimbursed directly on the basis of the grades of staff employed. There was little opportunity or incentive for practices to consider the mix of skills within the team and it was near impossible (outside of the former PMS arrangements) to consider the skill mix between professional groups and look to replace a doctor with a nurse. The new GMS contract has now changed this and there is both the potential and the incentive for practices to consider the appropriate mix of skills and roles to best deliver a high quality service to patients.

A more varied skill mix will have the positive effect of creating a better career structure and progression for practice nurses, with potential roles from staff nurse to advanced practitioner level, nurse partnerships for those who feel it appropriate. In order to simplify the process for practices, a practice nursing skill mix model has been

developed. This model defines four levels of practitioner which are outlined below. The steering group recognised that there are tensions within the profession around job titles and particularly around specialist and advanced practice. The four titles used are purely to help describe levels of practice. Each individual job will inevitably be different and it is not suggested that these will necessarily be the right job titles for any individual post.

Health Care Assistant:

Health care assistants are trained in a particular role, but do not have a professional qualification. The health care assistant undertakes simple clinical procedures that have been taught and delegated, such as venepuncture, ECG recording, weighing, measuring, as well as a range of support functions such as stocking clinical areas or sterilizing instruments. She/he works at all times within defined protocols and procedures and should not be put in the position of having to make a clinical judgment. Health Care Assistants should always be directly accountable to a registered health care professional and should have regular supervision and assessment of competence. Health care assistants may or may not be part of the practice nursing team. While they are not nurses, they are included in the skill mix model to illustrate the progresssion of clinical responsibility and to

help inform precctice decisions on skill mix.

Staff Nurse:

A staff nurse is a registered nurse and is capable of undertaking a wide range of nursing procedures. Depending on the length and range of experience he/she may have well developed clinical skills in certain areas that could be deployed within the practice. A staff nurse could see patients self referring for nursing procedures and could participate in the delivery of specialist clinical services for established patients who have already been assessed and have a plan of treatment.

Specialist Practice Nurse:

A specialist level nurse is one who has knowledge, training and experience equivalent to first degree level and considerable evidence of post registration development within her/his chosen field. A nurse at this level would be expected to manage and deliver chronic disease management programmes, deal with direct self referrals from the public, prescribe as an independent and/or supplementary prescriber, undertake triage and deliver specialist clinics, for example family planning or travel medicine. A specialist level nurse could also take a leadership role in the nursing team.

Advanced Practitioner:

An advanced practitioner is someone with highly developed clinical knowledge and skills achieved through at least a first degree level qualification or the equivalent. The advanced practitioner is able to deal with undifferentiated presenting problems, using advanced skills of physical assessment and examination and clinical judgment to form a diagnosis then initiate appropriate plans of treatment. The advanced practitioner might also have a wider contribution to clinical leadership both within the practice and more widely.
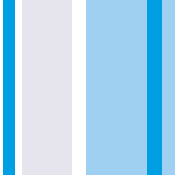
Using the skill mix model

The skill mix model has been developed to support practices in making decisions about the type and level of nurse that they need to fulfil particular role. It can be used by practices seeking to fill a vacant post or develop a new post. The model summarises under each of the four roles the type of duties that a nurse at that level could be responsible for. It is not intended to be any way a comprehensive list of responsibilities, but rather to indicate levels of responsibility appropriate to different posts. It is cumulative, so that a nurse at a higher level can always do all of the things that the levels below can. Nor is it suggested that a nurse at any of the levels would need to undertake all of the duties and responsibilities outlined. They are intended to suggest the types of responsibility that might be appropriate to that level. The actual requirements and responsibilities of any post should be specified and agreed in the job description.

The roles described match with current nursing grades and with draft job profiles for the proposed new salary bands under Agenda for Change.

Responsibilities at each of the four levels are described under six dimensions:
• Management of Health and Illness
• Communication
• Quality Improvement
• Learning & Personal Development
• Clinical Leadership & Teamwork
• Accountability for Practice

To use the model it is first helpful to know the duties required of the vacant post. These can then be checked against the model to inform a decision about the appropriate role.
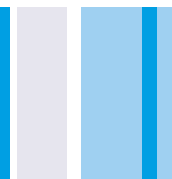
	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Management of Health and Illness	Undertakes specified clinical activities and tests for named patients, within the scope of established clinical protocols, policies and procedures. Acts as a chaperone for patients Undertakes a range of support functions including preparing and stocking clinical areas, washing and sterilising instruments in line with practice protocols. Provides relevant health information to patients and carers within defined protocols.	Assesses patients health needs and develops plans of care to meet their needs. Undertakes nursing procedures for patients with different health care needs. Manages care and treatment for patients with stable or long term conditions. Administers and monitors medication including issue of medication within Patient Group Directions. Actively engages patients and carers in the management of health problems and actions to improve health.	Assesses, plans, implements and evaluates specialist clinical nursing care to meet the care needs of individuals and groups Assesses diagnoses and treats specific conditions in accordance with agreed professional protocols and guidelines. Manages programmes of care and treatment for patients with chronic diseases. Receives direct referrals from health care professionals, other agencies and patients. Triages patients presenting to the practice with undifferentiated health needs.	Effectively assesses, diagnoses and treats or refers patients presenting with undifferentiated health problems. Undertakes clinical examinations and tests in order to inform diagnosis and treatment plans. Develops appropriate management plans with the patient based on assessment. Leads and manages the delivery of programmes of care and treatment for patients with chronic diseases, Plans, manages and delivers programmes to promote and promote health and well being.

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Management of Health and Illness (cont)	Refers back to other members of the clinical team any patient that doesn't fit within established protocols.	Promotes health and well being, helping patients improve their knowledge and take healthy choices.	Prescribes medications within limits of personal competence as an independent or supplementary prescriber. Plans, manages and delivers programmes to improve health and prevent disease in individuals and groups Engages patients and professionals in evaluating the effectiveness of nursing care and makes recommendations for improvement.	Provides expert professional consultancy within and out with the practice. Alerts multi disciplinary team to issues that will affect health and wellbeing and offers constructive solutions to tackle these issues. Drafts input to practice policy that are consistent with evidence. Consults with, and refers to other health care professionals as indicated by patients needs.

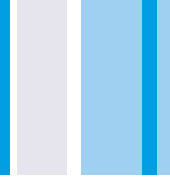|	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Communication	Communicates effectively with patients, carers and the multi disciplinary team. Communicates concerns identified in patient contacts to health care professionals in the team. Provides clear written and verbal information within agreed practice procedures. Maintains accurate records of patient contacts. Acts in a manner that acknowledges patients right to make their own decisions and recognises their responsibilities.	Communicates clearly within the primary health care team and with other agencies. Refers patients to other members of the clinical team in line with agreed procedures. Maintains accurate records of all clinical activity. Undertakes telephone consultations within clearly defined parameters. Recognises the importance of patients rights and interprets them in a way that is consistent with practice procedures policies and legislation.	Sets and maintains high standards of communication with patients, families and carers. Sets and maintains high standards for professional record keeping within the nursing team. Prepares reports and referral letters as required to support the delivery of effective patient care. Communicates clinical information clearly, succinctly and effectively with other members of clinical team.	Develops and sustains professional relationships with other members of the multi-disciplinary team to influence and improve service delivery. Communicates clearly and effectively with all stakeholders to contribute to service delivery and evaluation of service provision. Establishes and develops effective professional networks, participating in and leading nursing fora outside the practice. Recognises dilemmas in the promotion of rights and responsibilities and works with the practice team to ensure non discriminatory practice.

Framework
for Nursing in General Practice

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Communication (cont)		Challenges behaviour which infringes patients rights and identifies and takes action to address discrimination.	Establishes effective communication within the nursing team and the wider primary health care team. Supports patients and carers who need assistance in exercising their rights. Ensures anti discriminatory practice within the nursing team and identifies and takes action to address discrimination.	

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Quality Improvement	Adheres to agreed policies, standards and guidelines within own practice. Alerts other members of the practice team to issues of quality and risk identified in work with patients. Participates in clinical audit within the practice team. Ensures that own actions are consistent with clinical governance systems.	Contributes to clinical governance activities within the team including audit and evaluation. Uses current evidence of effectiveness to inform clinical practice. Works within established policies, protocols & guidelines and contributes to their development and evaluation. Identifies and manages risks involved in work activities.	Initiates & leads evidence based nursing practice developments. Leads and undertakes clinical audit work across the nursing team. Plays a key role in the practice's clinical governance and quality assurance activities. Leads and contributes to the development of practice policies and the provision of primary care services. Develops, implements and monitors nursing policies, protocols and standards. Leads the development of evidence based practice within the nursing team.	Plays a leading role in the practice's clinical governance arrangements. Makes a significant contribution to research and practice/service development. Leads clinical audit work within the practice team and contributes to wider audit activity within the CHP. Creates an environment in which clinical practice development is fostered.

Framework
for Nursing in General Practice

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Learning & Personal Development	Participates in annual appraisal and regular supervision. Participates in learning opportunities relevant to role.	Uses appraisal and supervision to identify development needs and maintains and develops competence in line with NMC requirements. Acts as mentor for students within the practice setting. Supports learning in junior members of nursing team through mentorship, preceptorship and clinical supervision.	Participates in and supports staff appraisal, personal development planning and peer review. Demonstrates self development and utilises a reflective approach to review, evaluate and develop clinical practice. Participates actively in clinical supervision, using it as a means to develop practice. Acts as a clinical supervisor Identifies the learning needs of the practice nursing team and is involved in the recruitment and induction of new nursing staff. Advises the practice on educational opportunities that support the practice nursing team	Participates in and leads staff appraisal, personal development planning and peer review. Supports the development of practitioners in own and other professions. Acts as a clinical supervisor and participates actively in clinical supervision, using it to develop practice. Actively pursues opportunities for multi disciplinary learning and identifies specialist learning activities within the multi professional team. Contributes expert input to formal education programmes.

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Clinical Leadership & Teamwork	Works as member of the practice clinical team within the limitations of knowledge and skills. Understands the role and responsibilities of other team members and seeks advice, guidance and support appropriately. Assists in maintaining a safe working environment for self, patients, carers and the multi disciplinary team. Reports any issues in the practice that may put health and safety at risk.	Actively participates as a member of the primary health care team. Supervises the work of health care assistants in the practice team. Understands the roles and responsibilities of team members and agencies, referring patients and carers where appropriate. Takes clinical lead on defined areas of nursing practice within the team. Identifies and assesses the potential risks involved in duties and identifies how to best manage risk.	Provides professional leadership to the practice nursing team. Acts as a source of expert advice in clinical nursing practice to the primary health care team. Acts as clinical lead within the practice for identified areas of practice. Works effectively and collaboratively with other members of the practice clinical and management teams. Provides nursing clinical leadership within the practice team, fostering a positive culture and promoting development within the team.	Acts as a source of expert advice in clinical nursing practice at CHP and regional level. Provides professional nursing advice to the practice team. Contributes practice nursing expertise and leadership to professional nursing fora within the CHP. Leads the delivery of advanced nursing practice Provides professional leadership and consultancy at practice, service and national levels.

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Clinical Leadership & Teamwork (cont)		Supports other members of the nursing team in maintaining health, safety and security.	Undertakes duties consistent with legislation, practice procedures risk assessment and management. Monitors own and team's work areas and practices and ensures they are free from hazard and conform to health and safety legislation.. Takes necessary action in relation to risks in the practice and supports multidisciplinary team to manage risks. Identifies training needs in health and safety and acts as a role model in promoting health safety and security.	Regularly assesses risk to health safety and security using the result to promote and improve practice. Ensures that the working environment is safe and complies with practice, professional and legal requirements and guidelines and takes appropriate action where there are problems. Investigates any potential or actual breaches of legal, professional or practice requirements and takes the necessary action to deal with them appropriately. Supports multidisciplinary team to improve health safety and security.

	Health Care Assistant	Staff Nurse	Specialist Practice Nurse	Advanced Practitioner
Accountability for Practice	Undertakes clearly defined work with patients without direct supervision. Works at all times within established protocols and procedures. Accounts directly to a registered health practitioner for all aspects of care delivery.	Accountable as a registered nurse for all areas of personal practice. Manages self and others according to the NMC Code of Professional Conduct. Accepts delegated responsibility and inherent accountability for own practice.	Acts independently within the practice team. Manages own clinical practice and that of other members of the nursing team to ensure safe & effective care. Accepts delegated responsibility and inherent accountability for the quality of own practice and delegates duties to other members of the team.	Exercises accountability associated with a high degree of personal and professional autonomy operating within broadly accepted parameters of practice, acknowledging own limitations and when to seek advice or to refer. Fosters ethical, legal and professional awareness and responsibility in other members of the practice nursing team.

Employing Health Care Assistants in general practice

There has been a rapid growth in the number of health care assistants working in general practice over the last year, fuelled in part by the work of the Primary Care Collaborative. Whilst health care assistants roles are well developed in the NHS, they are a new role for most practices. The following checklist should help practices to ensure that they make effective and safe use of the skills of health care assistants:

Initial preparation
Careful consideration should be given to the education programme for staff new to the role. Health care assistants who have worked elsewhere in the NHS are unlikely to have the full range of skills necessary to be effective in the role. In addition to the necessary skills associated with clinical duties, the initial preparation will need to include:
• Communication including dealing with upset or aggressive patients
• Confidentiality
• Record keeping and IT systems

Practices should keep full records of training provided and assessment of competence.

Protocols
Clear and simple written protocols should be developed for the clinical duties that the health care assistant will undertake. These should avoid any expectation that she/he would make a clinical judgement and should set out arrangements for referring back to a health care professional any patient that fall outside the scope of the protocol.

Accountability
As health care assistants do not have a professional registration, the professional (whether that be a nurse or doctor) who delegates a duty retains professional accountability for that duty. It is important that practices as employers of health care assistants establish clear lines of accountability which are understood by other team members. This is particularly important where health care assistants also have another role within the practice, such as receptionist, and may have different accountability for each role. RCN guidance for health care assistants and nurse cadets provides further useful information. It is available at
http://www.rcn.org.uk/members/downloads/hca-handbook/pdf

Supervision

There should be a formal arrangement for a health care professional to supervise the health care assistant on a regular basis. Supervision arrangements, including observing practice, should be agreed on appointment and time built into schedules to undertake supervision.

Education and Development

The health care assistant will have development needs like other members of the team and should be included in practice appraisal and personal development planning arrangements. Most health care assistants in the NHS have SVQ level qualifications at either level 2 or 3. Some universities are now offering health care assistant SVQ programmes suitable for practice employed staff. Practices planning to employ health care assistants should access their local SVQ assessment centre or contact with the SVQ co-ordinator employed by the local NHS Board for advice.

Nurse Consultant Role in General Practice

The role of Nurse Consultaant has been developed as an expert practitioner who also provides strategic leadership as well as having an education and research remit. These new roles are now developing across a wide range of clinical areas in the NHS. Although there are currently no examples in general practice, there is clearly potential with the new practice based nature of the contract for practices to consider this new role. Similarly, there is the potential to develop roles at CHP or Board level that provide strategic leadership and expert nursing input acrosss practices. Guidance on the development of nurse consultant roles is available in HDL(2001)52 available on the SHOW website (http://www.show.scot.nhs.uk/sehd).

Career Structure and Progression

To date there has been little opportunity for career progression in practice nursing. Most practice nurses are employed at F or G grade, with little potential to develop beyond that and relatively few posts at a lower level. Career progression is hampered by there not being any common understanding of the role and the knowledge and skills that underpin it. Whilst there are significant opportunities to develop skills within the practice, this is in most cases not related to pay rewards and skills acquired within one practice would not necessarily be recognised elsewhere.

In order to make a reality of career progression in practice nursing, the consensus conference on the framework identified a number of essential steps.

Develop greater skill mix enabling a progression from novice to expert

The skill mix model outlined above provides, for the first time, some structure to skill mix in practice nursing. Using the skill mix model should allow practices to make informed decisions about the requirements of each post and in turn create a more diverse career structure for nurses.

Develop accredited education in order to ensure transferability

Chapter 6 explores current opportunities for learning for practice nurses. One of the outstanding difficulties is that whilst there are currently many and varied options for nurses to develop new knowledge and skills these are not always accredited and do not add up to a recognisable and transferable qualification. The NMC is currently reviewing post registration education and further work on practice nursing will need to be based on the outcome of that review.

Ensure that pay is linked to knowledge, skills and responsibility

Agenda for Change provides a framework to support and enable career progression. Each of the model job descriptions has been mapped against the levels identified in the Knowledge and Skills Framework, so it is possible for nurses to define the knowledge and skills necessary to progress their career, identifying and developing the necessary skills to enable them to apply for jobs at the next level.

Provide professional mentorship for practice nurses

The importance of sound professional leadership is explored further below. CHPs and NHS Boards should play a significant role in supporting the development of practice nurses. In addition, there will be a need to develop a cohort of experienced practice nurses with appropriate mentorship skills to support their peers at all levels in the development of their knowledge and skills. The NMC are consulting on standards for mentorship which should help inform any future development.

Ensure that student nurses have exposure to practice nursing as a career choice

The NMC in it's Code of Professional Conduct states that all nurses "have a duty to facilitate students of nursing, midwifery and health visiting and others to develop their competence." In reality, most practice nurses have little contact with students, which means that students do not have exposure to the unique environment and work of the practice nurse and are therefore less likely to see it as a desirable career choice. It also means that practice nurses lose out on the stimulation and challenge that someone new to the area of practice can bring. Universities and most practice nurses are keen to see student placements in practice nursing. However, the different funding arrangements for medical and nursing education mean that it is not feasible for practices to be paid to take a student nurse.

The potential benefits to the practice of taking student nurses on placement include:
• Raising the profile of practice nursing as an attractive career choice. This will become increasingly important as practices have to compete in a challenging recruitment market. (There are examples of practices recruiting staff nurses direct from training who they had come to know as students.)

• Access to education materials and updating for practice nurses to fulfil their mentorship roles with students.
• Exposure of the practice nurse to the new ideas and challenges that students bring into the practice.
• Student nurses near the end of their education can contribute to the delivery of clinical services under supervision.

Taken together, these developments will provide increased structure and provide opportunities for nurses to develop their careers in practice nursing.

Role Development

Practice nursing has been over the last ten years one of the fastest growing fields of nursing practice, both in terms of numbers and scope of practice. The NMC in it's Code of Professional Conduct:
http://www.nmc-uk.org/nmc/main/publications/codeOfProfessionalConduct.pdf
provides the scope for nurses to expand and develop roles to meet patient need, but states that:

"To practise competently, you must possess the knowledge, skills and abilities required for lawful, safe

and effective practice without direct supervision. You must acknowledge the limits of your professional competence and only undertake practice and accept responsibilities for those activities in which you are competent."

And:
"If an aspect of practice is beyond your level of competence or outside your area of registration, you must obtain help and supervision from a competent practitioner until you and your employer consider that you have acquired the requisite knowledge and skill."

In order to provide some structure and consistency to the development of nursing roles, the Facing the Future Group on nursing recruitment and retention led a major piece of work on role development, culminating in a consultation on a framework for developing new nursing roles. There are essentially three ways in which roles are developed:

- **Expansion of existing roles:** for example practice nurses undertaking independent prescribing
- **Development of new roles within the existing scope of practice:** for example nurse practitioner roles in primary care

- **Development of completely new roles:** Essentially roles that don't necessarily fit within the boundaries of a single profession, for example hybrid health and social care roles.

The first two are particularly relevant to practices. The framework sets out a series of questions that will be helpful to practices in developing or expanding practice nursing roles:

NEEDS ASSESSMENT – What are the drivers for this change?
1. What is the patient/service need this change addresses?
2. What are the intended outcomes this change will deliver? e.g. fewer inappropriate admissions, improved health outcomes
3. What are the options for these outcomes to be delivered? i.e. are there different ways we could do this?
4. Who are the stakeholders who need to be involved in considering these options?

SKILLS/KNOWLEDGE/EXPERIENCE — What kind of role development is this?

1. Is it an expansion of role, a new role for an existing practitioner, a new practitioner, a support worker or administrative support?
2. What knowledge/skills will be required to deliver the desired service/outcome for patients?
3. Which professions already have the required knowledge/skills? e.g. AHPs, health visitors, pharmacists
4. Who is best placed to deliver this change? e.g. experience, capacity, location
5. If there is more than one option, how will a solution be achieved?

GOVERNANCE — What governance arrangements are in place to support this development?

1. How can patient safety be assured within this role? e.g. clinical decision making, treatment delivery, agreed standards/guidelines
2. Has clinical, managerial and professional accountability and supervision been agreed?
3. How have resource and sustainability issues been addressed?

COMPETENCIES/EDUCATION — What are the education and training requirements of this role?

Have key stakeholders been involved in agreeing the educational needs and competencies for this development? (the professions with a shared interest in the development will have an important role in defining these)

1. How will initial and ongoing education and training needs be met? e.g. induction, shadowing, networks, mentoring, formal education.

INDIVIDUAL ACCOUNTABILITY — What are the parameters of accountability for this role?

1. Have you defined the specific areas of accountability for the individual taking on this role?
2. Do you have team roles and systems that support the individual's accountability? e.g. scheme of delegation.

EVALUATION/FUTURE QUESTIONS — What mechanisms are in place to evaluate the role and plan for the future?

1. How will evaluation and planning for the future, both for individual practitioners and for the service, be achieved before the inception of new roles?
2. How can organisations and professional bodies work together to develop ways in which practitioners can develop their careers?

3. How can new roles be kept under review to ensure they remain relevant?
4. Are there mechanisms for considering implications for the future of other services as new roles develop?
5. What are the arrangements for succession planning?

These questions provide a simple structure for practices to effectively and safely plan new role developments. The framework itself provides further guidance on role development and is available at http://www.scotland.gov.uk/consultations/health/ffnr.pdf. The final version of the framework will be published in the autumn 2004.

Access to professional leadership

Throughout workshops, conference and subsequent discussion around the development of the framework, the issue of leadership has consistently been identified as important for practice nursing. Many practice nurses reported working in professional isolation, which is not helpful in terms of their own development or indeed of effective clinical governance. There seems to be a clear message that both practices and practice nurses see a role for professional leadership outwith the practice.

Some NHS Boards have already invested in developing this leadership, using a variety of different models at either LHCC or Board level, with consequent benefits in terms of the development and profile of practice nursing. Models include practice development roles at LHCC level with a particular responsibility for practice nurses and NHS Board wide remits including an Associate Director of Nursing role with responsibility for practice nursing.

The draft statutory guidance on the development of Community Health Partnerships states that "NHS Boards should ensure that effective professional leadership is available to all the clinical and non clinical professionals working within the CHP in order to support the effective delivery of services and promote innovative and safe professional practice". It is perhaps important to differentiate between management and leadership. External professional leadership should not in any way undermine the ability of the practice to manage and deploy their own staff, nor should practice nurses have their practice dictated to them by the NHS Board. Instead, effective professional leadership should enhance practice and enable practice nurses to develop safely and effectively. It should also ensure that the needs of practice nurses as a whole are better understood and addressed by the CHP and NHS Board.

Benefits of professional leadership

There are significant potential benefits to establishing effective professional leadership for practice nurses. These include:

• Access for practices to professional advice on recruitment and development of practice nurses.
• Access for nurses to professional and career advice
• Professional input to appraisal and personal development planning.
• Development of networks to share good practice, raising the standard of care delivered.
• Potential to link into NHS Board run educational opportunities.
• Development of clinical supervision and mentorship schemes to support practice nurses.

The Practice Nurse as Leader

Although employers can influence the quality of patient care, it is the qualities of individual nurses which have a more direct effect on the way patients are looked after. Clinical leadership is about developing nurses who are effective at managing themselves, building effective relationships, focusing on the patient, networking effectively and being politically aware. All practice nurses have a clinical leadership role and can directly effect the quality of their own patient care as well as contributing more effectively to practice's clinical priorities by developing sound leadership skills.

Practice nurses see themselves primarily as clinicians rather than leaders, indeed many entered the field of practice in order to progress clinically rather than managerially. However, increasingly practices will have skill-mixed practice nursing teams. A direct consequence of this will be that more senior nurses take on roles in leading and managing the nursing team. Issues such as development and appraisal of staff, recruitment, management of clinical nursing services, establishing appropriate delegation and supervision of junior staff and leading nursing involvement in practice decision making will inevitably become the remit of some practice nurses. Whilst some nurses will be well experienced in leadership from previous roles, others may need to develop their leadership skills.

The national Facing the Future programme on nursing recruitment and retention has highlighted the importance of clinical leadership. All NHS Boards are investing in clinical leadership development for nurses and

opportunities should be sought to link practice nurses into such programmes.

Nurse Partnerships

Whilst there are rare existing examples of non medical partners, including both practice managers and practice nurses, the old GMS contract was not designed to support non medical partnerships. The new GMS contract however is held by the practice rather than individual contractors and specifically allows for non medical partners, so long as the partnership includes one GP, offering the practice greater flexibility to practices in partnership arrangements. A number of practices and practice nurses have expressed interest in exploring the potential of nurse partnerships. There is no definitive guidance available on the subject and experience across the UK is limited. However the following is a summary of potential benefits and issues to consider.

Potential benefits of a nurse partnership

Nurse partnership has not historically been seen as a natural career progression for nurses and both nurses and practices will want to consider carefully the potential benefits of a partnership and put in place effective partnership arrangements to ensure that those benefits are realised. Nurse partnership brings the practice the potential to be more creative about skill mix, which may be particularly attractive in areas where recruitment is difficult.

Having a different professional perspective on the clinical management and leadership of the practice brings additional benefits, which could be helpful to practices in meeting some of the requirements of the new contract. It has the potential to breakdown traditional hierarchies and recognise the contribution of different professionals to meeting the practice's professional and business goals.

For most practices the most pressing drive to developing a nurse partnership will be to recognise the contribution of a long standing senior nurse and to secure her/his longer term commitment to the practice.

Issues to consider

There can be little doubt that having greater involvement in the decision making aspects of the practice promotes a sense of ownership and satisfaction. However nurses and GPs will have to consider the issues that may arise from the responsibilities and liabilities associated with becoming a nurse partner.

Nurses

- Most nurses will not have been self employed before and will need to consider and seek advice on the issues associated with a changed status. An alternative is to become a salaried partner, who receives a fixed share of the profits.
- In order to effectively contribute to the running of a small business, nurses will need some business management and financial skills.
- Nurses will need to understand the financial and professional liability that they are taking on as a partner in the practice.
- Nurses will need to ensure that the practice and any personal indemnity insurance provides adequate cover for their new role and responsibilities

Practices

Practices will need to consider what type of partnership best meets their needs. Particular issues that need to be resolved include:

- What contribution the nurse partner will make to the decision making of the partnership and whether any issues will be specifically reserved. This may be particularly relevant where the nurse is in a salaried partnership.
- Should specific areas of accountability be clarified, for example should the nurse partner have a specific accountability for nursing staff and what should her/his role be in respect of any employed medical staff?
- What arrangements should there be for profit sharing and how should they reflect any differing responsibilities within the partnership?
- What arrangements are there for indemnity insurance and how does the changed employment status of the nurse partner affect them?
- How will the nurse partner's remuneration reflect the additional responsibilities of the role?

Establishing a nurse partnership

Nurse partnerships should be considered as a long term commitment and not taken lightly. Successful nurse partnership arrangements work well where the professional contribution of the nurse to the partnership is recognised and valued. There is little established precedent on which to base any definitive guidance to practices considering developing a nurse partnership. Nurses and practices considering a partnership would be well advised to seek professional and legal advice to help inform their decisions. The recently published BMA guidance on partnership agreements provides a sound structure on which to base a written agreement. It is available to members on www.bma.org.uk

Learning & Personal Development

6 Introduction

A hallmark of a good employer can be seen in the importance that is attached to personal development and continuing education. The training and development of staff can bring significant benefits for both the employee and the employer and most importantly should result in improved standards of care for the patient. This is reflected in the new GMS contract which states that all staff should "have access to appropriate training, professional advice and continuing professional development" and "all practice-employed nurses are supported to participate in clinical supervision and appraisal". The quality and outcomes framework of the new GMS contract awards quality points for ensuring that practice nurses have an annual appraisal and personal learning plan.

As the boundaries of practice continue to expand, appropriate education to underpin role development is essential. It is clear from discussions with practice nurses that there is a need to identify more creative and

innovative solutions to learning, that will support practice nurses in their ongoing training and development and equip them the right skills and knowledge to deliver the services required.

This chapter is based on standards 4.1 covering appraisal, personal development planning and access to continuing professional development and 4.2 covering opportunities for clinical supervision and reflective learning.

Appraisal

Many different titles have been given to the process of reviewing performance and identifying development needs, including appraisal, personal development planning and performance review. For simplicity and so as to avoid confusion, appraisal is used throughout this section, but the detail draws heavily on the Partnership Information Network (PIN) Guideline on Personal Development Planning and Review:
http://www.show.scot.nhs.uk/psu/documents/PDPs%20&%20rev.pdf
The appraisal process is part of a continual process of planning, monitoring, assessment and support to help staff develop their skills and be more effective in their

role. The annual appraisal interview sits at the heart of the process. There is evidence both within the NHS and industry that an effective appraisal process increases the effectiveness of the organisation.

The appraisal process should be seen as a positive approach to development. It is not:
• About creating unrealistic expectations or rewards
• A vehicle for evaluating/increasing pay entitlements.
• To be used as a counselling exercise for non-learning and development issues.
• A variant or sub set of disciplinary procedures.
• A substitute for the reviewer's responsibility to provide ongoing feedback to staff.

The appraisal process
The appraisal process essentially has four key stages:
• A self assessment by the individual of strengths and development needs
• A structured discussion with the appraiser based on the self assessment
• An agreed personal development plan which flows from the appraisal discussion
• Action to meet the learning needs identified in the personal development plan.

Self Assessment

A model self assessment and appraisal form developed from the PIN guideline is included on the CD ROM. Essentially this encourages the nurse to reflect on the period since the last appraisal, to review achievements, strengths and development needs as well as future career aspirations.

Appraisal interview

The formal appraisal is an opportunity for the practice nurse to discuss with the appraiser their own and the appraisers perceptions of achievements over the last year and development needs. The completed self assessment forms a starting point to this discussion.

It is very important that everyone involved has trust in the confidentiality of the appraisal interview and the documentation surrounding it. It is essential to foster confidence in the integrity of the process not least because it will encourage both appraisee and appraiser to be as frank and open as possible. The only exception to this would be where issues emerge which indicate that the appraisee is in breach of the NMC Code of Professional Conduct, or where issues are identified that might compromise patient safety

Appraisal interviews typically take 60-90 minutes. It is important that time is committed to the process if it is to offer an opportunity for positive discussion.

The outcome of the appraisal interview should be an agreement on objectives and development needs for the year. A record of the interview should be signed and copies kept by the person being appraised and on the staff file.

Who should be the appraiser?

There are a number of options, which practices and practice nurses may need to consider in order to get the best out of the appraisal process.

Possible options include:

1. **A senior nurse within the practice team.** This may be the best option where there is an identified nurse with responsibility for leading the team, or for appraisal of staff nurses or health care assistants. In order to work effectively, the practice would need to be prepared to support development plans identified from the process and the appraiser would need to be well informed on the practice's plans and priorities.

2. **Practice manager or GP.** This option has the benefit of ensuring that the practice nurse's objectives fit within the overall practice plans and giving a practice commitment to development plans. However, expertise in professional nursing issues will be lacking, which may make it more difficult to agree an appropriate development plan or to appropriately explore and challenge the nurses self assessment.

3. **A senior nurse external to the practice.** This option is essentially similar to the GP appraisal model and would ensure appropriate professional input to the process. However, the nurse appraiser is unlikely to know the practice well, so would be unable to agree appropriate objectives with the nurse and could not commit practice funds to meeting any agreed development plan.

4. **A combination of 2 and 3.** This option essentially would involve a professional component of the appraisal taking place with an external appraiser, with a discussion within the practice to agree the coming years work objectives and to sign off the personal development plan.

In considering these, the most important points to consider are:

- The nurse needs to be confident in the person identified as appraiser
- The practice must have confidence in the appraiser if they are to commit to meeting the identified development needs
- The appraiser needs to be prepared to take on the role and should have had some training as an appraiser.

Local NHS Boards will have available training for both appraisers and appraisees and should make this available to practice staff in order to support the development of practice nurse appraisal.

Personal Development Plan

The personal development plan is the most important output from the appraisal process. It is a record of what the individual nurse needs to do in order to effectively fulfil their role. It is important that plans are reasonable and achievable rather than extensive wish lists. They should be directly based on the strategic direction and plans of the practice and reflect the needs of the practice and patients. Obviously personal development plans will also reflect the individual nurse's own career aspirations and there may need to be an agreement between the nurse and the practice on which aspects of the PDP each will support.

A model PDP template is included on the CD ROM. This is derived from the PIN guideline and clearly separates those development needs that are associated with the current role and those that are about the individual's career aspirations. The PDP should be signed off by both the practice and the nurse and copies kept by each as a means of reviewing achievement of the plan.

Action to meet the identified learning needs

This final stage of the process takes place throughout the remainder of the year. Much of the rest of this chapter is devoted to identifying varied approaches to learning and development and making connections to available resources and education. The emphasis should always be on identifying learning opportunities that best meet the needs of the nurse as identified in the PDP. These may not always be attending a formal course.

Protected time for learning

The new GMS contract highlights the importance of supporting learning and development through giving protected time to all team members. Agreeing a personal development plan forms a good basis for deciding on appropriate time out for learning. A big challenge for

many practices in negotiating time out for learning is the lack of adequately trained relief staff. Some Boards have started to develop practice nurse banks, although coverage remains quite poor. NHS boards working with local practices should consider the potential to further develop a cohort of practice nursing bank staff to enable practice nurses to take time out for learning. In practice this may mean that existing part time practice nurses would undertake bank duties as well. To be effective practices would need to be open to this model and enable their staff to work elsewhere.

Professional requirements for education

Pre-registration education prepares nurses for initial registration. Continuing professional development is linked to the registration renewal process through the NMC Post Registration Education and Practice (PREP) standards. The PREP requirements are a statutory requirement for all nursing staff. In order to meet the standard nurses must undertake at least five days (35 hours) of learning activity relevant to their practice during the three years prior to their renewal of registration, maintain a personal professional profile of this learning activity and comply with any request from

the NMC to audit compliance with these activities. Furthermore, all registered nurses need to have completed a minimum of 100 days (750) hours of practice during five years prior to renewal of registration.

Any experience can result in learning, the important point is that it is adequately documented in a Personal Professional Profile (PPP). NMC highlight the following points in relation to CPD:
• it doesn't have to cost any money
• there is no such thing as approved PREP (CPD) learning activity
• there is no need to collect points or certificates of attendance
• there is no approved format for the personal professional profile
• it must be relevant to the work the nurse is doing and/or plans to do in the near future
• it must help the nurse to provide the highest possible standards of care for her/his patients.

A model form for maintaining a PPP is attached in the annexes derived from an NMC example. Further guidance is available in the PREP handbook:
http://www.nmc-uk.org/nmc/main/publications/ thePrepHandbook.pdf

It must be remembered that the PREP standard of 35 hours learning over 3 years is a minimum standard and achieving it does not necessarily mean that the nurse is competent to practice, particularly where roles have expanded and evolved. All practice needs to be underpinned by appropriate education and nurses should never undertake work that they do not feel competent to safely perform.

The role of NHS Boards and CHPs in supporting practice nursing development

Although practice nurses remain the employees of individual practices, who have the responsibility to provide them with appropriate education, there is an important role that NHS Boards and the emerging CHPs can play in supporting practice nursing development. Firstly they can open up in house education provision to practice staff. Many NHS boards have already done this with consequent benefits in terms of sharing experience and understanding as well as improved practice nurse education. Secondly, there is a potential role in providing professional leadership to practice nurses. This topic is explored further in chapter 5. In relation to education and development that role might include contributing to the

appraisal process, advising practice nurses and practices on appropriate education and facilitating learning opportunities, in particular clinical supervision, which would need to be organised at CHP or Board level.

Methods of learning and personal development

Knowledge, skills and competence can be acquired from a variety of formal and informal learning activities. Identifying and attributing appropriate value to all these experiences is an
important step in any CPD process.

Four aspects of learning opportunities are outlined below:
• Formal learning opportunities
• Competence based learning
• Experiential and work based learning
• Self directed learning

It is important to recognise that none of these are mutually exclusive. For example, self directed learning and work based learning will often be part of formal learning opportunities. They have been separated out to illustrate the wide range of opportunities to learn.

Formal learning opportunities

Formal learning opportunities are those leading to some form of academic or professional award. Programmes may vary from distance learning programmes, through short courses to undergraduate or post graduate degree programmes. The range and depth of potential topics varies too widely to discuss in detail. A summary of some of the main Scottish programmes leading to a formal qualification that may be of relevance to practice nurses is available in Annex B. In addition, all Scottish universities offer a range of short modules on a wide variety of relevant topics. Further details are available from the universities.

Specialist Practice Qualification in General Practice Nursing

There is a specialist practice education programme in general practice nursing. This is a degree level programme leading to a recorded qualification on the NMC register. It can be taken over one year full time, or up to four years on a part time basis. It is currently the only professionally accredited programme of its type for practice nurses and provides a sound theoretical and practical basis for practice at specialist level. Unlike district nursing and health visiting, it is not a formal requirement to hold the qualification in order to practice.

In Scotland, the programme operates at three universities. The programme provides a firm foundation for practice nursing, although given the vast scope of practice nursing roles it cannot hope to encompass the range of specialist clinical areas that practice nurses increasingly need to be proficient in. The NMC is currently reviewing post registration nurse education and will make recommendations in due course. These will need to be considered in planning any future development for practice nurses.

Competence based learning

Competence based learning starts with a description of the competencies required to be proficient in an area of practice and provides a means for the practitioner to identify current knowledge and skills against the competencies and to identify any gaps, which can then be filled in a variety of ways. The benefit of competence based learning is that having the competence is equally valid, no matter how it was acquired, so competence gained through practice, personal learning and experience carries the same weight as that acquired through formal education.

NHS Education for Scotland has developed competencies in a range of areas directly relevant to practice nurses.

These frameworks are entitled "A Route to Enhanced Competence". Topics include:
• Nurse Practitioners working in Minor Injury units, A&E & Community Hospital Casualty Departments
• Ophthalmic nursing
• Dermatology Nursing
• Telephone Consultation
• Caring for patients with epilepsy
• Caring for patients with diabetes
• Infection control
• Tissue viability
• Caring for older people

All of these frameworks set out competencies necessary to be proficient in the defined area and use a portfolio route towards demonstrating that competence. The benefit of this approach is that it can be largely work based and focuses on identifying existing strengths then filling gaps in competence.

The NES portfolio route essentially defines five steps:

1. Review experience and practice to date identifying existing knowledge and skills against the competencies set out.
2. Appraise level of competence and identify existing strengths and development needs
3. Agree an appropriate training programme to meet identified needs
4. Set goals and devise an action plan in partnership with a facilitator, who has expertise in the field.
5. Provide evidence of achievement using a portfolio of evidence.

The full range of competency frameworks and a portfolio are available from http://www.qacpd.org.uk. RCN have also developed a range of competency frameworks available from http://www.rcn.org.uk.

In addition, recent work on developing multi-disciplinary primary care out of hours services published by NHS Education for Scotland as "Out of Hours a Framework for Care", http://www.nes.scot.nhs.uk/multi/ sets out a range of competencies, many of which will be directly applicable to practice nurses and provides direct links to appropriate educational programmes to meet the competencies, where they exist.

Experiential and work based learning

Experiential and work based learning have been an important drivers in nursing education in recent years and often make up part of formal education programmes. However, they can equally well be used alone to develop new skills and competence. This section explores a variety of means that can be used to support work based or experiential learning.

Mentorship

An experienced nurse mentor can be assigned to a new practice nurse or where a nurse is taking on new duties. The mentor can facilitate personal and professional development through encouraging reflection, identifying gaps in knowledge and skills and providing structured feedback to enable the nurse to develop and expand their practice with safety and confidence

Shadowing

Work shadowing is designed to allow practitioners undergoing professional development to gain knowledge and understanding about the work of a colleague in a similar position in order to enable them to understand better their own context, situation, position, tasks and

job purpose. The value of this type of learning is in providing the practitioner with a very real insight into the role of a particular post.

Secondment

Secondments are a useful way for nurses to gain valuable experience without giving up their current post. They offer opportunities to acquire new skills, qualifications and facilitate professional development. Practices should look upon these favourably because of the potential value of the skills that can be gained and brought back to the practice.

Significant event analysis

The Quality and Outcomes Framework of new GMS rewards practices for undertaking significant event reviews. Involving practice nurses in the process will introduce different professional perspectives on an incident as well as contributing to the whole team's education.

Case Review

Problem or random case analysis is a learning activity which is commonly used with GP registrar training. It is often undertaken informally with between GP partners and registrars and peers This is a powerful learning tool and can both promote shared learning and help to identify learning needs.

Practice based audit

Audit activity is a useful way of considering clinical and operational issues within the team. Reviewing findings provides a good opportunity for the team to learn together as well as highlight further learning needs for the team or individuals.

Self -Directed Learning

Self directed learning is a process whereby the learner takes the initiative and responsibility for the learning process. It requires no formal teaching input and can be facilitated by a range of methods and resources. The internet provides a powerful resource for educational purposes. Annex C lists a range of web based educational resources that may be of interest to practice nurses. It is not exhaustive but provides a useful starting point for both reference and education.

Clinical Supervision

Reflective practice can be described as the cornerstone of continuous professional development. Participating in reflective practice will help the nurse to identify learning and evaluate her/his current practice. It will also enhance self-awareness and confidence and can help to evaluate current practice. The NHS QIS publication "A Practical Guide for Nurses and Midwives Working Towards The Quality Practice Award" (http://www.nhshealthquality.org/ nhsqis/files/qpaguide.pdf) provides useful background on reflective practice. Reflecting on actions and incidents and recording the reflections in a diary is one way of demonstrating learning. It is important that reflective diaries remain confidential to the individual, but themes and issues identified can provide a useful basis to support clinicaal supervision. Clinical supervision provides a more structured focus on reflective learning, by enabling nurses to reflect on incidents with peers.

The new GMS contract states that nurses should have access to clinical supervision. "Clinical supervision aims to bring practitioners and skilled supervisors together to reflect on practice, to identify solutions to problems, to increase understanding of professional issues and, most importantly, to improve standards of care". (NMC 2002). Although the NMC has not made clinical supervision a statutory requirement, they strongly endorse it as a means to assist practitioners to develop skills, knowledge and professional values throughout their career and working lives and as an important component of good clinical governance.

Essentially clinical supervision is a regular opportunity for structured confidential discussion either individually or in small groups with a supervisor who is a professional peer. Whilst there is no right or wrong model of supervision, the NMC have set out a series of principles that should underpin any system of clinical supervision:
- Clinical supervision supports practice, enabling the nurse to maintain and improve standards of care.
- Clinical supervision is a practice focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor.
- The process of clinical supervision should be developed by practitioners and managers according to local circumstances. Ground rules should be agreed so that the nurse and supervisor can approach clinical supervision openly, confidently and are both aware of what is involved.

- Every practitioner should have access to clinical supervision. Each supervisor should supervise a realistic number of practitioners.
- Preparation for supervisors should be flexible and sensitive to local circumstances. The principles and relevance of clinical supervision should be included in pre-registration and post registration education programmes.
- Local evaluation of clinical supervision is needed to assess how it influences care and practice standards.

Implementing clinical supervision

It would not be easy, if indeed possible, for an individual practice to implement clinical supervision alone. To be effective, supervision requires the supervisor to be someone outside of the usual day to day working arrangements. However, most NHS Boards have developed clinical supervision to some extent. Any development of clinical supervision for practice nurses could most appropriately take place at CHP level. However, it should also be clear that clinical supervision would require active support from practices, both in supporting time out for their nurses (typically an hour every 6-8 weeks) and in a reciprocal agreement supporting their own nurses to supervise other practice nurses.

Mandatory updates

In addition to learning needs identified as part of a personal development plan, there are a number of areas where all professionals need regular updating. Some of these are set out in the Quality & Outcomes Framework of the GMS contract. They include:
- Basic life support skills
- Anaphylaxis
- Child protection
- Data protection and freedom of information
- Fire procedures
- Moving and handling

Practices need to have systems in place to ensure that these regular updates take place or else link into local NHS Board training on these issues.

Communication and Teamwork

7 Introduction

The new GMS contract challenges traditional attitudes and working practices, embracing a whole team approach to improving the quality of care. It will be important for practice teams to work together effectively to identify patient needs, plan work and involve all members in decision making and developments in order to fulfil the requirements of the contract.

The contract states that "when making changes to the working practices of nurses, the practice will be expected to involve them in the decision making process". As their work becomes more specialised, with some services effectively being nurse led, closer involvement of nurses in the planning and delivery of services will be needed. Without such involvement, the ability of nurses to effectively contribute to meeting patient needs and practice goals may be lessened.

Effective teamwork is underpinned by effective two way communication. If the nurse is to play an active role within the team, she/he will need to be well informed, have effective lines of communication within the practice and professional networks which extend beyond it. Increasingly effective communication involves having access to and skills in the use of IT systems. Both practices and NHS Boards have an important role to play in facilitating practice nurse access to IT.

This chapter is based on standards 5.1 and 5.2 relating to communication and teamwork and the availability and use of IT systems to underpin effective communication.

Teamworking

An effective team can be defined as one where:
• Roles and relationships are accepted and understood
• There is mutual support, openness and trust among members
• Task expectations and accomplishments are high with members taking initiative and energy being channelled into effective work.

• There is respect for individual differences in values, personalities and skills.
• Individuals' needs are met.

Effective teams usually contain a mix of experience and expertise and seldom depend on rank or status. This presents a particular challenge for practices as small organisations, as GPs need to be both the employer, strategic leader and decision maker and a professional peer to practice nurses in their employment. Inevitably it is difficult to separate out these roles, which can lead to nurses feeling excluded as a full member of the team. Practice nurses bring a wide range of clinical, professional and leadership skills to the team, often from an extensive career in nursing. Effective teamwork should aim to ensure that these are made good use of in planning, delivering and evaluating quality patient care.

Whilst all professionals learn to some extent how to work as a team as part of their training, it should never be assumed that simply putting a disparate group of professionals together will produce an effective team.

For a team to function effectively:
- The team needs to have a reason for working together.
- Members need to be interdependent i.e. they need each others expertise.
- Members need to be committed to the idea that working together as a team leads to more effective decisions than working in isolation.
- The team needs to be accountable as a functioning unit.

Building and maintaining relationships with other colleagues and understanding the different needs of others are key factors to building an effective practice team. This will involve being open to different viewpoints and valuing the contribution that others can make.

Three key factors are common to effective teamwork and essential to making an effective practice nursing contribution:

Identification of roles
To build teams and to work in them, there needs to be clarity of what is expected of team members. Whatever roles individuals have within the practice team, others will have certain expectations. These expectations relate to how the role is perceived and the assumptions made about that role. Tension and conflict can arise if others are unclear about an individual's role or if they cannot make clear distinctions between roles and responsibilities of others.

Effective and efficient processes
Processes include making effective use of electronic communication, ensuring that time is made for team members to communicate formally and informally and making effective use of formal meetings and team based learning events. Because it is often assumed that teams will work simply because we put people together, little thought is often given to making sure that the processes actually are in place and work effectively.

Maintaining a high level of morale
In general, people prefer the greatest involvement in decisions that are closest to them and affect day-to-day work. Participative decision making promotes a sense of ownership and leads to greater commitment in implementation. It also frequently produces decisions that are technically better: a group tends to have a greater collective knowledge and expertise than an individual.

Clinical communication

Delivering effective clinical services that meet the health needs of the practice population is the core purpose of the primary care team. Underpinning this must be effective communication between all members of the team. The NMC Code of Professional Conduct promotes the importance of teamwork stating:

• All nurses are expected to work co-operatively within teams and to respect the skills, expertise and contributions of colleagues.

• Colleagues must be treated fairly and without discrimination.

• Nurses should communicate effectively and share knowledge, skill and expertise with other members of the team as required for the benefit of patients and clients.

The health care record is an important tool to support effective communication. The NMC states that: "all nurses must ensure that the health care record for the patient is an accurate account of treatment, care planning and delivery". The record should provide clear evidence of the care planned, the decisions made, the care delivered and the information shared within the team.

The NMC guidelines on records and record keeping http://www.nmc-uk.org/nmc/main/publications/ guidelinesForRecordskeep.pdf set out appropriate professional standards for clinical record keeping, which nurses should aspire to.

However, effective clinical communication should go beyond good quality record keeping. It is important for team members to have the time and opportunity to discuss issues and concerns arising from their contact with patients. This may be in a structured way through case reviews, clinical audit or reviewing incidents or complaints or more informal discussions. However it is important that nurses have the opportunity to participate fully in such discussions with clinical colleagues. Discussions with peers either within the practice or through clinical supervision (see chapter 6) can also be helpful in promoting reflection and improving the quality of services.

Involving practice nurses in team decision making

Practice nurses have much that they could contribute to the decision making processes of the practice. Whilst there are clearly issues which will rightly remain the remit of the practice partnership, there are a number of potential benefits to both practices and nurses of being more involved in the clinical leadership of the practice. These include:

- **Ensuring nursing contributions are effectively targeted on practice priorities.** Understanding the practice's clinical priorities will help ensure that the nurses' efforts are appropriately focused.
- **Job satisfaction.** Nurses who better understand their contribution to the overall picture are more likely to feel valued in their job and therefore make a more effective contribution.
- **Bringing a different dimension to discussions.** Different professional disciplines are likely to have different perspectives on the same issue. Ensuring effective involvement of practice nurses can help support innovative solutions to problems.

- **Nurse led service planning and delivery.** Practice nurses are developing discrete areas of expertise, for example in chronic disease management. They may in future increasingly take the clinical lead in some of these areas on behalf of the practice.

Of course there are many different levels of involvement in the business of the practice. For some practices the concept of nurse partnership takes the issue of nurse involvement to its logical conclusion. For others this will not be the right solution. However as a minimum, it is good employment practice to ensure that nurses are well informed about any decisions that will affect their work and have some opportunity to influence the decision making process.

Team Meetings

There was a good deal of discussion in local and national workshops about practice nurse involvement in team meetings. Despite the important and growing role of practice nurses within the team their involvement and contribution to meetings was highly variable. Team meetings can be a useful means to support the development and cohesion of the team. However, they

need to a have a clear purpose and all members of the team need to feel able to make a contribution. Meeting regularly as a team can help to ensure that all members of the team are clear about work objectives and priorities. Meetings with both the practice team and the wider primary health care team have an important role and practice nurses should be encouraged to participate. Effective communication with other nursing members of the primary health care team is important to ensure coherent patient care and make best use of the skill of team members.

Often practice meetings are conducted out-with normal working hours in order to minimise disruption to services. Both practices and nurses will need to be flexible and sensitive one another's needs in order to be fully engaged.

External networks and communication

Work on the framework has highlighted the lack of effective communication networks between practice nurses and the wider health community in many areas. Some nurses expressed concerns that the Board or LHCC did not know how to actively engage them in local work

and in some cases practice nurses were actively discouraged from participation in such communication. The value of effective networking lies in being able to share good practice, develop more consistent approaches to clinical and organisational protocols and seek support from peers. Some LHCCs have been a beneficial, integrating influence for practice nurses, providing a forum for discussion and sharing ideas, as well as providing valued professional leadership. Community Health Partnerships will have in important role in supporting and developing effective communication networks with practice nurses, however, this can only work if practices support and value the involvement of the CHP.

Making effective use of Information Technology

Information Technology is now an increasingly important feature of most work environments. In general practice, the trend towards paper light or paperless record systems and the need to ensure accurate and timely recording of key clinical data to underpin the new GMS contract are driving the move towards increasingly intensive and extensive use of IT systems. Practice nurses,

as with other members of the practice team make significant use of practice IT systems.

Clinical record keeping & data gathering

Using IT as part of each clinical contact is increasingly becoming the norm for primary care professionals. This can be in viewing the patient record to date, adding details of the consultation or in using the computer as a means to communicate messages to the patient, for example using on line sources of patient information. For nurses to do this effectively they need full access to a computer during each clinical contact. They also need to have the skills and confidence to use it as a tool to support their practice rather than purely recording data at a later date. Evidence suggests that information recorded during the contact is more likely to be accurate and reliable than data recorded at a later date. However for many professionals, nurses included, this requires a cultural shift in how they practice. It also requires adequate time during each contact to allow for recording of any necessary information.

Education to support effective use of IT

If nurses are to make the most effective use of IT to support their practice and to gather accurate and timely clinical data, it is important that they have access to appropriate IT training and have ongoing support with any queries or problems that arise. Practices and the IM&T departments of NHS Boards have a role in facilitating this, which is ultimately of benefit to all parties in terms of good quality information and more effective patient care.

Using IT to support practice nurse development

There is an increasingly wide range of on line education and resources that can be used by practice nurses to underpin their practice. For most practices, where releasing staff can be extremely difficult, making effective use of on line materials can be an extremely cost effective way of supporting practice nurse CPD. Annex C gives a range of good quality web resources that may be of use to practice nurses. However, many practice nurses reported that access to IT outside of clinical sessions was problematic. There are a number of reasons for this, including constraints of physical accommodation, availability of computers or the hours of the practice nurse. Whilst it is recognised that these constraints are not always easily overcome, the benefits of finding solutions in terms of improved services and supporting practice nurse CPD may be significant.

Improving practice nurse access to IT

Most practices recognise the value of practice nurse
access to IT systems. This has been brought more sharply
into focus with the need to gather accurate clinical data
to meet the requirements of the new GMS contract.
However, in many instances this will require additional
investment in computer hardware, which is the
responsibility of NHS Boards under the new GMS
contract.

In developing business cases for new IT hardware,
practices should ensure that the needs of practice nurses
are clearly articulated as part of the core provision.
Equally, NHS Boards will need to ensure that practice
nursing needs are taken full account of in making
decisions about the provision of resources to practices.

Accountability for Professional Practice

8

As employers of nurses it is vital that general practices understand the professional responsibilities and accountability of both nurses and general practitioners. This is particularly important under the new GMS contract, where the practice based nature of the contract creates new opportunities to change skill mix within the practice and enable nurses to develop new roles which might previously have been undertaken by doctors. This chapter sets out to clarify the statutory position regarding the accountability of nurses and doctors and is based on standard 6.1.

Professional regulation for nurses

Nurses are individually accountable for their own professional practice. The profession is regulated by the Nursing and Midwifery Council (NMC). The NMC is an organisation set up by Parliament to protect the public by ensuring that nurses, midwives and health visitors provide high standards of care to their patients and clients. It replaces the UKCC, which was the former regulatory body.

To achieve its aims, the NMC:
• maintains a register of qualified nurses, midwives and health visitors
• sets standards for education, practice and conduct
• provides advice for nurses, midwives and health visitors
• considers allegations of misconduct or unfitness to practise due to ill health

Further details of the full range of NMC responsibilities is available at www.nmc-uk.org

Code of professional conduct
The NMC has established a Code of Professional Conduct, which sets out the standards of conduct required of all registered nurses and midwives. Nurses must follow these standards at all times. The code states:
"As a registered nurse, midwife or health visitor, you are personally accountable for your practice.
In caring for patients and clients, you must:
• respect the patient or client as an individual
• obtain consent before you give any treatment or care
• protect confidential information
• co-operate with others in the team
• maintain your professional knowledge and competence
• be trustworthy
• act to identify and minimise risk to patients and clients.

These are the shared values of all the United Kingdom health care regulatory bodies".

The purpose of the code of professional conduct is to:
• inform the professions of the standard of professional conduct required of them in the exercise of their professional accountability and practice
• inform the public, other professions and employers of the standard of professional conduct that they can expect of a registered practitioner.

The code states:
"As a registered nurse, midwife or health visitor, you must:
• protect and support the health of individual patients and clients
• protect and support the health of the wider community
• act in such a way that justifies the trust and confidence the public have in you
• uphold and enhance the good reputation of the professions.

• You are personally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or directions from another professional.

- You have a duty of care to your patients and clients, who are entitled to receive safe and competent care.

- You must adhere to the laws of the country in which you are practising".

Accountability

During local discussions and workshops in developing the framework, there was considerable discussion about accountability. A commonly held myth is that GPs delegating new tasks to nurses retain accountability and would therefore cover the nurse if something went wrong. The NMC is unequivocal on this. There is no such thing as vicarious professional accountability. Nurses are "answerable for their actions and omissions, regardless of advice or directions from another professional". A nurse cannot therefore be required by an employer to take on a new role or task if they do not consider themselves to be competent to do so without breaching the Code of Professional conduct and being open to a charge of professional misconduct.

Six principles are identified within the Professional Code of Conduct that must underpin a nurse's approach to

expanding their role and increasing responsibilities beyond the traditional boundaries of practice. These principles should underpin any discussions within practices relating to developing roles of nurses and the nurse should be involved in these discussions. The nurse must:

1. Be satisfied that the patient and client needs are uppermost
2. Keep up to date and develop their knowledge, skills and competence
3. Recognise their limits to personal knowledge and skill and competence
4. Ensure that nursing care is not compromised by new developments and responsibilities
5. Acknowledge personal accountability
6. Avoid inappropriate delegation

GMC Standards

General Practitioners also have a duty under the General Medical Council's standards which states: "Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. When you delegate care or treatment you must be

sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed and provide safe systems of working". (http://www.gmc-uk.org/standards/default.htm). For these reasons a doctor who improperly delegates to a person who is not a registered medical practitioner functions requiring the knowledge and skill of a medical practitioner is liable to disciplinary proceedings.

Chapter 5 sets out a framework for role development which is being developed as part of the Facing the Future work on nurse recruitment and retention and which may be of use to practices in supporting the safe development of nursing roles.

Midwifery accountability

A small number of practices may employ practicing midwives. It is important that practices recognise that there are different rules set out by the NMC to ensure the safe practice of midwifery. Simply having a midwifery qualification does not in itself signify the ability to practice. A practicing midwife must fulfil the criteria laid down in the rules and standards for midwives, submit a notification of intention to practice annually to the Local Supervisory Authority for Midwives and have a named midwifery supervisor.

Accountability and health care assistants

Health care assistants are unqualified and as yet unregulated members of the team, who have been trained to fulfill specific duties delegated to them by a health professional. The rules of delegation outlined above apply equally to health care assistants. The UK Health Departments are currently consulting on whether they should be regulated and if so, how this should take place. Regulation of health care assistants would in effect mean that they had to register with a central body which could specify levels of training and a code of conduct. This has obvious benefits in terms of public safety, however it does not alter the position in relation to accountability. Health care assistants will not be independent health care professionals and the person delegating duties to them will continue to be accountable for the safe and effective delivery of those duties.

Annex A: Summary of Findings from Practice Nurse Workshops

This annex summarises some of the main findings from a programme of local workshops with practice nurses held across Scotland to inform the development of the framework. These in turn were used to underpin discussion at a consensus workshop on 25th March 2004 attended by a wide range of interested stakeholders. The summary is based on eight broad themes that formed the basis of morning workshops at the event.

Learning and development

Participants in local workshops identified a range of issues in relation to their learning and development needs. Access to study leave, protected learning time and funding for education were commonly reported as problematic. Some nurses reported using significant amounts of their own time and money to undertake education and training. Many reported that their development needs where neglected by GPs. Support for the development of Practice Nurse Banks and structured

protected learning time were identified as priority issues by many nurses.

Concerns were expressed regarding the quality and educational level of some of the education that was available. Some nurses who took part in discussions had undertaken the Specialist Practitioner Qualification, recordable with the Nursing and Midwifery Council. While the qualification was highly valued amongst practice nurses, some gaps where identified with the appropriateness of the content of the programme. Nurses valued the methods applied in GP registrar training and expressed a desire for the development of similar models of learning for nurses working in general practice.

The need for good quality induction training that would prepare nurses new to the field of practice was emphasised strongly. Most nurses expressed the need to develop more advanced clinical skills to facilitate their growing range of roles and responsibilities. Some nurses

called for more access to work based learning opportunities and better skills based training.

Increasing the exposure of student nurses to nursing in general practice through structured practice placements feature highly as a means to support education and raise the status of practice nursing. Some participants suggested a more coordinated approach to students nurse placements supported by local primary care organisations.

Leadership and professional support

During workshop discussions, many practice nurses expressed high levels of job satisfaction. This was largely associated with the autonomous nature of the role and opportunities to progress clinically rather than managerially. However, nurses recognised the potential drawbacks and reported working in professional isolation. Many nurses wanted access to sound professional leadership to support themselves and their practice.

Access to professional nursing advice when planning new ways of working was seen as increasingly important. Many nurses are needing to develop leadership skills as

they assume responsibility for increasingly diverse nursing teams and bring a nursing dimension to the leadership of the overall practice team.

Some areas have developed nurse facilitator roles working across LHCCs and Primary Care Organisations to provide support and advice to frontline nurses. Many nurses felt that leadership needs to be recognised and valued amongst GPs and NHS Boards.

Profile and perceptions

Practice nursing is a relatively new community nursing profession and evolving rapidly. Participants at workshops discussed the issue of how practice nursing is perceived and the relatively low profile within the nursing workforce. It was generally reported that practice nursing was not well promoted as a career option.

Some nurses reported that they had little influence within the practice and that they where often not engaged in making key decisions that affected their working lives. These issues were compounded by the employment status of practice nurses which can make it difficult for nurses to say no or to challenge decisions. Many

reported that GPs needed a better understanding of the skills and potential contribution of nurses to service delivery. Whilst the new GMS contract offers the potential of nurse partnerships, few nurses were aware of the possibility. Many nurses regarded the new contract as creating extra workload without any additional reward.

Raising the profile and perceptions of the practice nurse workforce is likely to become an increasingly important issue. Many practices report that the new GMS contract is likely to increase the numbers of practice nurses they employ. In addition, as many as 60% of the current practice nursing workforce will reach retirement age in the next 5 years. Practices will therefore be attempting to recruit more nurses in an increasingly competitive market. Practice nursing therefore needs to have a higher profile and be seen as an attractive career option for nurses. High profile ambassadors for practice nursing were felt to be needed as were improved access to, and quality of, education and better quality evidence of the contribution of practice nurses.

Networking, communication and peer support

Professional isolation featured frequently in comments received through local and national workshops. Practice nurses who work as one of a team of practice nurses reported some peer support within the practice, but communication with nurses in other practices was often limited, reducing the opportunities to share good practice, discuss complex problems and be challenged in their own practice. Many spoke of the lack of opportunities to have structured clinical supervision, although some felt well supported. For those nurses working as a single nurse in a practice, support networks were even more difficult to sustain.

Some reported that GPs did not recognise the value of time out for networking and that increasing workload was expected to make this problem worse. Many reported that there was insufficient protected learning time to network effectively. There was some variability in the extent of networking with other community nursing colleagues locally and clearly some potential for CHPs to improve networking opportunities.

It was recognised that practice nurses needed a better understanding of the methods of clinical supervision and that clinical supervision should be a core part of practice nurses' development. Practice nurses felt that they needed a better understanding of the roles of NHS Boards and to be more politically aware if they were to work effectively within wider teams.

Lack of access to, and skills in, IM&T also reduced communication opportunities for some practice nurses. There was a consistent view that practice nurses need to develop their confidence and competence in relation to IM&T and that there needs to be a stronger emphasis on the development of skills and appropriate levels of access.

Career pathways

Practice Nursing has arguably progressed more rapidly than many other spheres of nursing. The Practice Nurse workforce has developed a role which compliments but is distinct from other community nurses. However individual practice nurses' skills have been determined by the organisation and individual perspectives of the practice in which they work. Consequently, one practice nurse can

be multi skilled whereas others are specialists in particular aspects of clinical care. This fragmented identity is further compounded by the vast majority of practice nurses being employed part time.

Furthermore, there is little consistency in grading of practice nurses, so nurses with similar roles can have different grades. There is also little skill mix within teams, giving little opportunity for progression within the discipline. Practice nurses in workshops felt that their career progression was hampered by there not being any common understanding of the role and the knowledge and skills that underpin it. Whilst many reported significant opportunities to develop their skills within the practice, this was in most cases not related to pay rewards and skills acquired within one practice would not necessarily be recognised elsewhere.

Agenda for Change is based on the principle of additional reward for taking on additional responsibilities. This will address some of concerns around reward not being linked to responsibility, but as practice nurses are not direct NHS employees, they will not automatically be included in the implementation of Agenda for Change.

Participants in workshops felt that a career pathway within practice nursing was needed that encompasses the role, knowledge and skills required by staff working at all levels. This would support GP employers, give increased status to practice nursing and help with the demands and challenges of implement new GMS.

Teamwork

Practice nurses attending local workshops reported widely differing experiences of teamwork within the practice. Some nurses reported that it was often difficult to make time for multi-disciplinary meetings. In particular, it was felt to be important that GPs value team work and respect the differing contributions of different team members. Although a core member of the practice team, many nurses reported not having an understanding of how the business side of the practice worked and how that related to their own work. Similarly, many were not involved in the development of practice development plans and had little awareness of how their roles related to the overall business of the practice.

Lack of clarity about the roles of different members of the team could hamper effective collaboration and different employment status could often be a barrier to effective collaborative working. There was a consistent view that there needed to be a stronger emphasis on teamwork if practices are to deliver on the challenges posed by the new GMS contract.

Employment conditions

Many nurses reported that their reasons for moving into practice nursing include more flexible working hours and greater professional autonomy. However, this is matched by much greater variability in working conditions. The new GMS contract aims to implement good human resource management practice to improve the working lives of GPs and practice staff, and encourage recruitment and retention. However nurses reported that the focus to date has been around the HR benefits for GPs, most notably the ability to give up a personal commitment to 24 hour care of the practice population with little obvious benefit for practice nurses. Comments from nurses attending local workshops underpin the need for consistent employment conditions. Particular concerns highlighted under current arrangements include inequity in salary and grading compared to other community nurses, lack of reward for taking additional

responsibilities, limited access to education, lack of peer support and limited involvement in the practice.

Autonomy and accountability

Practice nurses, like all other nurses, are professionally and legally accountable for the care they give and must ensure patient safety as the role expands. This appears to be a common cause of misunderstanding and conflict in practice nursing. The commonly held myth that it will be OK for nurses to take on new practice because the GP will cover the nurse if something goes wrong is illustrative of the problem. Professional autonomy is clearly valued by practice nurses, but many felt that this must be matched by a clear understanding by GP employers of professional accountability.

In particular, nurses expressed concerns that GP employers where often not aware of the NMC's Code of Professional Conduct and that there needs to be an more explicit understanding by GPs regarding professional accountability.

Annex B: Summary of Relevant Educational Programmes at Scottish Universities

University of Abertay www.abertay.ac.uk

BA in Nursing Studies with SPQs in:
- Public Health Nursing (with School Nursing)
- General Practice Nursing
- Community Nursing in the Home
- Community Mental Health Nursing
- Reproductive Health & Family Planning (oo)

Bell College www.bell.ac.uk

Postgraduate Certificate in Specialist Nursing Practice/ SPQ in
- Palliative Care
- Pain Management
- Older adult
- Lifelong illness

University of Dundee www.dundee.ac.uk

Bachelor of Nursing with SPQs in
- Care of the Older Person: Assessment and Rehabilitation
- Palliative Care

Bachelor of Nursing with SPQs in
- Continuing care of the older person

Bachelor of Nursing with SPQ in Infection Control Nursing

PgCert/Masters in Practice Education with recordable practice educators qualification

Independent Nurse Prescribing from Extended Nurse Prescribers' Formulary

Introduction to Health Related Research and Evidence-based Practice

Ethics, Professional and Legal Issues incorporating Accountable Practice

Partnerships in Learning

Clinical Governance: Working Together to Promote Effective Care

University of Dundee (cont.)

Leadership and Management of Changing Context of Healthcare
Health and Safety Management in the Workplace
Generic Palliative Care
Fitness for Practice (Incorporating Emergency Care of Children)
Evidence Based Practice
Advancing Clinical Skills

Glasgow Caledonian University www.gcal.ac.uk

BSc Specialist Nursing with SPQs in:
• Cardiac Nursing
BSc Specialist Nursing with SPQs in:
• Substance Abuse Nursing
• Gerontological Nursing (Dementia)
BSc /BSc (Hons) Specialist Nursing with SPQs in:
• Contraceptive and Reproductive Health Nursing
• Caring for People with Dementia
• Substance Abuse Nursing
• Palliative Care Nursing
• Cardiac Nursing

Glasgow Caledonian University (cont.)

BSc/BSc (Hons) Community Nursing with Specialist Practitioner Qualifications in:
• Community Learning Disability Nursing
• Community Mental Health Nursing
• Community Nursing in the Home (District Nursing)
• General Practice Nursing (Practice Nursing)
• Occupational Health Nursing
• Community Children's Nursing or
• Public Health Nursing (Health Visiting or School Nursing)
PgD Community Health with Specialist Practitioner Qualifications in:
• Community Learning Disability Nursing
• Community Mental Health Nursing
• Community Nursing in the Home (District Nursing)
• General Practice Nursing (Practice Nursing)
• Occupational Health Nursing
• Community Children's Nursing or
• Public Health Nursing (Health Visiting or School Nursing)
PgC Community Health (Practice Education)
Extended Independent Nurse Prescribing
MSc Nursing (with a recordable Specialist Practitioner Qualification)

University of Glasgow www.gla.ac.uk

Postgraduate Diploma with SPQs in:
• Palliative Care (Multi-disciplinary route)
MSc (Med Sci) Healthcare with SPQs in:
• Cancer Care
• Palliative Care

Napier University www.napier.ac.uk

BSc (Hons) Homeopathy with SPQ in Homeopathic
Nursing Care with Extended Prescribing
Extended Independent and Supplementary Prescribing for
Registered Nurses, Midwives and Health Visitors
Postgraduate Certificate in Teaching and Learning in
Higher Education
Foundations of Paediatric Emergency Care
BSc/DipHE Cancer and Palliative Care

University of Paisley www.paisley.ac.uk

BSc (Hons) Health Studies / BSc (Hons) Nursing with SPQ
in Gerontological Nursing
BSc (Hons) Community Health Nursing with SPQ in
• Community Mental Health Nursing
• Public Health Nursing
• District Nursing
Postgraduate Certificate in Teaching and Learning in
Higher Education
Independent Nurse Prescribing from Extended Nurse
Prescribers' Formulary
Nurse Prescribing
Sexual and Reproductive Health
Diabetes Management, Theory and Practice

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Queen Margaret University College www.qmuc.ac.uk

BSc Nursing Studies with SPQ in Palliative Care
Postgraduate Certificate in Professional Education
MSc Professional Education
BSc in Community Health Nursing with SPQs in:
• Community Children's Nursing
• Public Health Nursing
• Community Mental Health Nursing
• Community Learning Disability Nursing
• District Nursing
• General Practice Nursing
Extended Independent Nurse Prescribing &
Supplementary Nurse Prescribing Short Course (03)
Community Development in Primary Care (01)
Training the Trainers (01)
Minor Injuries (with LUHNT) (01)
Clinical Leadership (with NHS Lanarkshire) (02)
BSc Community Health (degree completion
programme) (02)

Robert Gordon University www.rgu.ac.uk

Post Graduate Certificate (leading to an NMC recordable
teaching qualification)/Post Graduate Diploma/MA Higher
Education Learning and Teaching
Extended Nurse Prescribing
BA Public Health Nursing Programme with SPQs in:
• District Nursing
• Public Health Nursig/Health Visiting
• Occupational Health Nursing
All NBS/NES approved Professional Courses
Family Planning
Nurse Prescribing
Critical Care Nursing
Emergency Paediatric Care for Adult Nurses
NU3753 Minor Illnesses – Theory
NU3754 Minor Illnesses – Practice
Chemotherapy Work based Learning – Stage A
Chemotherapy Work based Learning – Stage B
Emergency Paediatric care for Adult Nurses
Minor Illness – Theory
Minor Illnesses – Practice

University of Stirling www.stir.ac.uk

Bachelor of Nursing in Community Studies with SPQ in Family Health Nursing
Extended Independent Nurse Prescribing
Sexual Health Unit
Sexual Health Practice-Based Experience Unit
Administration & Safe Handling of Cytotoxic Chemotherapy (with Forth Valley Acute NHS Trust)
Administration and Safe Handling of Cytotoxic Chemotherapy (Stage A)

Annex C: Web Based Learning Resources

- BBC Learning Zone –
  http://www.bbc.co.uk/education/1Zone/
- BMJ Learning Resources – http://www.bmjlearning.com
- Cochrane Collaboration Library. Evidenced based
  healthcare – http://www.cochrane.org
- Community Practitioners and Health Visitors Association
  – http://amicus-cphva.org
- Google search engine – http://www.google.com
- Medline bibliographic database –
  http://www4.ncbi.nlm.nih.gov/PubMed
- Netting the Evidence –
  http://shef.ac.uk/~scharr/ir/netting
- NHS Education for Scotland –
  http://www.nes.scot.nhs.uk
- NHS Health Scotland – (previously Health Education
  Board Scotland/ Public Health Institute Scotland) –
  http://www.hebs.scot.nhs.uk –
  http://phis.org.uk/index.asp
- NHS Scotland e-library – http://www.elib.scot.nhs.uk
- NHS Quality Improvement –
  http://www.nhshealthquality.org
- NMAP Gateway on resources in Nursing Midwifery and

- Allied Health Care Professionals – http://nmap.ac.uk
- NMC – http://www.nmc-uk.org
- NRIS – Nursing Research Imitative for Scotland –
  http://www.nris.gcal.ac.uk
- OMNI UK gateway to biomedical internet resources –
  http://www.omni.ac.uk/
- Open University – http://www.open2.net/
- RCNONLINE – http:// www.rcn.org.uk
- RCN Scotland Library – Scotland.library@rcn.org.uk
- Scottish Executive – http://www.scotland.gsi.gov.uk
- Scottish Practice Nurse Association –
  http://www.spna.org.uk
- SHOW Scottish Health on the Web –
  http://www.show.scot.nhs.uk
- SIGN Scottish Intercollegiate Guidelines Network
  website – http://www.sign.ac.uk
- Training – http://www.trainingzone.co.uk/index.html
- TRIP – Evidenced based sources of health care
  information http://www.tripdatabase.com
- QA CPD – Quality Assuring Continuing Professional
  Development http://www.qacpd.org.uk

Annex D: List of CDRom Resources

Application form
Job Descriptions
Person Specification Form
Contract of Employment
Induction Checklist
Role Specific Induction Form
Appraisal Form
Personal Development Plan
Knowledge & Skills Profiles
Personal Professional Profile Form

Annex E: Membership of the Framework for Nursing in General Practice Steering Group

Diane Allcock	Practice Development Nurse	NHS Greater Glasgow
Kathleen Bessos	Development Manager Community Health Partnerships	Scottish Executive Health Department
Jackie Britton	Project Manager	National GMS Implementation Team
Jane Cantrell	Professional Officer	NHS Education for Scotland
Anne Cooper	Practice Nurse Chair (until 1/3/04)	Scottish Practice Nurse Association
Audrey Cowie	Associate Director of Nursing	NHS 24
Anna Daley	Professional Officer	Community Practitioners and Health Visitors Association
Linda Harper	Associate Director for Practice Nursing	NHS Grampian
Alex Joyce	Joint Staff Secretary	Unison
Susan Kennedy	Practice Nurse	Royal College of Nursing
Ritchie Malloch	Head of Branch GMS	Scottish Executive Health Department
Fiona Muir	Lecturer in Nursing	University of Abertay
Mary Mitchell	Practice Managers Networking & Learning Co-ordinator	Association of Local Health Care Cooperatives
Stuart Oliphant	LHCC Manager	NHS Dumfries and Galloway
Julie Orr	Practice Nurse	Scottish Practice Nurse Association
Michael Proctor	Primary Care Development Manager/Nursing Officer	Scottish Executive Health Department

Dr John Rankin	GP	Scottish General Practitioners Committee BMA
Dr Mairi Scott	GP Chair	Royal College of General Practitioners
Doreen Sharp	Project Officer	Scottish Executive Health Department
Irene Souter	Director of Nursing	NHS Fife
Nic Zappia	Primary Care Lead	NHS Greater Glasgow

Other Key Contributors:

Dr Ken McLean	GP/Regional Quality Initiative Advisor	RCGP
Rosemary McQuarrie	Professional Officer	CPHVA

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