General Practice Nurse Pilot Foundation Programme

Information Sheet

1. Background

The White paper ‘Our Health, Our Care, Our Say’ (DoH, 2006) and ‘the Next Stage Review; High Quality Care for All’ (DoH, 2008) propose a significant shift of care from secondary to primary care, with an increased emphasis upon improving the quality of care for patients. In order to meet these challenges, the capacity and capability of the primary care workforce must be developed and in particular the needs of the General Practice Nurse (GPN) must be addressed. As the demand for primary care increases, the GPN is now taking on a leading role in achieving the reforms required for the Modernisation of the NHS. This, in turn, has major implications for the expansion of the role in the future.

2. Training for General Practice Nursing

The role of the General Practice Nurse (GPN) has increased significantly since the last GMS contract in 1990 and GPNs are now major contributors to health care provision within General Practice. Subsequently, as the role has grown, so has the range and level of skills required by GPNs. However, most of these skills are not part of pre registration nurse education, nor are they usually found in nurses working in other settings. Despite this, the competence of the role is often expected from the outset, with obvious implications for professional accountability.

Any gaps in the newly appointed nurse’s skills must be addressed once they are working in practice. This is achieved at additional cost to the employing practice and is influenced by several factors, not least the availability and accessibility of relevant training programmes. Consequently there is currently wide variation in the knowledge and skills base of GPNs.

3. A Career Pathway in General Practice Nursing

As the abilities of the GPN have been realised there has been an increasing shift of routine care from doctors to nurses and yet there is no mandatory education for GPNs. Consequently neither is there a clear career trajectory for the GPN. "Modernising Nursing Careers“ (DoH, 2006) has introduced the notion of structured career planning for nurses to enable them to develop appropriate knowledge and skills to be able to progress onto more senior, or alternative positions if they wish. Unless this can be addressed for GPNs, it will have an obvious impact on recruitment for the future.

4. Recruitment of General Practice Nurses

At a time when the role of the GPN is expanding, the NHS is facing the challenge of an ageing nursing workforce. It is estimated that at least 50% of the existing GPN workforce is over the age of 50 years. But, with a lack of mandatory training, no clear career pathway and a lack of exposure to primary care during pre registration training; working in primary care is not usually regarded as a viable career choice for nurses.
5. The NESC GPN Pilot Foundation Programme

The pilot programme was developed to address both areas of recruitment and competency. It aims to prepare nurses who have not worked in primary care before, to have a base line competence in the GPN role through both theoretical preparation and work based learning.

This will allow GP employers in the future to expect a certain level of consistency in terms of knowledge, skills and competence from the GPN.

6. The next steps

The first phase of the project commenced in September 2008 with the first cohort of nurses from the Oxford Deanery catchment area (Berkshire, Buckinghamshire, Oxfordshrie). Sandy Tinson is the project lead for this cohort. This was followed in January 2009 by the second cohort from the Wessex Deanery catchment area (Hampshire, Isle of Wight and Dorset). Anne Moger provides the project leadership for this group of learners.

The accredited, taught element of the programme is currently being delivered by the University of Plymouth, which has a proven track record in providing practice nurse education. The GPN learners have been supported in practice by Clinical Practice Educators (CPE), who are usually GP trainers, and Clinical Practice Supervisors, who are experienced practice nurses.

We are delighted that funding has been agreed for a second year and we are currently undertaking a tendering process from interested Universities for the second year.

The third cohort of nurses will commence the programme in January 2010. Recruitment for the GPN learners and training practices will be undertaken during the summer of 2009 in order to establish a preparation period for the CPE and CPS in the autumn.

It has been an exciting and rewarding first year and much has been learned about the challenges and benefits from such an innovative programme. It is hoped that this will inform and shape GPN education for the future.

If you require further details about the programme please do not hesitate to contact us.

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THE NESC GPN PILOT FOUNDATION PROGRAMME

Frequently asked questions

1) When will the programme commence?

The programme is planned to commence in January 2010. Whilst the programme will be predominately work based, it is intended to provide the nurse with a supporting accredited learning programme which will support their subsequent career development.

2) How many nurses will be recruited?

15-20 nurses will be recruited for 2010. Recruitment will commence in May/June 2009 on the NHS Job website and RCN publications.

3) Who will be eligible?

Qualified nurses, with a minimum of 2 years post qualifying experience who have not worked in general practice before.

Selection criteria will reflect the appropriate personal and professional specifications for GPN training.

4) Will they be full time or part time?

The third cohort will attend for 4 days per week. This will ensure they complete the programme within one calendar year.

5) Who will provide the training?

This will be provided in both formal taught sessions together with work based learning within the training practice. Training practices must provide both an experienced practice nurse to provide clinical supervision, together with a GP trainer or qualified Practice Nurse Educator for educational supervision.

The theoretical and academic programme will be provided by a Higher Education Institution (HEI) who meets the NESC criteria through the tender process. The programme will be relevant, delivered by expert clinicians and in line with GPN and professional requirements.

The nurse learner will have one day per week as protected learning, to attend taught study days, participate in learning sets, undertake educational, clinical supervision, attend study days etc.

The range of clinical and professional topics covered by the programme, are outlined in Attachment 1.

6) How will the training programme be monitored?

A management group has already been established, with membership from clinicians, the clinical educators and education commissioners, to ensure the outcomes of the programme are achieved and nurses are ‘fit for purpose’. A range of teaching strategies will be employed throughout the programme and the assessment will be designed to measure the nurse’s ability to function as a practice based nurse.

The programme will provide Level 3 (graduate) accreditation.
7) What are the expectations from the training practice?

The training practice will meet specific criteria and will employ the nurse for one calendar year. They will provide educational and clinical support in line with the programme requirements.

8) What support will be given to the Training Practice?

Once the nurses have been recruited and training practices identified, a programme of preparation for the CPS will be provided, utilising existing GP training expertise where possible. There will be regular updates and communication between the project leads and the training practice throughout the pilot programme.

The project leads will make regular practice visits and provide ongoing support as required.

9) What are the benefits to the practice?

The training practice will be in a position to ensure that GPN education and preparation is relevant, of an acceptable standard and competency, and in line with current service need. They will also, through participation in the project, be able to influence GPN education funding and support for the future. It will also provide further development opportunities for their own GPNs.

It will enhance/complement the education and developmental profile of the practice.

The practice will have the opportunity of employing a fully trained GPN, confident that they will have the necessary competencies and skills to function effectively within the practice setting. Dependent upon the outcomes of the pilot, they will be able to take on the training of a GPN in the future.

10) What are the benefits for General Practice?

Once established this programme will reduce the economic and service implications for practices in providing training for newly appointed GPNs.

This funded pilot programme will address the specific training needs of GPNs within one module, establishing a recognised competency base and a viable career progression for nurses within primary care.

The pilot programme aims to support GPN recruitment and sets a recognised minimum standard for GPN, which is in line with QoF.

11) What are the benefits to the nurse?

It will offer nurses a well supported and relevant preparation within primary care. They will be well supervised and achieve an accredited training programme specifically for General Practice Nursing. Therefore they will be very employable, having achieved the recognised competencies for GPN, without the need for additional training or supervision. The programme will help to establish a recognised career pathway for GPNs.

12) How will the programme meet the individual needs of the nurse?

Inevitably nurses will come to the programme with a range of experience and skills. These will be acknowledged within an individual learning contract and some nurses may be eligible to access specialist areas of training if appropriate.
13) What are the funding arrangements?

Not surprisingly, many questions have been raised with regard to the funding arrangements.

Subject to confirmation, the indicative budget for 2010 will be:

The nurse will employed on an equivalent salary as a Band 5 nurse at 0.8 WTE plus on costs £25,829 p.a

NESC will reimburse the training practice 50% of the salary, therefore cost to practice £12,914 p.a

The practice will receive a training practice grant £7,485 p.a

**Actual cost to practice** £5,429 p.a

Whilst it is acknowledged that initially the nurse will require supervision and support, it is envisaged that on completion of the programme the practice will have received at least 50% service contribution from the year’s employment.

In addition, travel to the taught programme and all nurse training costs will be supported by NESC.

14) How will it be evaluated?

It is essential that the pilot programme has a robust evaluation process in place and in order to achieve this, support will be provided by Dr Olga Zolle, Research and Development Manager with the primary care taskforce at NESC.

The intention is to ensure there is national and local engagement with this project in order to influence the provision of funding and educational support for the GPN workforce in the future.
Areas to be considered for the inclusion in the GPN Pilot Foundation Programme

Clinical Skills

- Venepuncture
- Ear care
- Childhood Immunisation
- Travel Health
- Anaphylaxis
- Consulting skills, health assessment, diagnostic tests and health screening
- Introduction to chronic disease monitoring and management
- Health promotion
- Child protection
- Cytology
- Contraception and sexual health
- Wound management and tissue viability
- Infection control
- Working with vulnerable groups
- CPR

Plus theoretical consideration of:

- Reflection in practice
- Professional development, mentorship, clinical supervision
- Political issues, NHS strategies
- Organisational issues
- Developments in primary care – policy and practice
- Health improvement, health promotion, anticipatory care
- Record keeping and IT
- Patient as partner
- Team working and leadership
- Roles and responsibilities of GPN and multi disciplinary primary care team
- Ethical and Legal issues, negligence and employment Law
- Evidence based practice, clinical governance and clinical audit
- Challenges associated with equity and diversity