



General
Practice
Foundation

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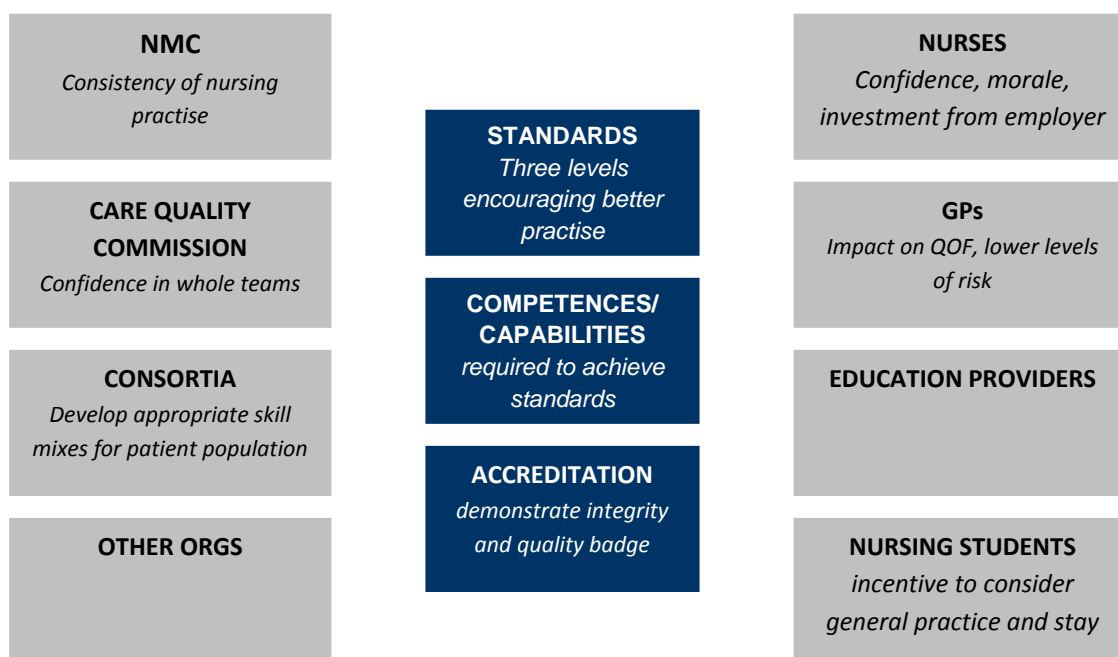
NURSING STANDARDS IN GENERAL PRACTICE

JUNE 2011

Introduction

This piece of work presents a mapping exercise, comparing the Royal College of General Practitioners (RCGP) Standards identified in the General Practice Foundation (GPF) General Practice Nursing (GPN) Manifesto with other existing standards promoted by the NHS, professional organisations and the regulators, in an attempt to achieve consensus on which standards should be a 'basic requirement' (potentially mandatory), 'good practice' and 'excellent practice'. The GPF standards cover clinical, professional and employment practice for nurses at all levels in general practice.

Model demonstrating potential impact



Literature Search

An online search was conducted, identifying a range of professional, employment and safety indicators used by various organisations to either regulate or provide frameworks for practitioners and employers. The sources used included, the Royal College of Nursing¹ (RCN), the Nursing and Midwifery Council^{2,3,4} (NMC), the RCGP⁵, the Care Quality Commission⁶ (CQC), NHS Employers⁷, the Working in Partnership Programme⁸ (WIPP), the East of England Deanery⁹ and the National Patient Safety Agency¹⁰ (NPSA).

The GP Foundation GPN Manifesto identifies four key areas:

1. Ensuring the numbers and skill mix of general practice nursing teams are well placed to promote the highest possible standards of care.
2. Clinical and behavioural competency
3. Access to excellent continuing professional development for all General Practice Nurses and Health Care assistants.
4. Ensuring that excellent employment practice is in place within general practices.

Each of the above key areas has a sub-set of indicators representing the standards that should be attained for each. A matrix mapping the indicators across each of the organisations is set out in Table 1 below. 'Yes' in the row for the indicator means that the organisation has a related published standard and 'No' indicates it does not. Where it exists, a short-hand reference is entered denoting the source of the standard.

GPF General Practice Nursing Indicator	NMC	CQC	WiPP	RCGP accreditation criteria	Other Organisation (specified)
1a – Workforce planning at a strategic level must include GP nurses and HCAs	NO	NO	NO		East of England Deanery (EoE) YES - through education facilitators
1b- Education contracts with Higher Education Institutes to include needs of general practice staff	NO	NO	NO		EoE Deanery YES - set up advisory group at UEA
1c- Commissioners to set quality standards for general practice nursing as part of service spec within model contracts	NO	NO	NO		

2a – Establish clinical competencies for each role	YES, but high level specialist programme only	YES – 13A	NO		
2b – Maintenance of ‘competence files’ by individuals providing a record of what they can and cannot do	YES - PREP	YES - 14A	YES - Q3		
2c – Have competence assessed in any new role	YES – The Code (TC) and PREP	YES – 14A	YES – Q1		EoE Deanery YES - Preceptorship booklet
2d – Regularly update practice protocols based on the latest guidance	YES - TC	YES - 12B	YES – Q2		
2e – Engage in significant event reviews	NO	YES – 16A and 16C	NO	YES – LO9/ 10	NPSA YES - 7 Steps to Safety
2f - Carry out regular audits	NO	YES – 16A	YES – Q7	YES - LO8	NPSA YES - Step 1
2g – Evaluate patient experience with nursing care	NO	YES – 16B	YES – Q8	YES – LO11	NPSA YES –Step 5

3a – Study leave policy must be in place within practices	NO	YES – 14A	YES – E10		
3b – In-house induction programme to be completed within first 2 weeks with an identified member of staff responsible for this	NO	YES - 14A	YES – T1		
3c – Complete an accredited GPN foundation course	NO	YES – 14A	YES – T2		
3d – Complete training courses relevant to the level of the job they are employed to do	YES – TC and PREP	YES – 12B and 14A	YES - T5	YES – LO1/ 2/3/5	NHS Employers YES
3f – Receive appropriate training for any new roles	YES – TC and PREP	YES – 12B and 14A	YES - T7	YES – LO1	NHS Employers YES
3g – Management training for those with line management responsibility	NO	NO	YES – E8	YES - LO1	Jan 2011

GPF General Practice Nursing Indicator	NMC	CQC	WiPP	RCGP accreditation criteria	Other Organisation (specified)
4a – Robust selection and recruitment process including job description, person spec and interview	NO	YES – 12C and H&S Regulation 21a	YES – E2		NHS Employers YES RCN YES
4b – System in place for annual check of NMC registration	NO	YES – H&S 21c	YES – E3		NHS Employers YES
4c – Provide contract of employment within 2 months of start date	NO	NO	YES – E1		RCN YES
4d – Establish clear lines of accountability	NO	YES – 16D	YES – E7		
4e – Appraisal policy in place and annual appraisal with a PDP within which any difficulties have agreed goals and actions	NO	YES – 12C and 14A	YES - T4	YES – LO2	NPSA YES - Step 2 RCN YES – ‘Offer a PDP’
Other Indicators (not included in GPF standards)					
Link salaries to national scales	NO	NO	YES – E5		RCN YES
Access to formal clinical supervision	YES – position statement on clinical supervision	YES – 12C and 14A	YES – P5		EoE Deanery YES RCN YES – ‘Offer source of professional advice and support’
Evidence of effective team working through MDT meetings and shared review/ planning	YES – CoC	NO	YES – P1	YES – LO6/16, PT7/9/10	NPSA YES - Step 3/ 6/ 7
Engage in peer review	YES - CoC	NO	YES –Q4		

The key for these abbreviations is:

NMC: TC = The Code, PREP = Post Registration Education and Practice Requirements

CQC: Outcome number listed in the Essential Standards document

WiPP Standards category from which they are drawn:

E= employment T = training & education P = professional development support, Q = quality

RCGP accreditation criteria: LO = learning organisation, PT = practice team

NPSA: Number of ‘ 7 Steps’ which relates

Findings

Each of the sources shared common themes, with some elements being more widely shared than others. This does not provide a sound basis for making a judgement about their relative priority or value, but at least it demonstrates support from more than one organisation. Trying to present the standards in some sort of hierarchy is subjective and therefore inevitably flawed but it may be helpful for practices that are low achieving and need to take a staged approach. It could however be argued that the professional approach to standards, as in the NMC Code of Conduct, is that they are all essential and must be adhered to in order to protect the public by ensuring nurses are competent to carry out their role.

The documents that were most closely aligned were the GPF Standards, the CQC registration criteria and the WiPP GPN standards, with virtually 100% concordance between them all. There were an additional two standards that had strong support from other organisations but were not included in the GPF Standards. These were access to clinical supervision and multi-disciplinary team working.

Standards that had particularly strong support from five or more organisations included:

- Have competence assessed in any new role
- Carry out regular audits
- Evaluate patient experience with nursing care
- Complete education programmes relevant to the level of the job they are employed to do
- Receive appropriate training for any new roles
- Robust selection and recruitment process including job description, person specification and interview
- Appraisal policy in place and annual appraisal with a PDP within which any difficulties have agreed goals and actions
- Access to formal clinical supervision

The first key outcome of the GPF Standards - 'Ensuring numbers and skill mix of GPN teams promote the highest possible standards of care' – with three indicators, was not reflected in other organisational standards but will be an important piece of work for future development between the new NHS Commissioning Board, GP Commissioning Consortia and professional organisations.

Application to practice

Implementation of the standards is a matter for debate; just because they exist does not mean they will be applied in practice. A coordinated approach across all organisations will be important if standards are to be implemented in a meaningful and constructive way. The NMC standards are statutory. Online resources such as the GPF eportfolio can be used to help nurses and other members of the practice team document and monitor how a nurse continues to meet these standards.

The RCN has no statutory powers but provides legal and professional guidance and online learning resources for nurses. Their website hosts the WiPP GPN Toolkit but the GPN Standards are only in draft form. The RCN employment charter for General Practice has

some very useful elements but GPs are in no way obliged to comply. The RCN is due to revise the WiPP GPN toolkit in 2011.

The RCGP offers the potential to influence GP employers through peer pressure and the accreditation process. Publications by the RCGP have the potential to reach more GPs than any other organisation listed in this exercise. Although not all GPs are members of the RCGP, numbers are increasing as newly qualified GPs are encouraged to join to gain professional support during their first five years in General Practice.

The NHS Employers website offers a lot of information but is not easy to navigate and the employment checks listed for nurses are limited to NMC registration checks.

The Department of Health is currently focused on decentralising power and is unlikely to play a major role in ensuring nursing standards are implemented nationally. Nursing standards would also be unlikely to be viewed as an essential element in any revisions to the GMS Contract. The new NHS Commissioning Board could play a role but it is unlikely to be a high priority for them. The National Patient Safety agency provides sound advice and useful frameworks but again has no power to embed them in practice.

The CQC offers the biggest potential to enforce quality standards as an independent body with responsibility for healthcare quality in England. General Practices will be required to achieve CQC registration from 2012 and as most of the GPF GPN standards align with the CQC registration standards, this offers a real opportunity for implementation in practice.

Recommendations

Out of all the organisations whose standards have been compared in this mapping exercise, the two bodies with most power to influence GP employers are likely to be the RCGP and the CQC. The BMA General Practice Committee and the NHS Alliance may also find these standards helpful. Applying professional pressure through the RCGP and the BMA reinforced by the CQC registration process may have the highest chance of success and acceptability. It is not clear at the moment how often the CQC registration process will be carried out, whether it is a one-off and if so, what kind of monitoring process might be in place for practices thereafter. This would be an important issue to clarify to ensure that the standards are embedded and not just part of one inspection. Strengthening some of the annual QOF monitoring of organisational outcomes may be one way to achieve this.

In view of the fact that all the GPF standards are supported by the CQC registration criteria, and General Practices in England are going to have to achieve CQC registration, it seems inappropriate to rank the standards in order of value, making some essential and others optional. They should all be considered as basic requirements and if necessary, further 'excellent practice' standards could be developed for practices to aspire to.

The NMC and RCN will naturally play a central role in supporting the implementation of the standards. Not only should there be consensus between the organisations about the standards, there should be consistent information about how nurses can access support to ensure they are achieved in practice. The NMC as the regulatory body could endorse these standards to support consistency for nurses working in General Practice. Nurses in General Practice often work in isolation with limited professional support¹¹ so having NMC-endorsed standards would give them a framework to help them negotiate their employment

conditions. The RCN could provide advice and case study scenarios or 'Questions & Answers' to help nurses in practice. In this way, all the organisations would be working together, to achieve not just the enforcement of standards but meaningful application in the clinical setting.

The GPF could promote the standards by further encouraging team working, supporting nurses to develop and maintain clinical competence and collaborating with practice managers to develop policy that impacts on general practice. There is an opportunity to formalise the application of these standards in the GMS contracts issued by practices.

Next Steps

- To meet formally with the Care Quality Commission
- To meet with the Nursing & Midwifery Council (17th May 2011 – Honorary Secretary attending)

References

1. RCN (2007) Nurses employed by GPs – RCN guidance on good employment practice
2. NMC (2008) Clinical supervision for registered nurses <http://www.nmc-uk.org/Nurses-andmidwives/Advice-by-topic/A/Advice/Clinical-supervision-for-registered-nurses/>
3. RCGP (2010) Discussion paper from the GPF, General Practice Nursing Manifesto
4. CQC (2010) Essential standards of quality and safety
5. NHS Employers (2010)
6. WiPP (2009) Professional development support standards for nurses in general practice at www.rcn.org.uk/_data/assets/pdf_file/0005/182561/Draft_General_Practice_Nurse_Standards_April_08.pdf
7. East of England Multi-professional Deanery (2007) Preceptorship and assessment booklet for newly qualified nurses or those new to a general practice role
8. National Patient Safety Agency (2006) Seven steps to patient safety in primary care
9. WiPP (2008) The SNAPshot Survey: A national survey investigating employment conditions and professional development support for nurses in general practice in the UK at: www.rcn.org.uk/_data/assets/pdf_file/0006/182562/Final_SNAPSHOT_Survey_Report_SC.pdf

Supporters

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APPENDIX 1 | MANIFESTO

Nursing Standards in General Practice: Manifesto

'Practice nurses represent a flexible resource that that is accessible to patients and central to the practice being able to fulfil its terms of service'.

(Aiken K & Lunt 1995 Nurses in Practice University of York)

There are currently around 20,000 practice nurses working in over 10,000 general practices throughout the United Kingdom.

The general practice nurse role is central to achieving health improvement in primary care. General Practice Nurses, supported by Health Care Assistants, manage:

- Long term conditions such as asthma, diabetes, hypertension
- Health screening such as cervical cytology, alcohol, weight
- Vaccination such as childhood and influenza
- Sexual health and family planning
- Minor ailments

A Manifesto to ensure excellence by addressing four key areas relating to nursing in general practice:

1. Ensuring the numbers and skill mix of general
Practice nursing teams are well placed to promote the highest possible standards of care
2. Clinical and behavioural competency
3. Access to excellent continuing professional development for all General Practice Nurses and Health Care Assistants
4. Ensuring that excellent employment practice is in place within all general practices

1. Ensuring the numbers and skill mix of general practice nursing teams are well placed to promote the highest possible standards of care

- Workforce planning at a strategic level must include General Practice Nurses and Health Care Assistants.
- Education contracts with Higher Education Institutions should include the learning and development needs of general practice staff
- Commissioners to set quality indicators for general practice nursing as part of the service specification within model contracts

2. Clinical and behavioural competency

- Establish the clinical competencies required for each role
- Maintenance of 'competence files' by individuals - providing a record of what they can and cannot do
- Have competence in any new role assessed by a qualified assessor
- Regularly update practice protocols based on the latest national guidance
- Engage in significant event reviews
- Carry out regular audits
- Evaluate patient experience with nursing care

3. Access to excellent continuing professional development for all general practice nurses and health care assistants

- Study leave policy must be in place within practices
- In-house induction programme to be completed within first two weeks with an identified member of staff responsible for this
- Complete an accredited general practice nurse foundation course within one year of employment
- Complete training courses relevant to the job level they are employed to do
- Receive annual mandatory training e.g. anaphylaxis, BLS, infection control, safeguarding children and vulnerable adults
- Receive appropriate training for any new roles
- Management training for those that have line management responsibility

4. Ensuring that excellent employment practice is in place within all general practices

- Robust selection and recruitment process which includes job description, person specification and interview
- System in place for annual check of NMC registration
- Provide a contract of employment within 2 months of start date
- Establish clear lines of accountability
- Appraisal policy in place and appraisals take place annually with a PDP within which any difficulties have agreed goals and action plans

APPENDIX 2 | GAP ANALYSIS

MANIFESTO KEY OUTCOME	INDICATORS	CURRENT & PLANNED ACTION			
		DH ¹	NMC ²	RCN ³	RCGP ⁴
1. Ensuring the numbers and skill mix of general practice nursing teams promote the highest possible standards of care	Workforce planning at a strategic level must include general practice nurses and Health Care Assistants	DH would support	NA	<p>The RCN is currently in the middle of a huge work stream on safe staffing levels. Once completed we will consider how to integrate this document with general practice work force planning.</p> <p>RCN is planning a community nursing summit and will include this issue in its work</p>	
	Education contracts with Higher Education Institutions to include needs of general practice staff	DH would support	NA		

	Commissioners to set quality indicators for general practice nursing as part of the service specification within model contracts	DH would support. It is not an urgent agenda as far as the DH is concerned but this could be raised with ministers *Note work with informal networks	NA		
MANIFESTO KEY OUTCOME	INDICATORS	CURRENT & PLANNED ACTION			
		DH¹	NMC²	RCN³	RCGP⁴
2. Clinical and behavioural competency	Establish the clinical competencies required for each role	DH Working on quality matrix	NMC has set standards for specialist education and practice which form the basis of GPN specialist practitioner programmes which lead to a recordable entry on the NMC register. However, this is not mandatory	This work will be exploited next year when the RCN rewrites the WIPP GPN toolkit	RCGP plan to have link on Foundation website to RCN Competencies + link to GPN toolkit RCGP plan to offer access to RCGP revalidation toolkit when available

	Maintenance of 'competence files' by individuals – providing a record of what they can and cannot do		NA		
	Have competence in any new role assessed by a qualified assessor		NA		
	Regularly update practice protocols based on the latest national guidance		NA		RCGP plan information sharing to help with protocol development.
	Engage in significant event reviews		NA	This issue should be addressed in the new accreditation standards	RCGP revalidation toolkit included access to Online learning on Significant events I
	Carry out regular audits		NA		
	Evaluate patient experience with nursing care		NA		Will be included in revalidation toolkit when available to Foundation members

MANIFESTO KEY OUTCOME	INDICATORS	CURRENT & PLANNED ACTION			
		DH ¹	NMC ²	RCN ³	RCGP ⁴
3. Access to excellent continuing professional development for all general practice nurses and health care assistants	Study leave policy must be in place within practices				Foundation Web site links to RCN and GPN toolkit which recommend protected paid study Link to GPN toolkit
	In-house induction programme to be completed Within first two weeks with an identified member of staff responsible for this				
	Complete an accredited general practice nurse foundation course				Discussions with other organisations (LLMC) possible RCGP reduced fee access to foundation course.
	Complete training courses relevant to the level of the job they are employed to do		NMC has set Standards for specialist education and practice which form the basis of GPN specialist practitioner programmes which lead to a recordable entry on the NMC register. However, this is not mandatory		Access to some of these courses via Foundation web site. Others planned + Masterclasses
	Receive annual mandatory training e.g. anaphylaxis, BLS, infection control, safeguarding				Safeguarding online training is already available. RCGP plans other mandatory training

	Receive appropriate training for any new roles				Access to some training available
	Management training for those that have line management responsibility				Plan to do shared learning with Practice Managers
MANIFESTO KEY OUTCOME	INDICATORS	CURRENT & PLANNED ACTION			
		DH¹	NMC²	RCN³	RCGP⁴
4. Ensuring that excellent employment practice is in place within all general practices	Robust selection and recruitment process which includes job description, person specification and interview		NMC Advice and information for employers of nurses and midwives		RCGP has link to GPN Toolkit which includes each of these
	System in place for annual check of NMC registration		NMC Advice and information for employers of nurses and midwives		RCGP has link to GPN Toolkit which includes each of these
	Provide a contract of employment within 2 months of start date		NMC Advice and information for employers of nurses and midwives		RCGP has link to GPN Toolkit which includes each of these
	Establish clear lines of accountability		NMC Advice and information for employers of nurses and midwives		RCGP has link to GPN Toolkit which includes each of these

	Appraisal policy in place and appraisals take place annually with a PDP within which any difficulties have agreed goals and action plans		NMC Advice and information for employers of nurses and midwives		RCGP has link to GPN Toolkit which includes each of these
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APPENDIX 3

Nursing Standards | Transition into Practice

DRAFT PREPARED BY DR COLIN HUNTER

1. The Exemplary Health Authority/PCO

The Exemplary Health Authority/PCO will

- a) Ensure that workforce planning at a strategic level includes general practice nursing and health care assistants
- b) Ensure that educational contracts with higher education institutions include the learning and development needs of general practice staff
- c) Ensure that the service specification in contracts for primary care providers include quality indicators for general practice nursing

2. The Exemplary General Practice

The Exemplary General Practice will

- a) Ensure there is a robust recruitment and selection process for the employment of nurses and healthcare assistants which includes a job description, person specification and interview
- b) Provide a contract of employment within 2 months of the start date
- c) Have a robust system to check annually the NMC registration status for all employed nursing staff
- d) Ensure that there are clear lines of accountability for all nursing staff and healthcare assistants employed by the practice
- e) Have an appraisal policy in place and annual appraisals with a personal development plan within which there are clear goals and an action plan
- f) Have a study leave policy for all nurses and healthcare assistants employed by the practice
- g) Ensure that there is an induction programme which is implemented within the first two weeks of employment with an identified individual responsible for ensuring it occurs and meets objectives
- h) Ensure nurses complete annual mandatory training such as anaphylaxis, life support, infection control, safeguarding children and vulnerable adults
- i) Ensure that nurses and healthcare assistants employed by the practice receive appropriate training for any new role which is assessed by a competent assessor including management roles
- j) Ensure that there are up-to-date evidence-based protocols which are regularly updated to support nurses and healthcare assistants in their daily duties

- k) Evaluate patient experience with nursing care

3. The Professional Nurse Will

The professional nurse will

- a) Ensure that they have the required clinical competencies to perform their role
- b) Maintain a 'competence file' which provides an account of what they can and cannot do
- c) Ensure they receive appropriate training for any new role and that it has been competently assessed
- d) Carry out regular audits of their work
- e) Engage in significant event reviews
- f) Where appropriate, complete a General Practice Foundation practice nurse course within one year of commencement of employment
- g) Ensure that they are up-to-date in all areas of the clinical role in which they participate