



The QNI/QNIS Voluntary Standards for General Practice Nursing Education and Practice

2017

Purpose of the work

The Queen's Nursing Institute (QNI) and Queen's Nursing Institute Scotland (QNIS) worked together with leading experts from across the UK to develop a set of voluntary standards to support Senior General Practice Nurse (GPN) education and practice. The Standards are focused on the level 6 role¹ and make explicit the practice expectations of Senior General Practice Nurses, to enable them to map themselves against the standards if they have previously completed accredited programmes of study. The Standards will also guide education providers who wish to develop courses to support the development of Senior GPNs. The term "voluntary standards" differentiates them from regulatory or mandatory standards, such as those set by the Nursing and Midwifery Council (NMC).

This project was developed following the successful launch and implementation of the QNI/QNIS Voluntary Standards for District Nurse Education and Practice which were published in 2015². The project was also a response to the findings of the QNI report 'General Practice Nursing in the 21st Century: A time of opportunity', published in 2016³.

The specialist expertise of the general practice nursing service has come into sharper focus in recent years, as all four UK countries have policies that aim to support more services to move from hospitals to primary and community care, with an enhanced focus on admission avoidance, behaviour change and self-care. This positive focus on General Practice Nursing in the four UK countries is relatively recent but is to be welcomed. Further information about the approach of each UK country to GPN workforce and education can be found in Appendix 1.

There are a number of challenges to developing strategic approaches to GPN development. Most

GPNs are directly employed by GP practices; many work part time and data about workforce is often difficult to obtain. Being directly employed, most GPNs are not subject to the Agenda for Change framework and roles and responsibilities and terms and conditions vary greatly between Practices. Funding and release for education is often inconsistent and this has impacted on educational provision.

These variables and the differences in the four UK countries have made this project complex. The focus of the project has been on the role of the Senior GPN, who is likely to be the team leader of nurses and health care assistants. The NMC specialist practice standards for General Practice Nursing were first published in 1994 (and reissued in 2001)⁴. However, evidence gathered during this project identified few universities offering the NMC approved course and none in Northern Ireland or Scotland. Currently most GPNs work in skill mixed teams; when the NMC standards were published in 1994, the GPN role was more generic and senior and specialist roles have developed since that time. In recognition of the emerging nursing roles within General Practice, Health Education England⁵ and NHS Education for Scotland (NES)⁶ have recently developed career frameworks that articulate the requirements of different levels within general practice nursing.

In England, the educational focus has been on developing courses to equip nurses new to general practice nursing with the immediate skills and knowledge they will need. In Scotland, NHS Education has been running a course since 2013 to equip level 5 nurses with the skills and competencies they require to work safely in General Practice. Northern Ireland has recently published⁷ a framework for General Practice Nursing and this is currently being developed. The revision of the Welsh government's primary workforce plan is imminent and the nursing actions within the plan will reflect the framework for moving forward.

It is important to be clear about the distinct roles of the Advanced Nurse/Clinical Practitioner (ANP) and

1. HEE District Nursing and General Practice Nursing education and Career Framework. 2015

https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

Career and Development Framework for General Practice Nursing

HEE District Nursing and General Practice Nursing education and Career Framework. 2015

https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

2. QNI/QNIS Voluntary Standards for District Nurse Education and Practice. 2015

https://www.qni.org.uk/wp-content/uploads/2017/02/District_Nurse_Standards_WEB.pdf

3. QNI General Practice Nursing in the 21st century: a time of opportunity. 2016.

https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf

4. <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-specialist-education-and-practice.pdf>

5. HEE District Nursing and General Practice Nursing education and Career Framework. 2015

https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

6. NES Career and Development Framework for General Practice Nursing

http://www.mnic.nes.scot.nhs.uk/media/52579/gp_nursing_framework_final.pdf

7. <http://www.publichealth.hscni.net/publications/now-and-future-general-practice-nursing-framework-northern-ireland>

the Senior GPN. The project has not focused on the role or standards for the Advanced Nurse/Clinical Practitioner, as this is being addressed at individual country level. The view of QNI and QNIS is that ANPs are expert generalists using advanced skills across a greater breadth of practice and see patients with undifferentiated conditions. Their role sits at level 7 of the career framework. They will diagnose and prescribe across the full formulary and may also be in roles where their focus is on urgent care.

Senior GPNs will have some advanced skills, will be the expert in general practice nursing team leadership and management and will predominantly see patients who have an established diagnosis. With the emergence of General Practice hubs, clusters and federations, there is a clear role for the Senior GPN in leading and managing a team of nurses, health care assistants and others across the organisation. Their expertise is set out within these Standards. The QNI and QNIS see both roles (GPN and ANP) as essential and complementary in contemporary General Practice.

In light of the current emphasis on the foundation level (level 5) and the role of the Advanced Nurse/Clinical Practitioner, this project has focused on the needs and expectations of Senior GPNs, which we hope will add value to discussions in all four countries. The Standards make the assumption that the core general practice nursing skills, often delivered within GPN Foundation or GPN Fundamentals programmes, will have been achieved and consolidated in practice and the focus is therefore on the contemporary and future roles of Senior GPNs.

This is timely given the changing face of primary care with new models of care, widespread integration of health and social care and evolving roles and consolidation of Practices into federations, groups or clusters. Given the need to inspire a new generation to pursue careers within general practice, it is vital to open up Practices to student nurses and other health care professionals to ensure they are aware of the range and complexity of health care provided by general practice teams. This emphasis on supervision of students and junior staff is reflected in the Standards. It is planned to review the Standards in five years' time, recognising that the NMC is planning to publish a consultation on new standards for registered nurses and new standards for prescribing in 2017.

In developing these Standards, the project has established a UK-wide consensual view of the contemporary and future role of a Senior GPN. The work has been shaped by a four country advisory group. Views have been sought from GPN clinicians, Advanced Nurse/Clinical Practitioners, General Practitioners, Practice Managers, GPN educators and a service user representative. The Standards are deliberately broad to reflect the wide range of roles and responsibilities found in General Practice Nursing. They do not focus on discrete clinical skills, as it is assumed that the generic skills will have already been achieved, but have been drafted to encompass the four key domains of:

1. Clinical Care
2. Leadership and Management
3. Facilitation of Learning
4. Evidence, Research and Development

Senior General Practice Nurses

Senior GPN roles are complex and require skills in negotiating, coaching, teaching and supporting people and their carers, as well as effectively collaborating with other agencies and services to enable people to continue to live safely and confidently at home, managing their own conditions wherever possible. The role of Senior GPN involves the provision of aspects of care within the general practice setting such as minor illnesses, acute and longer term health problems, encompassing preventive health care and support for behaviour change. This role is unusual in the nursing profession in that it covers the entire age range from infants to older people.

As primary care develops, the Senior GPN role will need to adapt to a range of models of care provision. The Senior GPN has a vital public health role that must address primary, secondary and tertiary prevention and be able to support people to make health choices which maximise self-care and promote independence. Future wellness models are likely to reflect an assets-based approach that emphasises supporting people to maximise their health and wellbeing at home and GPNs need familiarity with their local communities, assets and resources to support such approaches. Depending on the size of the General Practice, Senior GPNs will lead and professionally manage a mixed-skill and in some cases, a mixed-discipline team.

The Senior GPN needs a range of skills to ensure that they can operate in a variety of delivery models,



being able to process and analyse a range of data to ensure that the nursing service is responsive to population need and can react to change. They will have responsibility for quality assurance and quality monitoring processes, to ensure the nursing contribution to care meets or exceeds requirements. These requirements are articulated in the Standards.

Using the QNI/QNIS Standards

These Standards are designed as a starting point to support discussion and planning as localities, regions, countries and Higher Education Institutions (HEIs) look to further develop General Practice Nursing roles in a variety of new service models.

It is anticipated that HEIs will wish to adopt these voluntary standards as best practice, to demonstrate that their programmes will equip practitioners to lead and manage current and future general practice nursing services. If universities wish to gain NMC approval, it is expected that these Standards will enhance the regulatory standards to reflect contemporary and future standards. Alternatively if NMC approval is not required, QNI/QNIS would expect that such courses/modules encompass the educational principles of protected practice time and assessed practice.

The QNI/QNIS Voluntary Standards aim to:

- Provide patients and the public with a contemporary description of the role of a Senior General Practice Nurse;
- Identify the key aspects of the Senior General Practice Nurse role, grouping them under the four key domains that reflect the breadth of competence required for safe, high quality, person centred care;
- Support and guide HEIs in developing education programmes which are focussed on agreed best practice;
- Enable Senior GPNs to articulate their role with General Practice and new models of care;
- Provide a framework for service commissioners, General Practitioners and other providers in planning primary care nursing services.

Senior General Practice Nurse (SGPN) – PRACTICE STANDARDS

At the end of a programme mapped against the QNI/QNIS Voluntary Standards the SGPN will be able to:

Domain 1 – Clinical Care

1.1 Demonstrate a broad range of evidence informed general practice nursing (GPN) clinical expertise that supports high quality, person centred care for individuals across the age range in the practice population including children and young people where appropriate. Evaluate therapeutic and other care management strategies, ensuring effectiveness and patient concordance.

1.2 Use advanced assessment skills when assessing individuals with complex health care needs and associated multi-morbidity, using a range of evidence based assessment tools to enable accurate decision making; identifying variation in individuals with a diagnosis, ensuring correct referral and management pathways are followed and prescribing across a range of interventions within their scope of competence.

1.3 Understand the connection between physical health and mental health issues, identifying patients with mental health issues and develop strategies to provide emotional support, mental health promotion and well-being with patients and their carers; collaborate with mental health professionals and General Practitioners (GPs) when identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making.

1.4 Engage in effective multidisciplinary and multi-agency team working whilst recognising professional accountability, to ensure optimal patient care that supports transitions across health care and other agency boundaries that are smooth and meaningful to patients.

1.5 Demonstrate advanced communication skills and be able to foster therapeutic relationships with patients, enabling patients to know they have been listened to with respect and compassion. Use creative problem solving, influencing and negotiation to enable shared decision making when developing care and management plans and anticipatory care.

1.6 Demonstrate partnership approaches when undertaking consultations, fostering a culture of

patient-centred practice, promoting the concept of self-care and patient led care where possible and providing appropriate health promotion, education and support.

1.7 Facilitate behaviour change interventions for patients using extended brief interventions where appropriate and support the team to incorporate and evaluate behaviour change interventions in their consultations, including social prescribing.

1.8 Engage and use digital technologies to support patient self-care and the efficiency and effectiveness of the General Practice Nursing team.

1.9 Develop at least one area of specialist nursing practice interest, in accordance with the needs of the practice population.

1.10 Assess, evaluate and articulate risks to both patients and staff using a range of tools, professional judgment and experience. Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm.

Domain 2 – Leadership and management

2.1 Demonstrate professional and clinical leadership of the general practice nursing team and clinically supervise, support and appraise the team in their delivery of nursing interventions in the practice. Use advanced communication skills to enable confident management of complex interpersonal issues and conflict management. In larger nursing teams, support and enable other team members to induct, appraise, support and develop junior members of the team.

2.2 Manage the general practice nursing team within regulatory, professional, legal, ethical and policy frameworks. Promote and model effective team work ensuring staff feel valued and have opportunities for development and to enhance resilience but also create and implement strategies when performance needs to be addressed.

2.3 Analyse the clinical caseload for the GPN team and GPN service, ensuring a safe and effective distribution of workload using delegation, empowerment, education skills and effective resource management. Where appropriate, contribute to workforce planning at service, local and regional levels.

2.4 Demonstrate knowledge of social, political and economic policies and drivers that impact on the wider community and analyse how these may impact on the design and delivery of general practice nursing services to meet the needs of the practice population.

2.5 Understand national and local public health strategies and how these are aligned to support the health of the practice population. Collaborate effectively with other disciplines and agencies to identify how the GPN team can lead and assist in the implementation of these strategies.

2.6 Working with the wider health and social care team, third sector partners and others, engage in initiatives which build on community assets within the registered population of the locality to enhance health and wellbeing.

2.7 Ensure every member of the GPN team is able to recognise vulnerability in adults and children and young people and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.

2.8 Confidently articulate the unique contribution and value of the general practice nursing team to both the business objectives of the Practice and to improved health outcomes for patients, whilst maintaining a strategic system wide perspective.

2.9 Apply a range of change management strategies to respond flexibly and innovatively to changing contexts of care and the need for amended service provision.

2.10 Analyse the practice population to ensure all patients with long term conditions are identified, undertaking risk stratification, where appropriate, to ensure evidence based pathways of care are followed and there is effective case management of patients with complex needs across the new models of primary care.

Domain 3 – Facilitation of learning

3.1 Complete an NMC approved mentorship award/programme (if not previously achieved), supporting and facilitating the development of placements within General Practice for nurses and other health care professionals.

3.2 Create positive teaching and learning environments and mentorship and preceptorship

schemes that enhance the development of nursing students, nursing staff and other professions learning about care in General Practice and the wider community. Evaluate the impact of educational interventions for students, staff and patients.

3.3 Develop systems to assess the learning and development needs of the GPN team and negotiate strategies with the Practice to meet these needs.

3.4 Take responsibility for the practice assessment of nurses undertaking “foundation/fundamental” or NMC approved “specialist practice” general practice nursing courses and ensure excellent liaison with approved education institutions.

3.5 Role model non-judgemental and value based care in practice creating a culture of openness and recognition of the duty of candour, promoting these values in other members of the GPN team.

3.6 Support registered nurses in the team in the revalidation process, acting as a confirmer as necessary.

Domain 4 – Evidence, Research and Development

4.1 Source and discern between different forms of evidence, engaging with the development of evidence based guidelines for the Practice or new models of primary care. Support staff to ensure all care is evidence informed and based on best practice.

4.2 Contribute to the development, collation, monitoring and evaluation of data relating to service provision and development, quality assurance and improvement. Analyse this information for benchmarking of GPN services, where appropriate, in the local area. Identify trends that may impact on the GPN service and, where appropriate, produce data-informed business/operational plans to support service development and innovation.

4.3 Participate in the development of systems, including face-to-face engagement, valuing considered, honest and reflective patient feedback that enables patients to share their experiences of care confidentially. Develop processes for the systematic improvement of service in response to patient feedback.

4.4 Ensure governance systems are in place for GPN staff that ensures patient follow up, referrals, correspondence and safety alerts are actioned.

Appendix 1. The context of General Practice Nursing across the UK

The landscape of primary care and General Practice is changing rapidly and separately in each of the four UK countries. Below is a short synopsis of how these changes impact on general practice nursing in each of the four UK countries.

England

Health Education England (HEE) has published a District Nursing and General Practice Nursing education and career framework. In addition a General Practice Nursing Workforce Development Plan was published in March 2017⁸. In local HEE regions, some foundation or fundamental courses designed for nurses new to General Practice Nursing have been commissioned. However, there is no consistency in the courses on offer or their availability across England.

NHS England has focused on developing General Practice⁹ and there are a number of work streams associated with this. The Five Year Forward View next steps published in March 2017¹⁰ highlights the developments in primary care, including the development of new models of care and formation of GP hubs or networks and cites £15million investment in General Practice Nursing between 2016 and 2018.

Scotland

The Scottish Government has a number of policies that support the on-going development of primary care. The 2020 Vision, published in 2011, focuses on providing more care at home or in a homely setting, and this has been re emphasised in A National Clinical Strategy for Scotland which embeds primary care at the heart of reform. This is overlaid by the integration of health and social care with legislation to support this policy coming into effect from April 2016.

The National Review of Primary Care Out of Hours Services (2015), the new GP contract which will be published later in 2017, along with an increasing emphasis on public health and anticipatory care will impact the role of the general practice nurse.

In June 2017 Scottish Government set up a new General Practice Nurse Group which reports to the Transforming Roles Group chaired by the Chief Nursing Officer. Its role is to develop, agree and drive implementation of a re-focused General Practice Nurse role for NHS Scotland.

NHS Education has been funding and providing a course for level 5 GPNs since 2013 and has a network of supervisors to support GPN development.

Northern Ireland

Northern Ireland published a Framework for General Practice Nursing¹¹ in September 2016 and there are a number of work streams linked to the framework. Currently Northern Ireland does not have introductory courses for nurses new to general practice nursing. General Practices tend to be small and may have just one GPN in the Practice, with treatment room services provided by the community nursing service.

Wales

The revision of the Welsh government's primary workforce plan is imminent and the nursing actions within the plan will reflect the framework for moving forward.

8. General Practice Nursing Workforce Development Plan
<https://hee.nhs.uk/sites/default/files/documents/3018%20HEE%20GPN%20plan%20WEB.pdf>

9. GP Forward View
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

10. <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

11. http://www.publichealth.hscni.net/sites/default/files/General%20Practice%20Nursing%20Framework_0.pdf



Appendix 2: Project, Background and Methodology

In 2015 the QNI carried out a survey of nurses working in general practice nursing and the results were published in January 2016. The findings from the survey were a rich source of data and analysis of the data demonstrated the need for a clear articulation of the role of Senior GPNs that reflected the depth and expert practitioner role in the 21st century.

Subsequently the project was approved and funded by the Trustees of the QNI (covering England, Wales and Northern Ireland) and the Trustees of the QNIS – enabling the project to cover the four UK countries. A project advisory group was assembled with representation from the four countries reflecting perspectives from education commissioners, service and education providers, third sector providers, clinical commissioners, The Royal College of General Practitioners, and specialists in public health. The professional regulatory body, the Nursing and Midwifery Council, was in attendance. The advisory group met four times during the project and the list of stakeholders is given in Appendix 3.

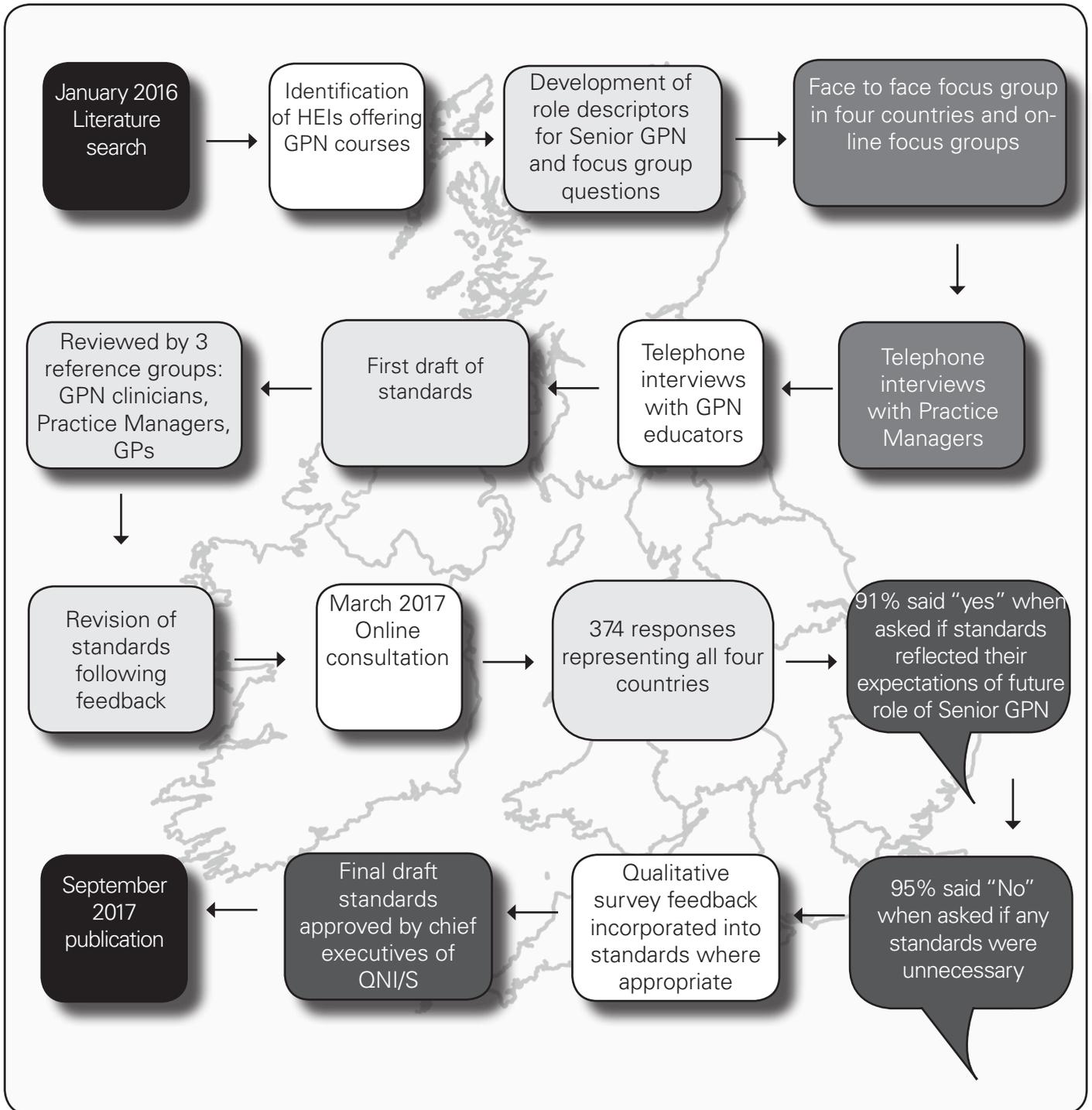
The project commenced in January 2016 and was scheduled to report in mid-2017. A part time project manager with in-depth knowledge and understanding of both general practice nursing and higher education was appointed. The development of the project is identified in Diagram 1. Initially it was anticipated that the project would take the same approach as that of the QNI/QNIS District Nurse standards and develop voluntary standards that would enhance the NMC standards of specialist education and practice for general practice nursing. However, following data collection it became clear that there are only 14 HEIs approved to offer the course in the UK and some of these courses are not currently active – and there are no NMC approved GPN courses in Scotland or Northern Ireland.

Following data collection from GPN educators, it became clear that there was support for the development of the Standards and these would guide the development of new curricula, but there was not widespread support for obtaining NMC approval for the course to lead to a recordable qualification. It is anticipated that having set out the standards expected in practice, HEIs will be able to develop their GPN programmes to ensure students are prepared to meet these practice standards.

The QNI/QNIS project did not set out to prescribe the academic level, the structure of the course or its length. However, the course must be of a sufficient length to enable the standards to be met and of a minimum academic level to enable students to address the complexity of the Senior GPN role. It is expected that there will remain a demand for courses to be offered at degree and post graduate levels in most countries of the UK, although in future some countries may specify that programmes are to be offered at post graduate level only. The academic level set by each university would be a collaborative decision between the university, stakeholders, education commissioners and the NMC, if appropriate.

The QNI/QNIS do not intend to monitor the voluntary standards, as the burden of regulation and quality assurance on HEIs is already high and the review of the voluntary standards would be addressed through the quality assurance processes already in place.

Diagram 1 - Development of the Standards



Appendix 3. QNI/QNIS Project Advisory Group

1	John Unsworth	Higher Education Academy	Trustee QNI, Head of Health and Social Care
2	Mary Saunders	The Queen's Nursing Institute	Project Manager
3	Clare Cable	The Queen's Nursing Institute Scotland	Chief Executive
4	Crystal Oldman	The Queen's Nursing Institute	Chief Executive
5	Anne Trotter	Nursing and Midwifery Committee	Assistant Director: Education and Standards
6	Jan Quallington	Council of Deans of Health	Head of Institute Health and Society University of Worcester
7	Julie Bliss	Association of District Nurse Educators	Chair
8	Jane Cantrell	NHS Education Scotland	Programme Director
9	Dr Paul Myres	RCGP Wales Chair Public Health Wales	Quality Lead Academy of Medical Royal Colleges Wales Professional Lead Primary Care Quality National Lead for Primary Care Development
10	Rose McHugh Replaced by Oriel Brown	Public Health Agency (Northern Ireland) Public Health Agency (Northern Ireland)	Nurse Consultant Nurse Consultant, Service Development and Service Improvement (Prescribing)
11	Obi Amadi	Community Practitioners and Health Visitor's Association	Lead Professional Officer
12	Anne Moger	NHS England	Primary Care Nurse Advisor
13	Dr Ruth Pearce	Association of Advanced Practice Educators - UK	Chair
14	Elaine Biscoe	Care Quality Commission	National Nursing Advisor
15	Jennifer Aston	Royal College of General Practitioners, General Practice Foundation Nursing Group	Chair and Advanced Nurse Practitioner
16	Dr David Colin-Thomé	Primary Care Commissioning	Chair
17	Dee Sissons	Marie Curie	Director of Nursing
18	Jacqueline Goodchild	Macmillan Health and Social Care	Macmillan Treatment and Healthcare Workforce Programme Manager

19	Joanne Bosanquet	Public Health England	Deputy Chief Nurse and Business Lead for Chief Nurse Directorate
20	Anne Pearson	The Queen's Nursing Institute	Director of Programmes
21	Marie-Therese Massey	Royal College of Nursing	Chair, Practice Nurse Forum
22	Gill Coverdale	Royal College of Nursing	Professional Lead - Education Standards and Professional Development
23	Linda Harper	Scottish General Practice Leads group	Associate Nurse Director, NHS Grampian
24	Lynne Hall	Health Education England	Clinical Lead
25	Iain Upton	Speaking 4 Yourself	Service User
26	Allison Tait or Andrea Davidson	Scottish Practice Nurses Association (SPNA)	Co-chairs
27	Dr Nav Chana	National Association of Primary Care	Chair
28	Louise Brady	NHS Manchester CCG	NHS Alliance Clinical & Strategic Development Lead Practice Nursing
29	Eileen Munson	University of South Wales Welsh Practice Nurse Association	Senior Lecturer Chair
30	Louise Lidbury	Public Health, Wales	All Wales Lead Nurse, Primary Care, Public Health Wales
31	Jean Christensen	Department of Health	Professional Officer for Nursing, Midwifery and Care



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