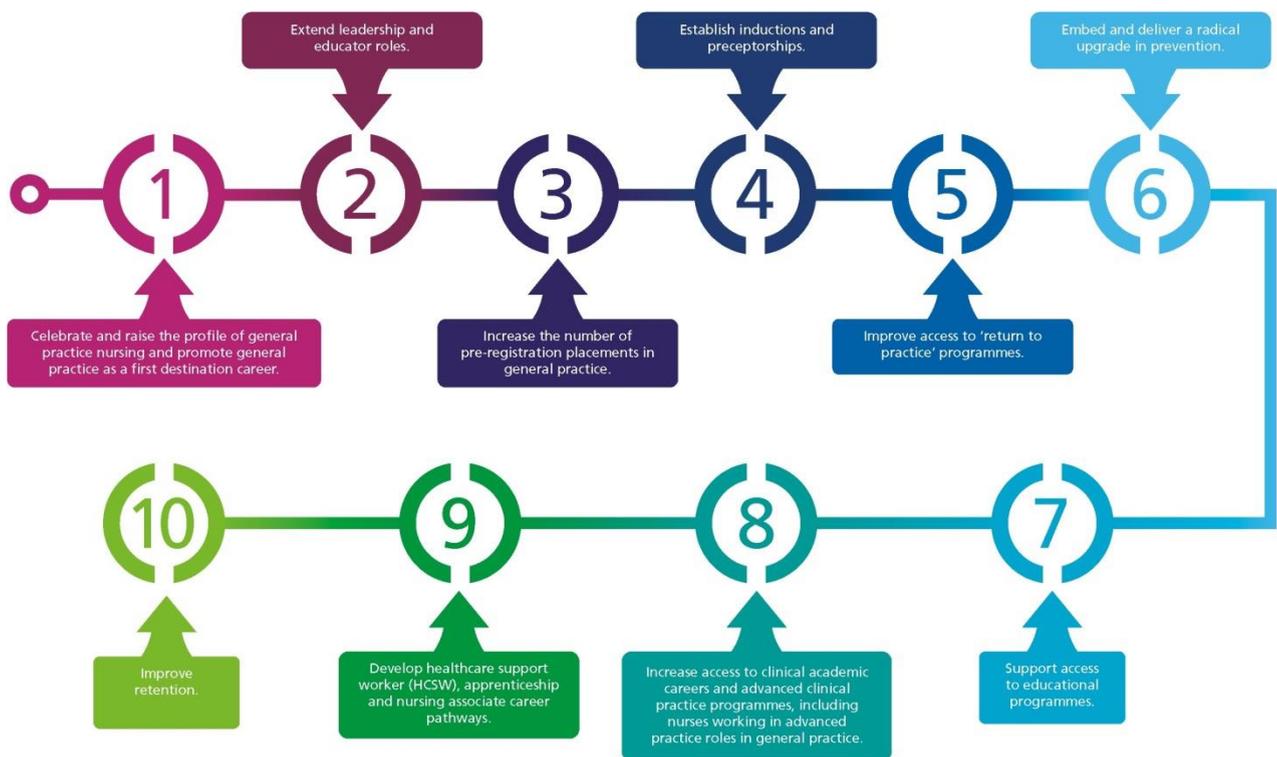


# Cheshire & Merseyside General Practice Nursing Resource Pack



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Prepared by: Cheshire & Merseyside General Practice Nursing  
Collaborative Forum



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NHS England and Clinical Commissioning Groups (CCGs) are regularly asked for advice by Practice Managers and General Practitioners regarding nurse competencies, job descriptions and career pathways including levels of pay, terms and conditions for Nurses working in general practice.

Practices need to be able to attract the best and most talented nurses who are committed to a career pathway within general practice.

Cheshire and Merseyside General Practice Nurse Collaborative (GPN) have developed this information in order that practices have this advice available to them when recruiting new staff.

Our advice is based on Health Education England's recommendations as authorized in the Career Framework for General Practice Nursing (HEE 2015)

Please do contact your CCG General Practice Nurse lead if you would like further information or advice. We hope you find this information useful.

**June 2018**

Valid Date: June 2018

Review Date: Annual



## TERMS AND CONDITIONS

	C&M GPN Collaborative recommendations	Agenda for Change (AfC)
<b>Annual Leave</b>	Align to AfC	<ul style="list-style-type: none"> <li>For staff with less than five years NHS service: 27 days (+ 8 days public holiday) pro rata</li> <li>For staff with five to ten years NHS service: 29 days (+ 8 days public holiday) pro rata</li> <li>For staff with more than ten years NHS service: 33 days (+ 8 days public holiday) pro rata</li> </ul>
<b>Maternity Pay</b> <i>Employees should have 12 months continuous service with NHS by the eleventh week before expected week of childbirth and intend to return to work in the NHS for a minimum of 3 months to qualify.</i>	Align to AfC	<ul style="list-style-type: none"> <li>8 weeks full pay minus Statutory Maternity Pay or Maternity Allowance</li> <li>18 weeks half pay plus Statutory Maternity Pay or Maternity Allowance</li> <li>13 weeks Statutory Maternity Pay or Maternity Allowance</li> </ul>
<b>Sick Pay</b>	Align to AfC	<ul style="list-style-type: none"> <li>During the first year of NHS service: 1 month full pay and (after completing four months service) 2 months half pay</li> <li>During the second year of NHS service: 2 months full pay and 2 months half pay</li> <li>During the third year of NHS service: 4 months full pay and 4 months half pay</li> <li>During the fourth and fifth year of NHS service: 5 months full pay and 5 months half pay</li> <li>After completing 5 years of NHS service: 6 months full pay and 6 months half pay</li> <li><b>Practices to consider Practice insurance</b></li> </ul>



## GUIDE TO PAY (2018/19) & SUGGESTED COMPETENCE – Non-registered nurses

	<b>HCA Band/Level 2</b> New to General Practice	<b>HCA Band/level 3</b> Working towards QCF / NVQ 3 or have equivalent experience (2 years or more)	<b>Assistant Practitioner Band/level 4</b> Awarded a Foundation Degree / Higher apprenticeship	<b>Nurse Associate Band/Level 4</b> Awarded a Foundation Degree / Diploma
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<b>Annual Basic Salary 2018/2019</b>	£17,460 - £18,702	£17,787 - £20,448	£20,150 - £23,363	£20,150 - £23,363
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<b>Suggested competence</b>	<p>Gaining confidence and understanding of general practice</p> <p><b>Supervision required</b></p> <ul style="list-style-type: none"> <li>• Core Skills</li> <li>• Care Certificate Standards</li> <li>• Blood pressure</li> <li>• Pulse checks</li> <li>• Phlebotomy (if appropriate to practice)</li> </ul>	<ul style="list-style-type: none"> <li>• Core Skills</li> <li>• NHS Health checks</li> <li>• Vac &amp; Imm foundation training (may include Flu, Fluenz, pneumococcal, Zoster (shingles) and B12)</li> <li>• Long Term Conditions basic monitoring under supervision of LTC clinical lead (may include inhaler technique, diabetic foot checks)</li> <li>• Smoking cessation</li> <li>• Chlamydia screening</li> <li>• Brief interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Core Skills</li> <li>• NHS Health checks</li> <li>• Vac &amp; Imm foundation training (may include Flu, Fluenz, pneumococcal, Zoster (shingles) and B12)</li> <li>• Long Term Conditions monitoring under supervision of LTC clinical lead (may include inhaler technique, diabetic foot checks)</li> <li>• Smoking cessation</li> <li>• Chlamydia screening</li> <li>• Brief interventions</li> <li>• Mentoring (of other HCA's)</li> <li>• Spirometry (certified training)</li> </ul>	<p>A regulated support role currently training in 11 test sites</p> <ul style="list-style-type: none"> <li>• Core Skills</li> <li>• NHS Health checks</li> <li>• V&amp;I foundation training (may include Flu, Fluenz, pneumococcal, Zoster (shingles) and B12)</li> <li>• Long Term Conditions monitoring under supervision of LTC clinical lead (may include inhaler technique, diabetic foot checks)</li> <li>• Smoking cessation</li> <li>• Chlamydia screening</li> <li>• Brief interventions</li> <li>• Mentoring (of other HCA's)</li> <li>• Spirometry (certified training)</li> </ul>
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## GUIDE TO PAY (2018/19) & SUGGESTED COMPETENCE - Registered Nurses

	<b>GPN Band/Level 5</b> Newly qualified / new to Practice Nursing	<b>Experienced GPN Band/level 6</b> <i>More than 2 years</i>	<b>Senior Practice Nurse/Nurse Practitioner Band/level 7</b>	<b>Advanced Nurse Practitioner Band/Level 8</b>
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<b>Annual Basic Salary</b>	£23,023 - £29,608	£28,050 - £36,644	£33,222 - £43,041	£42,414 - £49,969
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<b>Suggested competence</b>	<ul style="list-style-type: none"> <li>Core skills:               <ul style="list-style-type: none"> <li>Cytology</li> <li>Childhood immunisations</li> <li>Ear irrigation</li> <li>Travel – (certificated training mandatory either as GPN course or standalone courses)</li> <li>Long term conditions review under supervision of LTC clinical lead e.g. inhaler technique, diabetic foot checks</li> <li>Spirometry –certificated training</li> <li>Smoking cessation</li> <li>Mentor – level 2</li> <li>STI screening</li> <li>Wound Care</li> <li>Compression bandaging (following ABPI)</li> <li>Zoladex injections</li> <li>Neuroleptic depo injection (mental health)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Core skills plus</li> <li>LTC management (Diploma+ level) e.g. asthma, diabetes, COPD, hypertension</li> <li>Complex travel</li> <li>Spirometry interpretation</li> <li>Contraception (diploma)</li> </ul>	<ul style="list-style-type: none"> <li>Core skills plus</li> <li>Non-medical prescribing</li> <li>LTC lead role</li> <li>Mentorship</li> <li>Teaching e.g. undergrad nurses</li> <li>Lead nurse role – management</li> <li>Minor illness</li> </ul>	<ul style="list-style-type: none"> <li>Core skills plus</li> <li>Master’s degree as Advanced Nurse Practitioner or equivalent</li> <li>Managing patients with undifferentiated and undiagnosed problems</li> </ul>
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# **Professional indemnity arrangement**

**A new requirement for registration**



# Professional indemnity arrangement: A New requirement for registration

## Introduction

The UK government has introduced a new requirement for all healthcare professionals to hold an appropriate indemnity arrangement, commencing 17 July 2014.

By law, nurses and midwives must have in place an appropriate indemnity arrangement in order to practice and provide care. While the arrangement does not need to be individually held by the nurse or midwife, it is their responsibility to ensure that appropriate cover is in force.

*The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)* has been updated to reflect this change and that having an appropriate indemnity arrangement is now mandatory.

## Summary

When you practice as a nurse or midwife you must have an appropriate indemnity arrangement in place. The large majority of nurses and midwives will already meet the new requirement and will not need to take any further action. You meet the requirements where:

- you work exclusively for the NHS, as you will already have an appropriate indemnity arrangement;
- you work in an employed environment in the independent sector where your employer provides you with indemnity cover; or
- you undertake self-employed work and have made your own professional indemnity arrangements.

If you are an employee in the NHS or independent sector, the employer will normally have indemnity arrangements that will cover your work.

However, if you are self-employed you will need your own cover. This may be:

- as part of a membership of a professional body or trade union;
- directly from a commercial provider; or
- a combination of the above.



## How will the requirement affect you?

The purpose of this requirement is to make sure that where patients have suffered harm through the negligent action of a nurse or midwife, they will be able to recover any compensation to which they are entitled following a successful claim.

You need to declare that you have in place, or you will have in place when you practice, an appropriate indemnity arrangement.

You will be required to complete this declaration at the following points, as appropriate:

- When you apply for registration with the NMC for the first time.
- Each time you renew your registration.
- If your registration has lapsed and you want to apply for readmission to the register.
- If you are applying for restoration to the register after having been struck-off for fitness to practice reasons.

## What is 'appropriate' cover?

Appropriate cover is an indemnity arrangement which is appropriate to your role and scope of practice and its risks. The cover must be intended to be sufficient to meet an award of damages if a successful claim is made against you.

Determining what appropriate cover is for you will be influenced by:

- what your job involves and where you work;
- who you provide care to and the level of care you provide; and
- the risks involved with your practice.

We are unable to advise you about the level of cover that you need. We consider that you are in the best position to determine, with your indemnity provider, what level of cover is appropriate for your practice. You should seek advice as appropriate from your professional body, trade union or insurer to inform your decision. You need to be able to demonstrate that you fully disclosed your scope of practice and to justify your decisions if asked to do so.

If you have made your own professional indemnity arrangements, you should make sure that you understand how your cover will work. For example, most indemnity insurance will be offered on a 'claims made' basis. This means the cover would need to be in place both when the event causing the claim occurred and when the claim was made (which may be years later). This also includes understanding any requirements to disclose relevant information to your indemnity provider which would influence a provider's decision whether or not to offer cover.

If your circumstances change while you are registered with the NMC, you must ensure that your indemnity arrangements are still appropriate for the risks of your practice.



## **If you are employed**

If you work for the NHS, you will already have an appropriate indemnity arrangement. The NHS insures its employees for work carried out on their behalf, which means you will be covered if a claim is made against you in that employment and is successful.

If you are employed in private healthcare (for example, a nursing home or general practice), it is likely that your employer will have an appropriate indemnity arrangement for you.

Outside the NHS, many employers are likely to have professional indemnity arrangements which will provide appropriate cover for all the relevant risks related to your job.

Arrangements may vary between employers so you should always check with them.

## **If you are self employed**

If you are self-employed, work as a consultant or through an agency, you are likely to need to have your own indemnity arrangement in place. Professional bodies may offer professional indemnity insurance, or you can arrange your own cover directly through a commercial provider. It is important that you understand the terms of your insurance policy.

## **If you have a combination of self-employed and employed work**

If you undertake a combination of employed and self-employed work, or work for more than one employer, you must have an appropriate indemnity arrangement in place for each area of your practice. An employer's arrangement will only provide cover for activities performed by an employee as part of their duties during that employment.

## **If you work in education**

If you are a nurse or midwife and are employed in education it is likely that your employer will have an appropriate indemnity arrangement for you. Arrangements may vary between employers and so you should always check with them. You need to ensure that your indemnity arrangement provides cover for all aspects of your role, particularly if it includes fulfilling aspects of your role in the practice setting (for example, practice placement based teaching or providing support for learning and assessment in practice settings). An indemnity arrangement may normally be provided by your employer, placement provider or through your own arrangements.

## **If you have a break in practice**

If you decide to take a break from practicing, you do not need to let us know. As long as you are covered when you practice, you can continue to be registered with us. This includes breaks for maternity leave, travelling or a break in employment.



## Voluntary work

You are required to be registered with us if you undertake voluntary work where you are practicing as a nurse or midwife. Indemnity cover for voluntary work may be provided by some voluntary organisations or your existing indemnity arrangement. However, if you are unsure, you should ask the organisation you are volunteering for or raise the issue with your insurance provider.

## Good Samaritan acts

The NMC does not regard 'Good Samaritan' acts, where someone provides first aid or other emergency assistance to an individual where there is no legal duty to do so, as professional practice for which indemnity insurance is required.

## Good neighbour acts

Good neighbour acts (such as helping out in your professional capacity within your local community) are less clear cut and you should use your professional judgement to determine whether you need indemnity cover in such situations. While single, unpaid acts are unlikely to be classed as carrying out work as a nurse or midwife, repeated acts over a sustained period may, even if they are unpaid, require appropriate cover. If you are worried about any potential liabilities as a result of such acts, you should check with your professional body, trade union or insurer whether you have or need cover for such acts.

## Evidence of cover

You are responsible for maintaining your registration with us. When you first register or you renew your registration with us, we ask you to sign a number of self-declarations confirming you meet the standards for registration with us. These now include holding appropriate indemnity insurance. By signing these declarations you are stating that you meet the conditions of registration, and that you will continue to do so during the period you are registered.

You must have an appropriate indemnity arrangement in place from July 2014, regardless of when you sign your declaration. If you practice without cover after this time you will be breaking the law, even though you may only have to sign the declaration when you renew your registration.

If you are self-employed or undertake consultation work, it is important that you maintain a record of your cover, or are able to obtain a record of your cover quickly.

You are not required to provide a copy of your documents for your indemnity arrangement when you self-declare. However, maintaining good records of your indemnity arrangement and the disclosure of your scope of practice, which forms the basis of your arrangement, is important and is reflected in the Code. We may undertake compliance checks.

If you are unable to complete the self-declaration you will be unable to apply for registration, renew your registration or apply for readmission or restoration to the register.



If your indemnity arrangement is no longer appropriate for your scope of practice, and you no longer meet our registration requirements, you must inform us immediately by contacting our registration department.

## The new requirement and fitness to practice

Our fitness to practice process is the way in which we can consider concerns about nurses and midwives. We will consider taking fitness to practice action under circumstances including:

- making a false declaration that you have professional indemnity cover in place;
- practicing while having an indemnity arrangement that is not appropriate for your practice; and
- cancelling your indemnity cover after registration or renewal and failing to put alternative cover in place while still practicing.

## More information

If you have any questions, please contact us, although we cannot offer advice on what level of indemnity cover is appropriate for you. You can contact us at:

**Nursing and Midwifery Council**  
**23 Portland Place**  
**London**  
**W1B 1PZ**  
**Tel +44 (0)20 7333 9333**



# Induction



## General Practice Nurses

**Note: DBS/NMC/Pre-employment checks must be completed as part of the Pre-employment assessment prior to 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.

General Practices Nurses come to their roles from a wide variety of backgrounds, often bringing with them a broad range of clinical skills and knowledge.

However 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. Even experienced primary care nurses moving to a new practice are likely to need to acquire new clinical skills or to deploy their existing skills in different ways.

An induction programme should:

- Provide a consistent and comprehensive system of introduction to the practice/cluster/federation for all new staff.
- Ensure that all new 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.
- Provide information to assist them in becoming familiar with their working environment.
- Provide a reference source and contact person in the first few months of employment for primary care nurse clinical mentorship/support.
- Advise the individual to ensure contact is made to inform the General Practice Nurse Lead/Facilitator in your area of new role and to add to the local network. (see appendix 1)

Induction acknowledges the obligation that the main 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 employer and employee is essential to its success.



Time should be allocated to support a new member of staff in terms of reviewing performance, training needs analysis, commitment and the contribution that the individual will make to achieve its goals.

## The Core Induction

### Aim

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

This will take place during the first few weeks in post

The general practice nurse will be allocated a named individual within the Practice/Cluster/Federation who is their main point of contact and who will support them through the programme.

This should also be supported by the Lead Nurse within the Practice/Cluster/Federation for General Practice.

This may take up to twelve 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.

### Identifying learning needs

At an early stage in the induction programme, the nurse should map their current knowledge and skills against the requirements of the post.

To ensure success, Professional nursing input should be advised in this process. The GPN Lead within the practice/cluster/federation should be available to support a senior member of the primary care nurse team in the development of the new nurse's first personal development plan (PDR).

The PDR should be completed within the initial induction period and form a basis for the employer and nurse to sign up to a development plan to meet any identified learning needs.

Unless there are significant skills gaps, most of the role specific induction would normally take place within the practice environment. Support will be given from other members of the team and where appropriate external expertise will be in place. 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 team practice/cluster/federation to participate in supporting the nurse through the development stage. This will support building relationships and developing effective teamwork.

### Professional support, supervision and mentorship

The extent of learning required during the first twelve months in post will vary considerably, dependent on the previous experience and skills of the nurse.



Mentorship should be firmly in place to support this.

- Agreeing learning objectives with the nurse and the practice.
- Providing time for regular supervisory sessions.
- Review should take place at 3, 6, 9 months the final review at 12months. This can be extended if it is discussed and agreed.
- 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.

### Concluding the induction period

The core induction period and, where appropriate, any longer period of role specific induction should 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 general practice nurse should be encouraged to use reflective practice comprising of incidents that relate to personal and professional experiences and record revalidation records & personal development review

This will facilitate critical reflection and promote self-assessment. Themes and issues identified will form a basis for discussion at review.

Keeping a record of the induction, should include a signed core induction checklist and a completed role specific induction checklist and learning plan. This will help the practice demonstrate compliance with GMS Quality and Outcome Framework standards.



**Assessment** Mandatory training should include:

<b>E learning/Course</b>	<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>
Health & Safety -annual			
Equity & Diversity – annual			
Information Governance - annual			
Fire Safety - annual			
Child protection level 2 –annual ( level 3 must be completed if part of your role)			
Safeguarding Vulnerable Adults - annual			
Anaphylaxis/Basic life support – annual  CPR			
Infection Control - annual			
Management of Emergency Situations in primary care relevant to role – as stated on assessment			
Manual handling – if relevant to Role. – 3yearly			
Conflict Resolution – Once			

Acknowledgement of training completed please provide dates.



## Training Needs Assessment

**Please note:** Many of the Long Term Conditions are very complex. Please establish within each area.

1. What training you have previously received
2. In what area you still require training within the individual subject.
3. Relevance to practice.
4. Clinical Scale of expertise.

**Example:**

1. Diabetes diploma
2. Treating and reviewing patients on Insulin.
3. Annual and review of patients with Diabetes

**Clinical Scale –**  
**Appendix A**

- ❖ Novice
- ❖ Advanced Beginner
- ❖ Competent
- ❖ Proficient

<b><u>E-Learning/Course</u></b>	<b><u>Clinical Scale</u></b>	<b><u>ACTION NEEDED</u></b>	<b><u>Comment</u></b>
Asthma			
Care certificate			
Cervical Cytology			
Childhood Immunisations			
Chronic Kidney Disease			
Clinical Supervision			
Clinical Examination			
Clinical Diagnostics			
Compression Bandaging/ABPI			
Contraception/Menopause: Please state if you are able to fit implanon/IUD			
COPD : including Asthma Emphysema Bronchiectasis(some) Chronic Bronchitis			
CVD : including Coronary heart disease Cerebrovascular disease Peripheral arterial disease Rheumatic heart disease Congenital heart disease Deep vein thrombosis Pulmonary embolism			



Dementia			
Diabetes Management – Type 1 & Type 2			
Ear Irrigation			
ECG			
Epilepsy			
Emergency Treatment			
First Aid			
Hypertension			
Heart Failure			
Learning Disabilities			
Leadership			
Mental Health – please state the area in which you are trained.			
Mentorship			
Non-Medical Prescribing			
Phlebotomy			
Spirometry			
Sexual health – Sti Screening			
Travel Health			
Triage / Advice			
Therapeutic Drug Monitoring/ Near Patient testing			
Vaccinations: including shingles/B12.			
Wound Care			
<b><u>Other</u></b>			



Injections administered including: Zoladex/Prostrap.			
24 hr BP monitoring			

**Please note this list is not exclusive and skills can be added when needed.**

**Other courses required**

Review of training requirements and to discuss with mentor how to improve quality of care delivered through educational updates.

Future planning should include long term view of how to achieve effective care through service delivery and development.





## **Benner's Stages of Clinical Competence**

In the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert.

<p><b>Stage 1: Novice</b></p> <p>The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgement.</p>
<p><b>Stage 2: Advanced Beginner</b></p> <p>Advanced Beginners demonstrate marginally acceptable performance because the nurse has had prior experience in actual situations. He/she is efficient and skillful in parts of the practice area, requiring occasional supportive cues. May/may not be within a delayed time period. Knowledge is developing.</p>
<p><b>Stage 3: Competent</b></p> <p>Competence is demonstrated by the nurse who has been on the job in the same or similar situations for two or three years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues.</p>
<p><b>Stage 4: Proficient</b></p> <p>The Proficient nurse perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones.</p>
<p><b>Stage 5: The Expert</b></p> <p>The Expert nurse has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.</p>

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.



# Practice Nurse: Annual Appraisal

Although circumstances vary between practices, this form is recommended for use, by arrangement, as the basis of discussion between a GPN and their appraiser whether a doctor, practice manager or nurse colleague. It is important for GPNs that they are given time to prepare this form and gather information at least three months before their appraisal interview is due.

## Section 1: Details of the Interview

Name of Appraisee:			
NMC Number			
Reregistration Date			
Professional Organisation Membership e.g. RCN, UNISON			
Are you named under the practice's indemnity cover?			
Mailing Address:	Email Address:	(Please mark preferred method of contact)	
Practice Telephone No:			
Name (s) of Appraiser (s)			
Role/relationship <i>Internal Appraiser</i> GP PM Nurse Colleague  <i>External Appraiser</i> Practice Nurse Advisor Other			
Date of Appraisal Interview			
Is there an agreed current job description for this post?	Yes	No (please circle)	
Do you have a contract of employment for this post?	Yes	No (please circle)	

We have discussed the aspects of this interview relating to confidentiality  
To be ticked by the appraisee in confirmation at the start of the interview



## Section 2: The job you do

What effective qualifications do you hold on the NMC register relevant to your current job?

If appropriate, describe the practice(s) in which you work:

What is the practice list size?

Describe the structure of the practice nursing service in your practice e.g. number staff, number sessions, work undertaken

Are you a specialist working with a specific group of patients, or are you a generalist working with all patient groups?

Please examine your role within the practice, broadly describing your clinical work, including any duties which require particular clinical knowledge or skills, or for which you have particular clinical responsibility



Details of management/administrative responsibility and activity:

Partnership role (i.e. partner in practice)

Management role (within the practice and/ or nursing team)
Administrative role e.g. data collection, collation, analysis, call and recall audit
Details of teaching and/or research activities: Staff mentoring/Clinical Supervision

Teaching (all staff levels)
Research activity



Details of work for regional, national or international organisations:

Details of other professional activities:

As you consider the time since your last appraisal, what have been your achievements? (These might be professional or personal)



### Section 3a: Self-Assessment

This section allows self-reflection and helps you to identify key strengths and areas where you may be less skilled. The area chosen may be clinical or non-clinical.

What strengths or skills do you possess which help you deliver a high standard of care?

On reflection, what skills would you like to develop to benefit you and the practice in your role?

Are there barriers in place which prevent you from developing or utilising certain skills?

What could you do to improve this? How could you develop these skills

How could the practice help you improve these skills



## Section 3b: Using your Evidence

This section gives you the opportunity to reflect on a specific area of practice

Which area of practice have you chosen to reflect on?

Why have you chosen this area of practice?

What have you learnt from the evidence you have collected?

Can you identify areas for further development and learning?





## Section 4 (b): Review of your additional learning from last year

It is very likely that you will have engaged in other learning activities apart from those you planned to do in your personal development plan (or you may have had no formal plan at all. This section allows you and your appraiser to reflect on other learning activities you have undertaken and it may be useful to bring your PDP to the appraisal for reference when discussing your current and future plans.

What were the learning activities?

How has this helped maintain or enhance your delivery of care?

Your professional body requires that you can demonstrate a minimum of 5 days or 35 hours learning in the last 3 years. For convenience you may wish to list these here or bring your Prep folder

The Prep requirements are professional standards set by the NMC. There are legal requirements, which you must meet in order for nurse and midwife registration to be renewed. There are two separate Prep standards which affect nurse registration. The Prep (Practice) standard requires you to have practised in some capacity by virtue of your nursing or midwifery qualification (if applicable) for a minimum of 450 hours during the three years prior to the renewal of your registration. The Prep (CPD) standard is to: undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration; maintain a personal professional profile of your learning activity; comply with any request from the NMC to audit how you have met these requirements. You must comply with the Prep (CPD) standard in order to maintain your NMC registration.



## Section 5: Your current personal development plan

Your identified learning need.

During the course of the year you will have identified development needs to help maintain the delivery of a high level of patient care. Reflecting on your needs, the needs of the practice, and the wider practice population, what do you need, or would like to change, develop or do differently in the way you practice? Remember that this should not be viewed as a wish list, rather a process of individual development which fits with the strategic development of the practice and the needs of the patient population.

What has made you highlight this as an area you need to change or develop? (For example, it may be as a result of the patient survey, or a critical event, a patient complaint, or personal observation. It may be that you have skills which are not recognised which you wish to utilise).





## Section 6. Accountability

Use the space to review any issues surrounding your accountability within the practice. For example: Are you and your partners clear as to the boundaries of your role? Are you clear about where your accountability for staff and other issues begins and ends? In deciding whether there are matters to raise, you should bear in mind the advice of the NMC Code .

The Code says that:

“As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions” AND “You must always act lawfully, whether those laws relate to your professional practice or personal life.”

(Accessed 25.02.2009)

## Section 7. Health and Other Personal Circumstances

Please may wish to use this space to reflect on any circumstances or conditions in your personal or professional life which could have an impact on your personal health and/or on your ability to carry out this role.



How will you know when you have met this need ie; what will you be doing differently?

### The Future

Considering the future plans of the Practice – how would you anticipate your job could develop or otherwise change over the next year?

SAMPLE



## Section 8: Any other issues

Please note any other issues you wish to discuss with your appraiser. (For example, are there any particular circumstances which have helped or hindered your performance over the last year? These may include time management, work load management, skill mix, autonomy and personal and practice development).

SAMPLE





# Preceptorship



# Preceptorship Framework

## Introduction

This preceptorship framework is a resource for Primary Care across Cheshire and Merseyside to support the practice of newly registered nurses, nurses returning to practice and registered nurses new to working in general practice nursing (GPN) roles.

This recommended 'best practice' approach to preceptorship has been developed by the Cheshire and Merseyside General Practice Nursing Collaborative and through further stakeholder engagement involving GPNs , CCG GPN Leads and Enhanced Training Practice (ETP) hub leads from across Cheshire and Merseyside.

This approach recognises that where preceptorship is firmly established as part of an employer's organisational culture, there are significant benefits for the nurses, other staff and the organisation itself in terms of retention, recruitment and staff engagement.

## Background

Preceptees benefit from increased competence and confidence through a preceptorship programme. Odelius *et al* (2017)

Newly registered nurses become accountable as soon as they are registered and this transition from student to 'accountable practitioner' is known to be challenging (Higgins *et al* 2010). The purpose of preceptorship is to provide support during this transition.

Preceptorship programmes may include classroom teaching and attainment of role-specific competencies, however the most important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered nurse to develop their confidence, competence and autonomy.

## Who is Preceptorship for?

Cheshire & Merseyside GPN collaborative recommends that Preceptorship should be available to all newly registered nurses, nurses returning to practice and registered nurses new to working in general practice nursing (GPN) roles.

Preceptorship may be utilised by other organisations for other nurses such as overseas nurses or return to practice nurses. Preceptorship is also pertinent for Allied Health Professionals. For nurses working in general practice it provides a professional support and career structure and potential solution to recruitment and retention of GPNs.

Currently, the Nursing and Midwifery Council (NMC) states that a new registrant on a preceptorship programme should have learning time protected in their first year of qualified practice and access to a preceptor with whom regular meetings are held. They also strongly recommend that all new registrants should have a formal period of preceptorship of about four months but this may vary according to individual need.



## Length of Programme

The recommended length of a preceptorship programme is 12 months from the date of joining the practice.

The length of preceptorship may be flexible for some in terms of individual needs or practice/employers requirements. It should be a minimum of 6 months for all newly registered nurses, nurses returning to practice and registered nurses new to working in general practice nursing roles; which falls in line with national recommendations of 6-9 months.

During the 12-month programme there will be certain expectations of both the preceptor and preceptee in terms of engagement in the relationship and completion of defined competences. These should comply with HEE Standards and examples of indicative content of a preceptorship programme can be found in Appendix One.

It should include a minimum supernumerary period of two weeks to cover local practice induction. This should be agreed locally with the practice/employer, preceptor and line manager and the expected outcomes of the supernumerary period made explicit.

## Protected Time

Protected time should be allocated for both the preceptor and the preceptee, which should be supported by the practice /employer.

The purpose of this protected time is to support the newly registered nurse, nurses returning to practice and registered nurses new to working in general practice nursing roles, build confidence and competence, consolidate learning and build resilience.

This can be achieved through a combination of working together with a preceptor, reflection, action learning, supervision and work-based learning. The provision and format of this protected time may vary dependent on the working environment.

The recommended requirements are:

- The preceptee and the preceptor should work alongside each other at least four working days in the first month.
- Regular formal meetings during the preceptorship period.
- Half-day initial training workshop for preceptors – blended learning approach
- It is recommended that there are formal review meetings between the preceptor and preceptee at regular intervals during the preceptorship period: Initial meeting – to set expectations and learning plan



- Interim meetings to monitor progress, share reflection and further consider development needs. It is recommended that these formal reviews are held at 3, 6 and 9 months
- Final meeting to establish competence and sign off after 12 months (this can be done earlier if all standards and requirements have been completed)

The purpose of these meetings is to provide a supportive safe place for the preceptee to reflect on their progress and experience. Responsibilities and expectations for both preceptor and preceptee are outlined in Appendix 2. Meetings should be documented briefly, and this record dated and signed by both the preceptor and preceptee. Templates to help guide the meetings can be found in Appendix 3.

The timing of preceptorship meetings may be amended and outcomes shared with the appropriate manager, in order to inform decisions about the probationary period.

## Preceptee

The preceptee is responsible for engaging fully in the preceptorship programme. This involves a number of activities including completing induction and other required training, attending regular meetings with their preceptor, actively seeking feedback, escalating concerns, reflecting on their professional practice and taking ownership of their own development.

Preceptees should be encouraged to utilise their preceptorship period, and develop their portfolio towards NMC revalidation. It should be recognised that although formal study days are important, learning is achieved in a variety of ways including observation, workplace learning, e-learning, experiential learning, reflection and working with others. The preceptee should be encouraged to make full use of all of these opportunities for learning.

## Preceptors

Preceptors should be nurses with a minimum of 12 months' experience working as a registered nurse. They may volunteer or be asked to undertake the role by their lead nurse, line manager or clinical nurse managers. Research shows that the best preceptors are those who are volunteers and have more recent experience of being newly registered.

A preceptor should have no more than two preceptees at any one time. Some practices/employers/emerging GP federations may adopt a team preceptorship model.

The role of the preceptor is to provide guidance to the preceptee by facilitating the transition into their new role. The preceptor supports the preceptee to gain experience and apply learning in a clinical setting during the preceptorship period. A role descriptor for a preceptor can be found in Appendix 4.

## Preceptor Support and Development

Preceptors should be prepared for their role and the offered some development in understanding the preceptorship programme and skills required. Ongoing support for



preceptors should be available from the organisation leads. A pan-Cheshire Merseyside approach to preceptorship development will be developed by the Health & Care Partnership for Cheshire & Merseyside (STP) Workforce Nursing project.

## Preceptorship Lead

Each practices/employer GP federation should have an appointed preceptorship lead who is responsible for overseeing the preceptorship programme which may include:

- Identifying preceptors, knowing who they are and providing appropriate level of preparation and support
- Identifying all newly registered nurses requiring preceptorship and others for whom preceptorship is deemed beneficial
- Allocating or delegating the responsibility for identifying preceptors in time for the preceptees start date
- Monitoring and tracking completion rates for all preceptees
- Performing regular checks that the preceptor / preceptee relationship is working satisfactorily
- Identifying any development / support needs of preceptors or preceptees
- Measuring the effectiveness and impact of preceptorship programmes on retention and staff engagement

Ensuring preceptorship is operating within the DH framework (2010)

## Preceptee Development

Preceptees should be provided with learning opportunities, including study days/sessions, over the first year, in addition to the supernumerary period. The content, frequency and running of these study days/sessions will depend on the practice/employer's needs, however the purpose is to ensure that the preceptee is able to meet the required clinical and professional competences by the end of their preceptorship period.

*Areas should include the nine domains of the Nurse Career Framework, which incorporates the fourteen elements outlined in the HEE standards, as referenced in appendix one.*



## Appendix One - Domains

The following provides additional description for the nine domains of the Nurse Career Framework to inform preceptee development programmes to be completed over the 12 months\*

Nurse Framework Domain	What it means – behaviours and outcomes
<b>Clinical Practice</b>	<ul style="list-style-type: none"> <li>• Delivering person-centered, safe and effective care</li> <li>• Assessing and managing risks in delivering safe effective care to patients</li> <li>• Maintaining own skills and competence</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Sharing of health and care related information between a nurse and those in their care with both participants as sources and receivers. Information may be verbal or non-verbal, written or spoken</li> <li>• Understanding techniques to facilitate courageous conversations</li> <li>• Understanding ways of managing conflict, taking ownership and using effective communication in difficult situations</li> </ul>
<b>Teamwork</b>	<ul style="list-style-type: none"> <li>• Working effectively as part of a team to achieve value-added patient, staff and organisational outcomes</li> <li>• Working with colleagues and other multi- disciplinary professionals to provide a cohesive approach to patient care</li> <li>• Understanding the components of effective team work</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Effectively utilising personal skills and attributes to inspire people to achieve a common goal</li> <li>• Taking ownership and responsibility for self and practice. Acting as a role model for others</li> <li>• Understanding role as a leader, reflect on leadership styles and qualities of a good leader</li> </ul>



<b>Professionalism and Integrity</b>	<ul style="list-style-type: none"> <li>• Demonstrating a strong sense of professionalism through values, behaviours and relationships in line with NMC Code of Conduct (2015)</li> <li>• Understanding range and remit of roles and scope of own responsibility.</li> <li>• Understanding professional accountability surrounding delegation</li> </ul>
<b>Research and Evidence</b>	<ul style="list-style-type: none"> <li>• Contributing to the body of nursing knowledge and using evidence to inform safe and effective practice</li> <li>• Understanding quality measures i.e. KPIs, friends and family, patient experience</li> <li>• Seeking out ways to develop and improve quality of practice and care</li> </ul>
<b>Safety and Quality</b>	<ul style="list-style-type: none"> <li>• Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care</li> <li>• Taking active measures to reduce the risk of harm and ensure the best possible health outcomes for people receiving care.</li> <li>• Understanding risks and safe levels of staffing.</li> <li>• Knowing how and with whom to raise issues</li> <li>• Understanding the appropriate policies</li> </ul>
<b>Facilitation of learning</b>	<ul style="list-style-type: none"> <li>• Creating an environment for learning and engaging in teaching and assessment</li> <li>• Learning with and from others, teaching others to improve patient care and collaboration</li> <li>• Understanding each other's professional roles and their contribution to the patient journey</li> <li>• Actively reflecting on positive and difficult situations and learning from these to improve practice</li> </ul>



<b>Development of self and others</b>	<ul style="list-style-type: none"> <li>• Helping self and others to identify learning needs and opportunities to achieve agreed goals</li> <li>• Taking an active part in own professional, personal and clinical development with PDP in place and planned learning activities</li> <li>• Understanding NMC revalidation requirements</li> <li>• Using emotional intelligence to work for, rather than against, promoting good working relationships.</li> <li>• Finding ways to manage stress and develop resilience</li> <li>• Identifying support networks and how to access help.</li> </ul>
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## Appendix Two - Charter between the preceptor and the preceptee

### Preceptee

I, \_\_\_\_\_ commit to fulfilling my responsibilities as a newly registered practitioner and preceptee. This includes:

- Completing all **practice/employer** local induction, statutory and mandatory training
- Attending study days and doing all required training to complete my preceptorship
- Observing and adhering to organisation values
- Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor
- Working collaboratively with my preceptor to share my reflections and identify learning and development needs
- Seeking feedback from others to inform my progress
- Owning my learning and development plan

**Signature:**

**Date:**

### Preceptor

I, \_\_\_\_\_ commit to fulfilling my responsibilities as a preceptor. This includes:

- Providing support and guidance to the newly registered nurse
- Acting as a role model and critical friend
- Facilitating introductions and promoting good working relationships



- Participating in all preceptorship activities including completing required training, preparing for, attending and documenting regular scheduled meetings
- Providing timely and appropriate feedback to the preceptee
- Liaising with manager about preceptee's progress as appropriate
- Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources

**Signature:**

**Date:**

**Contact Details:**



## Appendix Three – Meeting Templates

The following templates are suggested formats for formal review meetings to be completed by both preceptor and preceptee, signed, dated and each maintaining a copy.

### INITIAL MEETING

<b>Preceptee Name:</b>
<b>Preceptor Name:</b>
<b>Date of Meeting</b>

<b>Expectations:</b>
<b>Induction Checklist:</b>
<b>Study days / eLearning Planned:</b>
<b>Development plan:</b> Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound
<b>Comments / Notes:</b>



**Next Meeting Date:**

<b>Preceptee Signature:</b>
<b>Preceptor Signature:</b>
<b>Date:</b>

### INTERIM MEETING

<b>Preceptee Name:</b>
<b>Preceptor Name:</b>
<b>Date of Meeting:</b>

<b>Reflection on what has gone well and any challenges:</b>
<b>Study days / eLearning completed. Future study days planned:</b>
<b>Review of previous development objectives:</b>
<b>Development plan:</b> Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound



**Comments / Notes:**

**Next Meeting Date:**

**Preceptee Signature:**

**Preceptor Signature:**

**Date:**



## FINAL SIGN-OFF MEETING

**Preceptee Name:**

**Preceptor Name:**

**Date of Meeting:**

**Reflection on what has gone well and any challenges:**

**Study days / eLearning completed. Future study days planned:**

**Review of previous development objectives:**

**Development plan:**

Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

## PRECEPTORSHIP SIGN-OFF DECLARATION

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily



Preceptee Name:	Signature:
Preceptor Name:	Signature:
Practice/Employer Lead Name:	
Date of Completion:	



## Appendix 4

### Role Descriptor for a Preceptor

#### Role Overview

To provide guidance to the graduate nurse by facilitating the transition from student to registered nurse by gaining experience and applying learning in a clinical setting during the preceptorship period.

#### Responsibilities

The role of the Preceptor is to:

1. Possess a good understanding of the preceptor framework requirements and communicate these to the newly registered nurse clearly and concisely
2. Ensure induction has been completed and check that the Newly Registered Nurse is fully aware of local ways of working and appropriate policies
3. Facilitate introductions for the newly registered nurse to colleagues, multi-disciplinary staff and others, promoting effective working relationships
4. Guide in assessing learning needs and setting achievable goals with regular and confidential review with the newly registered nurse
5. Use coaching skills to enable the newly registered nurse to develop both clinical and professionally and to develop confidence
6. Facilitate a supportive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered nurse.
7. Give timely and appropriate feedback to newly registered nurse on a regular basis
8. Act as a critical friend and advocate
9. Liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review



# Clinical Supervision

Refer to CCG GPN Lead for specific guidance



## Introduction

### 1.0 Definition

- 1.1 Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance safety of care. Clinical supervision is a designated interaction between two or more practitioners within a safe environment that enables a continuum of reflective critical analysis of care, to ensure quality patient services, and the wellbeing of the practitioner. Clinical Supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations (NMC 2006).

### 2.0 Policy Statement

- 2.1 Clinical supervision is a process by which professionals are assisted to improve practice, develop both professionally and personally, and manage complex situations associated with the care and treatment of patients. It is a method of supporting and developing competence by providing practitioners with the opportunity to meet either on a regular or adhoc basis with an experienced colleague or peer to discuss, reflect and learn from their experiences in clinical practice.

- 2.1 The aims of this document are:

- To provide a clear understanding of supervisory processes at CCG/Appropriate Practice that focus on the personal and professional development of clinical staff.
- To provide CCG staff with a framework for reporting of supervisory activity undertaken, which can then be reported for governance purposes.
- Primary Care providers should have their own processes to monitor levels of clinical supervision.
- To facilitate and develop staff in order to ensure the service user / patient receives high quality care.

### 3.0 Scope

- 3.1 This policy is a framework for clinical supervision that can be used locally to develop models and systems suited to local need particularly with general practice.

- 3.2 Clinical supervision is an additional means of support and development and does not seek to replace managerial supervision. The role of the line manager, providing supervision for their staff is an important part of ensuring effective performance is maintained.



## 4.0 Accountabilities & Responsibilities – CCG Staff

4.1. Overall accountability for ensuring that there are systems and processes to effectively for Clinical Supervision lies with the Governing Body.

Responsibility is also delegated to the following individuals:

<p><b>Chief Nurse</b> - Has delegated responsibility for:</p> <ul style="list-style-type: none"> <li>• An annual audit is undertaken to ascertain the robustness and adequacy of the clinical supervision systems and structures.</li> <li>• Regular audits will take place to ensure the quality and effectiveness of supervision.</li> <li>• Staffs are in receipt of regular clinical supervision which meets the needs of the area and its staff.</li> </ul>
<p><b>Line Managers-</b> Has delegated responsibility for:</p> <ul style="list-style-type: none"> <li>• Recognising the benefits that clinical supervision provides for staff and highlighting staff for which this would be a particularly useful mode of personal and professional development.</li> <li>• Providing time for clinical supervision within working hours.</li> <li>• Providing on-going managerial supervision for all their staff.</li> </ul>
<p><b>Supervisors-</b> Has delegated responsibility for:</p> <ul style="list-style-type: none"> <li>• Providing an environment in which the supervisee feels safe to explore potentially difficult situations, behaviours and attitudes.</li> <li>• Ensuring that they focus on the developmental needs of the supervisee and maintain a non-judgmental approach.</li> <li>• Utilise appropriate skills to ensure that supervision sessions are effective and purposeful.</li> <li>• Agree with supervisee at the outset regarding any communication that will take place with the supervisee's line manager.</li> <li>• Maintain supervision/coaching records.</li> <li>• Complete a record of supervisory activity and participate in audits as required</li> </ul>
<p><b>Individual Staff</b> - Responsibilities of Staff (including all employees, whether full/part time, agency, bank or volunteers) are:</p> <ul style="list-style-type: none"> <li>• Actively engaging in clinical supervision activities in accordance with the requirements from their professional body.</li> <li>• Ensuring that they take up supervision to meet their personal and professional development needs.</li> <li>• Recognising that supervision is a positive and effective means of improving</li> </ul>



performance and supporting development. It is not solely aimed at improving poor performance.

- The direction of their supervision and identification of areas of practice that could be explored in a supervisory session.
- Maintaining a record of learning from supervision/coaching in their personal professional portfolio.

## 5.0 Accountabilities & Responsibilities – Primary Care Providers

5.1. Overall accountability for ensuring that there are systems and processes to effectively for Clinical Supervision lies with the Primary Care Provider.

Recommended responsibility within Primary Care should be delegated to the following individuals:

**Line Managers-** Has delegated responsibility for:

- Recognising the benefits that clinical supervision provides for staff and highlighting staff for which this would be a particularly useful mode of personal and professional development.
- Providing time for clinical supervision within working hours.
- Providing on-going managerial supervision for all their staff.

**Supervisors-** Has delegated responsibility for:

- Providing an environment in which the supervisee feels safe to explore potentially difficult situations, behaviours and attitudes.
- Ensuring that they focus on the developmental needs of the supervisee and maintain a non-judgmental approach.
- Utilise appropriate skills to ensure that supervision sessions are effective and purposeful.
- Agree with supervisee at the outset regarding any communication that will take place with the supervisee’s line manager.
- Maintain supervision/coaching records.
- Complete a record of supervisory activity and participate in audits as required

**Individual Staff-** Responsibilities of Staff (including all employees, whether full/part time, agency, bank or volunteers) are:

- Actively engaging in clinical supervision activities in accordance with the requirements from their professional body.
- Ensuring that they take up supervision to meet their personal and professional development needs.



- Recognising that supervision is a positive and effective means of improving performance and supporting development. It is not solely aimed at improving poor performance.
- The direction of their supervision and identification of areas of practice that could be explored in a supervisory session.
- Maintaining a record of learning from supervision/coaching in their personal professional portfolio.

## 6. Dissemination, Training & Review

### 6.1 Dissemination

Ensure all CCG staff and Primary Care Nurses have access to a copy of this procedural document via the organisations intranet.

### 6.2 Training

6.2.1 All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through their HR Department.

### 6.3 Equality & Diversity

The Clinical Policy should be read in conjunction with the CCG or Primary Care Provider Equality and Diversity policy.

In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Promoting diversity embodies the principles of fair treatment for all and will, as a result, improve the retention of staff. The CCG and Primary Care Provider values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the required standards.

## SECTION B – PROCEDURE

### 7.0 Types of Supervision

#### 7.1 Group Supervision

Supervision can be undertaken as an individual practitioner or with a group of practitioners. A group can consist of singular or mixed professional/occupational



groups. The principles of group supervision are the same as that of individual supervision. However, greater consideration needs to be made to the establishment reference of ground rules at the start of the process and there should be a shared common purpose between the group members.

## 7.2 Supervision for Nurses

The Nursing and Midwifery Strategy 2013 encourages the participation of all nurses in clinical supervision. However, it identifies a mandatory requirement for all nurses and midwives that deliver direct patient care should participate in clinical supervision. Clinical Supervision can be used as evidence as part of Continuing Professional Development (CPD), as this includes coaching/mentoring, but may also be used in individual evidence for Practice related development (five pieces of evidence over the three year period) in order to support nurse revalidation.

It is the responsibility of each individual nurse to make arrangements for their supervision which can be undertaken on an individual basis or as part of a group. Nurses who are undertaking a coaching programme do not need to participate in additional clinical supervision unless they specifically choose to do so. Nurses are expected to undertake a minimum of four clinical supervision sessions per year.

## 8.0 Process for requesting supervision

The processes for requesting supervision are outlined in a flow chart in Appendix 1.

## 9.0 Confidentiality

The supervision process is confidential between the supervisor and the supervisee. Any discussion of the content of a supervision session should not be discussed outside of the session without the agreement of both parties. However, should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the supervisor is required to take appropriate action. A contract should be signed by both parties (appendix 2).

## 10.0 Documentation and Reporting

10.1 As a minimum the supervisor must record the date, time name and workplace of supervisee on the supervision record sheet (appendix 3) for all supervision sessions.

10.2 Before starting supervision with an individual or group the supervisor must explain that this type of record of their supervision will be maintained and used in reports to demonstrate levels of supervision activity. These reports do not include the names of individual supervisees nor do they contain any detail of the content of a supervision session. They simply record that the activity has taken place. Supervisors are encouraged to maintain records of their supervision session although this should be agreed with their supervisee at the start of the process. Supervisor records are encouraged as they form a



useful reference point for future session, are helpful in the evaluation of progress and are a reminder regarding the agreement of actions.

- 10.3 Supervisors may develop their own record template or utilise the one found in Appendix 4. Note for those wishing to undertake group supervision, template available in Appendix 4A.
- 10.4 Supervisees are encouraged to keep records of supervision for their personal professional portfolio. In this instance any reference to patient care/colleagues/visitors etc. should be anonymous. Written reflections on learning that has taken place as a result of supervision are encouraged.

### **11.0 Supervision and Development for Supervisors**

- 11.1 Supervisors for registered professionals will have a minimum of two years post registration experience and will undertake a form of taught preparation for their role. This could be a coaching course (or equivalent) with external accreditation but may also be an internal preparatory programme.
- 11.2 Supervisors are accountable for their own development and support. However, they are advised to meet formally with a fellow supervisor at least once yearly for personal development and reflection upon their supervisory skills. Supervisors should hold a personal record of this meeting.

### **12.0 Monitoring Compliance and Effectiveness**

- 12.0 The amount of supervision that is undertaken by staff at CCG/Appropriate Practice will be monitored annually in the form of an audit by relevant organisation/individual/Directorate, Appendix 5.
- 12.1 Primary Care Providers should have their own processes to monitor levels of clinical supervision.

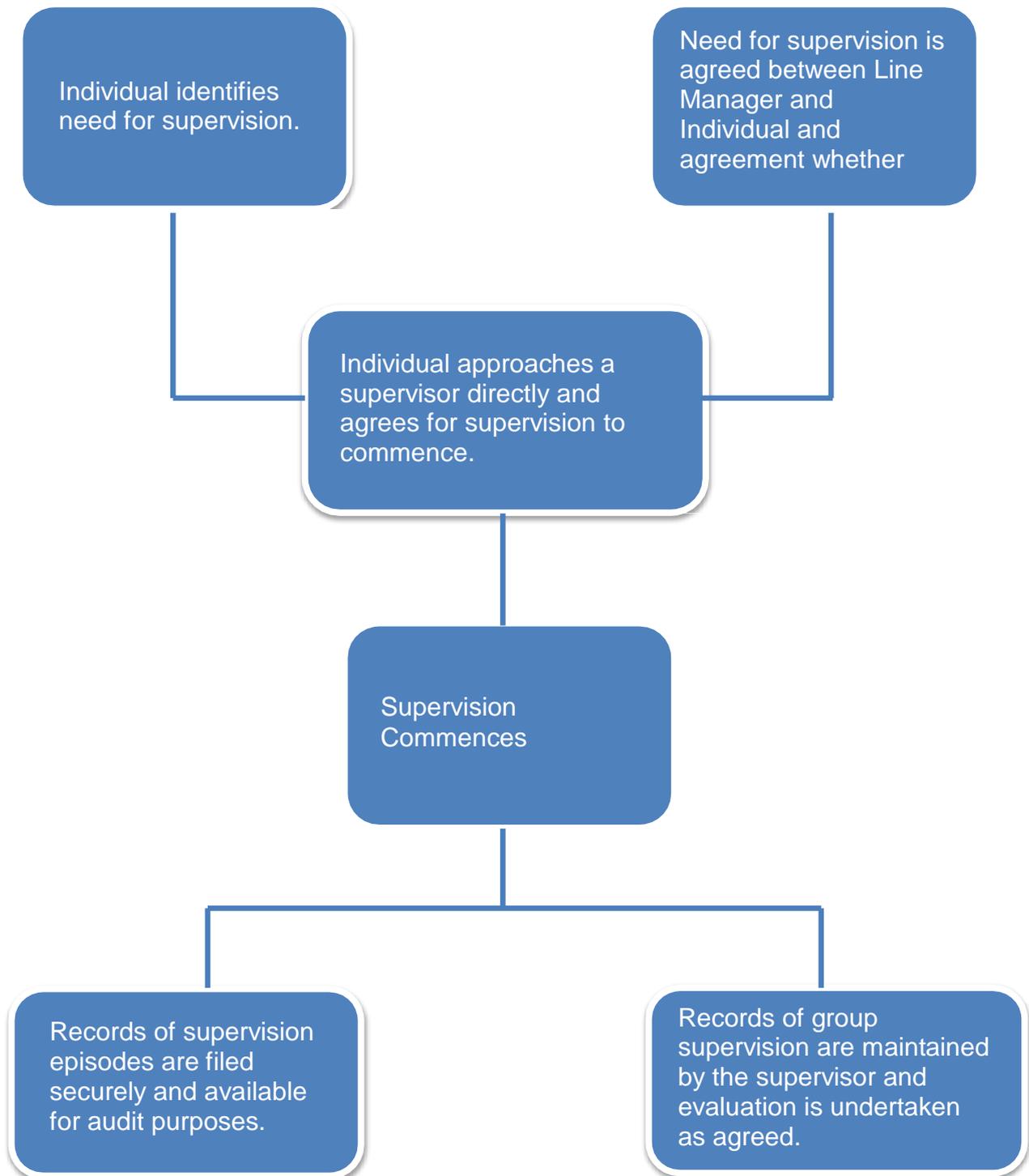
### **13.0 References**

- Nursing and Midwifery Council (2006)
- Nursing and Midwifery Strategy (2013)



## Appendix 1

### Process for Requesting Supervision



Appendix 2

Clinical Supervision Contract

<b>Supervision contract agreed between:</b>			
<b>Supervisee Name:</b>		<b>Supervisor Name:</b>	
<b>Supervisee Designation:</b>		<b>Supervisor Designation:</b>	
<b>For the period (insert to and from dates):</b>			
<b>1. Identified Needs</b>			
<b>2. Frequency of Supervision</b>			
<b>3. Length of Supervision Sessions</b>			
<b>4. Agreed Place to Meet</b>			
<b>5. Record Keeping</b>			
<b>6. Agenda setting mechanism</b>			
<b>7. Confidentiality</b>			
<b>8. Process for resolving conflicts/ issues of difference/ tensions within the supervisory relationship:</b>			
<b>9. Process for feedback to line manager</b>			
<b>Supervisee Signature</b>		<b>Date</b>	
<b>Supervisor Signature</b>		<b>Date</b>	



**Appendix 3**

**Record of Supervision Activity**

**Name of Supervisor:**

**Date of Activity from:**

**to:**

Date of Supervision Session	Time of Supervision Session	Duration of Supervision Session	Name of Supervisee	Workplace of Supervisee	Evaluation of Supervision Process Undertaken (Y/N)



Appendix 4A

Supervision Record

<b>Name of Supervisor</b>		<b>Name of Supervisee</b>	
<b>Date of Supervision Session</b>		<b>Supervisee Job Role &amp; Workplace</b>	
<b>Start Time</b>		<b>Finish Time</b>	
<b>Session Number</b>		<b>Location</b>	
<b>Agreed Goals for Session</b>			
<b>Summary and Context of discussion</b>			
<b>Action Points</b>			
<b>Reflection on original aims for supervision</b>			
<b>Supervisee feedback/ comments</b>			
<b>Signature of Supervisee</b>			
<b>Signature of Supervisor</b>			
<b>Date</b>			



Appendix 4A

**Group Supervision Record**

<b>Name of Supervisor</b>		<b>Name of Supervisees (max 5) and job roles</b>	
<b>Date of Supervision Session</b>			
<b>Start Time</b>		<b>Finish Time</b>	
<b>Session Number</b>		<b>Location</b>	
<b>Agreed Goals for Session</b>			
<b>Summary and Context of discussion</b>			
<b>Action Points</b>			
<b>Reflection on original aims for supervision</b>			
<b>Group Supervisee feedback/ comments</b>			
<b>Signature of Supervisees</b>			
<b>Signature of Supervisor</b>		<b>Date</b>	



**Appendix 5**

**Clinical Supervision Audit Template**

Question	4 – Excellent	3 – Good	2 – Fair	1 - Poor
How would you rate the quality of the supervision you have received?				
Did you receive the clinical supervision you expected?				
To what extent does clinical supervision meet your needs?				
	<b>Comments</b>			
How many group clinical supervision sessions have you attended annually?				
How satisfied are you with the amount of clinical supervision offered?				
Has clinical supervision helped you deal more effectively in your role as a practitioner?				
Overall, how satisfied are you with the clinical supervision you have received?				





# Job Description & Person Specification Examples



## EXAMPLE JOB DESCRIPTION

<b>Job Reference</b>	
<b>Job Title:</b>	<b>Health Care Assistants</b>
<b>Grade:</b>	<b>3</b>
<b>Hours:</b>	
<b>Directorate:</b>	
<b>Department:</b>	
<b>Location:</b>	
<b>Responsible to:</b>	
<b>Accountable to:</b>	
<b>Responsible For Supervising:</b>	

### **Job Summary:**

Staff in this role work under the supervision of a registered practitioner but supervision may be remote or indirect. They will have achieved the basic competencies of the Care Certificate and will be able to work alone in patients' homes or in clinic settings, taking responsibility for well- defined routine clinical and non-clinical duties delegated by a registered practitioner including defined clinical or therapeutic interventions within the limits of their competence. Their work is guided by standard operating procedures, protocols or systems of work but as the worker is working alone in a variety of community settings they will be expected to make non-complex decisions and report these back to assist in patient care evaluation and in broader service development and quality assurance activities. They will be expected to answer simple patient queries and be flexible in supporting patients, carers and the wider team. They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care. If they are highly skilled in a specific clinical activity such as phlebotomy they may be asked to support the development of this skill in other staff.

### **Principal Responsibilities:**

- Have underpinning knowledge of key interventions and conditions cared for in community and general practice settings. They must be able to recognise factors that impact on health and be able to offer simple health advice and support strategies for patients and carers.
- Must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered healthcare practitioner or level 4 AP and be accountable for the care provided, ensuring they have undergone the necessary preparatory training.
- Will be expected to understand basic reflective techniques to enhance their self-awareness and to develop resilience when facing adverse situations. They must



be able to report back on any difficult situations encountered to enable support and guided learning to be offered.

- Will offer a range of care to patients in a variety of community and general practice settings. Examples may include undertaking simple dressings, preparing patients for complex dressings such as compression bandaging, administering eye drops, and assisting patients to undertake activities linked to rehabilitation programmes, undertaking new patient checks in general practice.
- Must understand the principles of team working and actively contribute to the team.
- Will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner.
- Will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct.
- Must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols.
- Must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to support level 2 brief intervention behaviour change and self-management for patients or refer on if this is beyond their competence.
- Must role model the values identified in Compassion in Practice, and evaluation of care should identify positive experiences of care from patients, families and carers.
- Within their delegated workload they will be able to prioritise, plan and organise their work. Where appropriate they must participate in the support and teaching of students, new members of staff and other HCAs.
- Must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately.
- Are able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements and a range of quality assurance activities, including involvement with audits.

### **Confidentiality:**

Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.



**Codes of Conduct and Accountability:**

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

**Health and Safety:**

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG/Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

**Safeguarding Children and Adults**

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

**Postscript:**

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....



Print Name.....

Manager's Signature..... Date.....



## Person Specification

<b>Job Title</b>	Health Care Assistant		
<b>AfC Band</b>	2 -3 dependent on experience & qualification	<b>Job Code</b>	

**Method of Assessment:**      **‘A’ Application Form**                      **‘I’ Interview & assessment Process**

Person Specification		Essential	Desirable	Assessment
<b>Qualifications &amp; Training</b>				
1	Care certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role.		x	A
2	Level 2 brief intervention training		x	A
3	QCF Level 3 diploma in Clinical Healthcare support or equivalent.		x	A
<b>Knowledge and experience</b>				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of working in Primary Care		x	A/I
3.	Experience of relevant clinical skills including phlebotomy, ECG, urinalysis etc.		x	A/I
4.	Knowledge of clinical governance, confidentiality, data protection and information governance	x		A/I
5.	Awareness of safeguarding children and adults policies and procedures	x		A/I
<b>Skills</b>				
1.	Ability to use own initiative	x		A/I
2.	Ability to work as an effective team member	x		A/I
3.	Effective communication skills	x		A/I
4.	Adaptable	x		A/I
5.	Diplomatic and assertive	x		A/I
6.	Ability to travel to home visits		x	A/I
<b>Attributes and Behaviours</b>				
1.	Pleasant and professional	x		A/I
2.	Able to work under pressure	x		A/I
3.	Able to work in a changing environment	x		A/I
4.	Willingness to ask questions	x		A/I
5.	Willingness to undertake training needed to fulfil role	x		





## EXAMPLE JOB DESCRIPTION

<b>Job Reference</b>	
<b>Job Title:</b>	<b>Assistant Practitioner</b>
<b>Grade:</b>	<b>4</b>
<b>Hours:</b>	
<b>Directorate:</b>	
<b>Department:</b>	
<b>Location:</b>	
<b>Responsible to:</b>	
<b>Accountable to:</b>	
<b>Responsible For Supervising:</b>	<b>Health care Assistants</b>

### **Job Summary:**

Staff in this role work under the supervision of a registered healthcare practitioner but have received a level of educational preparation to enable them to take responsibility for delegated activity including defined clinical or therapeutic interventions. Their work is guided by standard operating procedures, protocols or systems of work but within this the worker will be expected to work alone in a variety of community and general practice settings and make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities. Depending on the skill mix of the team they may allocate work to other HCAs of a lower grade and may supervise, develop, teach, mentor and assess other HCAs and may take a role in supporting students experiencing community placements and the roles within the nursing teams.

### **Principal Responsibilities:**

- Must understand the concepts of accountability and responsibility and be confident to accept delegated responsibility from a registered practitioner and be accountable for the care provided, ensuring they have undergone the necessary preparatory training.
- Will be expected to use reflection to enhance their self-awareness and to develop resilience when facing adverse situations. They must recognise the personal impact on them of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths. Level 4 staff will offer a range of care to patients in a variety of community and surgery settings. Examples may include phlebotomy, non-complex wound dressings, supporting and developing staff in residential



homes to enhance basic care of patients, supporting patients in lifestyle and behaviour changes to meet agreed care plans, teaching patients to administer eye drops, and supporting the development of level 3 HCAs.

- Will follow the care plan, undertaking defined clinical procedures or therapeutic interventions, recording care given appropriately and reporting back progress or deterioration to the registered practitioner.
- Will exercise a degree of autonomy as they are working alone whilst recognising the limits of their competence and working to the HCA Code of Conduct.
- Must have an understanding of the concept of risk and be aware of how risk is assessed and managed within patients' homes and other settings and ensure any change in risk status is reported promptly according to agreed policies and protocols.
- Must be skilled in communicating with patients and carers, acting as advocates when necessary and recognising how to use and support level 2 brief intervention behaviour changes and self-management for patients. Must role model the values identified in Compassion in Practice (NHSE 2014) and evaluation of care should identify positive experiences of care from patients, families and carers.
- Within their delegated workload they will be able to prioritise, plan and organise their work.
- Will be able to assess patients' and carers' learning needs and implement or support the implementation
- of teaching strategies to enable better understanding and management of their conditions for patients and carers and utilise basic behaviour change techniques.
- Where appropriate, they must participate in the support and experience of students, new members of staff and other HCAs.
- Must have knowledge of a broad range of resources available in the community along with an understanding of the other agencies and professionals that support patients at home to ensure that these services are accessed and utilised appropriately.
- Be able to work effectively in a team that may include disciplines other than nursing and participate in team development, design and development of service improvements, and a range of quality assurance activities, including involvement with audits.

**Confidentiality:**

Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.



**Codes of Conduct and Accountability:**

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

**Health and Safety:**

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

**Safeguarding Children and Adults**

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

**Postscript:**

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Practice operates a No Smoking Policy and is an equal opportunities employer.



Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



# Person Specification

<b>Job Title</b>	Assistant Practitioner		
<b>AfC Band</b>	4	<b>Job Code</b>	

**Method of Assessment:** 'A' Application Form 'I' Interview & assessment Process

Person Specification		Essential	Desirable	Assessment
<b>Qualifications &amp; Training</b>				
1	Higher Care Certificate		x	A
2	Hold or working towards Foundation degree at Level 5	x		A
3	QCF Level 5 diploma.	x		A
<b>Knowledge and experience</b>				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of working in Primary care		x	A/I
3.	Experience of undertaking a range of clinical and non-clinical interventions	x		A/I
4.	Evidence of CPD	x		A/I
5.	Understands the limits of the AP role and responsibility	x		A/I
6.	Ability to autonomously manage caseload as delegated	x		A/I
7.	Knowledge of principles of clinical governance, confidentiality, data protection and information governance	x		A/I
8.	Knowledge of safeguarding children and adults policies and procedures	x		A/I
<b>Skills</b>				
1.	Ability to use own initiative	x		A/I
2.	Ability to work as an effective team member	x		A/I
3.	Effective communication skills	x		A/I
4.	Adaptable	x		A/I
5.	Diplomatic & assertive	x		A/I
6.	Ability to travel to home visits		x	A/I
7.	I.T Literate	x		A/I
				A/I
<b>Attributes and Behaviours</b>				
2.	Pleasant and professional	x		A/I
3.	Able to work to deadlines	x		A/I
4.	Able to work in a changing environment	x		A/I
5.	Willingness to ask questions	x		A/I
6.	Willingness to take training needed to fulfil role	x		A/I
7.	Commitment to focus on quality	x		A/I
8.	Acts as a champion for patients and carers	x		A/I
9.	Has motivation, integrity, compassion and self-awareness	x		A/I
10.	Attention to detail	x		A/I



## EXAMPLE JOB DESCRIPTION

<b>Job Reference</b>	
<b>Job Title:</b>	<b>General Practice Nurse (novice)</b>
<b>Grade:</b>	<b>5</b>
<b>Hours:</b>	
<b>Directorate:</b>	
<b>Department:</b>	
<b>Location:</b>	
<b>Responsible to:</b>	
<b>Accountable to:</b>	
<b>Responsible For Supervising:</b>	<b>HCA's &amp; Assistant Practitioners</b>

### Job Summary:

This role requires consolidation of registrant standards of competence and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a general practice setting will have a period of preceptor ship. Depending on the organisational structures of local areas this role may work within a range of settings that may include general practice, clinics or home settings. This role requires a developing knowledge of practice nursing in the broadest sense, and excellent interpersonal and communication skills to support patients with a wide range of conditions to understand and, where possible, take on self-management of their condition. The role requires resilience and the ability to be flexible and adaptable whilst working in people's homes and other community settings. Level 5 nurses will be working as part of a primary/community nursing team and will have some responsibility for supervising less experienced or qualified staff and students in community placements. They will be expected to actively contribute to quality assurance processes and service development.

### Principal Responsibilities:

Demonstrate developing competence and clinical skills in the assessment of patients in community and general practice settings, ensuring care plans are developed in partnership and all information is clearly and objectively recorded as required by local policies. This requires the following:

- Ability to assess patients, taking into account their physical, mental and social states alongside the impact of their environment and social support available to



them and negotiating care plans that are person centered and focused on self-care with clear objectives.

- Using a range of assessment tools pertinent to the patient's needs to inform the assessment and assess risk for both patients and staff.
- Articulation of risk and strategy for risk management.
- Knowledge of a broad range of conditions, local care pathways and evidence-based management experienced by patients in community and general practice settings. This will include LTCs, for example diabetes, coronary heart disease, heart failure, hypertension and stroke, COPD, arthritis, dementia and other common mental illnesses, frailty, and palliative and end of life care.
- An understanding of the presentations of multiple pathology, depression and anxiety states and frailty predominantly in older people.
- Knowledge of the management of uncomplicated symptoms in those patients with palliative or terminal care needs and enhanced communication skills to confidently manage uncertainty.
- Role model the values expected in Compassion in Practice (2014), ensuring that patient, family and carer feedback supports that care received was compassionate.
- Ensuring information is recorded objectively and reported back to the community or general practice nursing team.

### **Facilitation of Learning:**

- Able to recognise personal development needs and also facilitate learning for patients, carers, other staff and students. This requires:
- Ability to reflect on practice and utilise clinical supervision and other development opportunities and support.
- Emotional intelligence and the ability to support staff in levels 2, 3 and 4, to debrief and reflect on difficult situations experienced to improve learning and enhance self-awareness.
- Engagement with appraisal and the development and activation of a personal development plan.
- Providing effective mentorship for nursing students and the maintenance of a supportive learning environment with a range of learning opportunities.
- Creativity in developing learning materials for patients and adapting care to support individual needs in patients.

### **Leadership & Management:**

- Is part of a community or general practice nursing team with delegated accountability and responsibility for patient care, being accountable to the General Practice Nurse team leader. This requires:



- Ability to prioritise a delegated caseload/workload and effectively manage time and work effectively within the team.
- Knowledge of resource management to ensure care is clinically effective and signposted to the patient and family ensuring principles of confidentiality and disclosure are maintained.
- Recognition of personal accountability and responsibility to monitor and evaluate care to ensure optimal practice.
- Using opportunities to suggest improvements to services or introduction of other innovations or evidence.
- Engage actively in data collection for quality assurance and take responsibility for on-going evaluation of delegated care.
- Participation in personal development, appraisal and development of other team members and the links between organisation and team goals.
- Ability to recognise poor performance and take appropriate measures.
- Acting up for the team leader when absent.
- Assist the team leader in undertaking and reviewing needs assessments and community profiles (in district nursing) or other data in general practice that reflect the demographics and case management within the caseload and the broader public health issues within the local community and practice populations.
- Have an awareness of and participate in public health campaigns aimed at addressing public health issues both locally and nationally.
- Collaborate effectively with a range of other healthcare professionals and agencies that may be involved in patients' interdependent care, ensuring awareness of their scope of practice, roles and responsibilities to ensure correct referral and on-going relationships.
- Participate in educational audit

**Evidence, Research & Development:**

- Has an enquiring approach to practice to ensure best quality care is offered within any constraints of the service. This requires:
- Ability to articulate the evidence underpinning patients' care plans and interventions.
- Ability to source evidence and to appraise it to underpin practice. Recognise any ethical implications of audit, research, clinical trial or service user involvement strategies.

**Clinical Practice:**

Demonstrate specialist competence, innovation and clinical leadership in the assessment, intervention in and delivery of general practice nursing in all contexts appropriate to individuals' needs across the whole age range for the general practice population. This requires:



- Ability to assess and manage the range of conditions encountered in general practice using a variety of assessment tools and consultation models appropriate to the patient and situation using physical and clinical examination skills to inform the assessment and decision-making for the on-going management of the patient.
- Advanced communication skills that include skills of influencing and negotiation to enable information to be delivered in understandable formats for patients and behaviour change supported where necessary.
- Effective multidisciplinary and multi-agency team working, alongside the ability to work independently and accept professional accountability and responsibility for the delivery of whole episodes of care, and supporting and developing others in the general practice nursing team to collaborate effectively, ensuring nursing care is guided by precedent and clearly defined policies, procedures and protocols.
- Delivery and co-ordination of evidence-informed, person-centered and negotiated care across the age spectrum.
- Use of technology to support independence and patient self-care at home to improve self-care and reduce exacerbations
- Role modelling and embodiment of non-judgmental, value-based care encompassing the 6Cs in practice and expectation and promotion of these values in other team members.
- Competence in delivering evidence-informed care across a wide range of minor acute and LTCs, ensuring effective evaluation of therapeutic and other approaches to condition management alongside ability to assess patient concordance.

### **Confidentiality:**

Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

### **Codes of Conduct and Accountability:**

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

### **Health and Safety:**

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG / Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.



To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

**Safeguarding Children and Adults**

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

**Postscript:**

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



# Person Specification

<b>Job Title</b>	General Practice Nurse		
<b>AfC Band</b>	5	<b>Job Code</b>	

**Method of Assessment:** 'A' Application Form 'I' Interview & assessment Process

Person Specification		Essential	Desirable	Assessment
<b>Qualifications &amp; Training</b>				
	Registered part 1 of the Nursing & Midwifery Council (NMC) register.	x		A/I
	Hold or working towards a degree.		x	A/I
	Mentorship Award		x	A/I
	Modules to support mentorship, prescribing or generic community nursing practice.		x	A/I
	Foundation graduate certificate (Level 6) or postgraduate certificate (Level 7) as locally defined		x	A/I
<b>Knowledge and experience</b>				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of long term condition management		x	A/I
3.	Experience of implementing protocols and clinical guidelines	x		A/I
4.	Experience of quality initiatives such as clinical benchmarking		x	A/I
5.	Knowledge of accountability of own role and other roles in a nurse led service	x		A/I
6.	Knowledge of public health issues	x		A/I
7.	Ability to identify determinants on health in the local area		x	A/I
8.	Knowledge of principles of clinical governance, confidentiality, data protection and information governance	x		A/I
9.	Knowledge of safeguarding children's and adults policies and procedures and how to apply these	x		A/I
<b>Skills</b>				
1.	Clinical leadership	x		A/I
2.	Clinical skills e.g. cervical cytology, immunisation and vaccination		x	A/I
3.	Change management skills and ability to support patients to change lifestyle	x		A/I
4.	Communication skills, written and verbal	x		A/I
5.	Ability to communicate difficult messages to patients and families	x		A/I
6.	Negotiation and conflict management skills		x	A/I
7.	Ability to provide teaching and mentorship in a clinical setting		x	A/I
8.	I.T skills	x		A/I
<b>Attributes and Behaviours</b>				
2.	A complete finisher.	x		A/I
3.	Resilience and drive	x		A/I
4.	Personal and professional integrity and confidence.	x		A/I
5.	Flexibility	x		A/I



6.	Resourceful	x		A/I
9.	Strong facilitating skills	x		A/I
11.	Calm and resolute under pressure.	x		A/I
12.	Self-motivated and enthusiastic.	x		
13.	High workload capacity and capable of sustained effort over a long period.	x		A/I
14.	Effective delegator	x		A/I
15.	Full driving licence.	x		A/I





## EXAMPLE JOB DESCRIPTION

<b>Job Reference</b>	
<b>Job Title:</b>	<b>General Practice Nurse</b>
<b>Grade:</b>	<b>6</b>
<b>Hours:</b>	
<b>Directorate:</b>	
<b>Department:</b>	
<b>Location:</b>	
<b>Responsible to:</b>	
<b>Accountable to:</b>	
<b>Responsible For Supervising:</b>	<b>Junior Staff (HCA, Assistant Practitioner, Associate Nurse, Junior GPN)</b>

### **Job Summary:**

This role requires consolidation of specialist knowledge and skills in general practice nursing demonstrating a depth of knowledge, understanding and competence that supports evidenced informed, complex, autonomous and independent decision-making, and care in general practice and related settings. Those new to this role will need a period of preceptor ship. This role will require personal resilience, management, clinical leadership and supervision and mentorship of others in the general practice nursing team and providing an effective learning environment for staff and students in the wider team. The role will require an innovative approach in supporting and developing new models and strategies for service delivery, usually incorporating inter-professional and inter-agency approaches to monitor and improve care. General Practice Nurses deliver care to the practice population, but also need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are, as far as possible, matched to need.

### **Principal Responsibilities:**

This role requires the ability to work independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility. This requires:

- Enhanced critical thinking and ability to critically analyse a broad range of policies, literature and evidence to support clinical practice.



- Ability to analyse service provision in relation to both quality assurance and quality monitoring, and to focus on patient outcomes wherever possible.
- Strong clinical leadership of the team and clarity of expectation of team members with respect to quality of care delivery and values inherent in nursing practice. Emotional intelligence to recognise pressures on staff and the development of mechanisms to support and develop staff to recognise the impact of caring for people who may be experiencing complex healthcare issues.
- Enhanced knowledge of the local community and needs and resources available, and the ability to signpost people to appropriate resources.
- Ability to work collaboratively with others to meet local public health needs for individuals, groups and the wider community. Build strong relationships with the secondary care teams, particularly for patients receiving shared care, to ensure an effective flow of patient information to ensure high-quality care.
- Ability to reflect in action and be actively engaged with the NMC revalidation process both for themselves and for others.

### **Facilitation of Learning:**

Actively contributing to a variety of professional networks and sharing learning from these:

- Development of effective team systems for on-going supervision and promotion of clinical reflection for all staff, preceptor ship programmes and mentorship.
- Identify and support the learning needs of individuals or the team in response to personal development needs identified at appraisal or service need.
- Evaluate the impact of educational interventions.
- Where appropriate, participate in teaching and student selection in higher education institutions and/or other education organisations.
- Develop a positive learning environment for students and the staff team, giving and receiving feedback in an open, honest and constructive manner.

### **Leadership & Management:**

- Clinical leadership of the team, recognising the stressors encountered in general practice nursing and developing systems to ensure team members continue to build resilience.
- Work effectively across professional and agency boundaries, actively involving and respecting others' contributions.
- Role modelling of the values expected in Leading Change, Adding Value (2016) and the values and behaviours of effective leaders.



- Enhanced and advanced general practice nursing clinical expertise to guide the nursing team in the management of patients with complex needs.
- Ability to manage the workload effectively and develop business cases where appropriate in response to changing demands.
- Display an innovative approach to practice, encouraging other team members and, where possible, patients and service users, to contribute and, where appropriate, instigate and evaluate a managed change process.
- Ensuring the team is risk aware when working with patients, and health and safety aware within the surgery. Develop regularly reviewed systems to ensure risk is managed safely and effectively. Develop a learning culture within the immediate team to improve patient safety and ensure staff are supported and can learn from and in future prevent untoward incidents.
- Awareness and application of appropriate legislation that informs nursing and healthcare delivery.
- Ability to work independently but also to co-ordinate, delegate and supervise team members for a designated group of patients.
- Undertaking performance management when appropriate. Management of the nursing team within ethical and policy frameworks and knowledge and application of human resource law to enable effective staff management.
- Ensuring care and service delivery meets quality requirements but be actively involved in quality improvement strategies and service development innovations.
- Ability to demonstrate political awareness and translate policy into practice, demonstrating knowledge and awareness of healthcare commissioning and contracting mechanisms and systems, awareness of health and social policy contexts and local variations, and be skilled in developing effective external relationships with a variety of health, social and third sector agencies, recognising the importance of working within a governance framework.
- Where appropriate take delegated responsibility for the management of a budget that may include the purchasing of assets, equipment or other resources and staff costs.
- Where appropriate participate in clinical trials and research projects.
- Ensure active management of the workload, taking into consideration public health priorities and local community health needs and changing demographics.
- Participate in public health strategies where these are aligned to the practice population and work collaboratively with others to undertake risk stratification, case management and other strategies developed to improve health or avoid hospitalisation.

**Evidence, Research & Development:**

- Ability to access databases and other information sources and critically appraise information.



- Contribution to the development of local guidelines and policy locally and regionally, and nationally where appropriate.
- Participation in research-related activity such as audit, data gathering and patient feedback.
- Sharing of information and practice development through a range of means including writing for publication.
- CPD for Independent No- Medical Prescribing
- National Institute for Health Research: <http://www.nihr.ac.uk/>
- Information Governance Framework: <http://www.england.nhs.uk/ourwork/tsd/ig/>
- Leadership and Management learning activities

### **Clinical Practice:**

Demonstrate specialist competence, innovation and clinical leadership in the assessment, intervention in and delivery of general practice nursing in all contexts appropriate to individuals' needs across the whole age range for the general practice population. This requires:

- Ability to assess and manage the range of conditions encountered in general practice using a variety of assessment tools and consultation models appropriate to the patient and situation using physical and clinical examination skills to inform the assessment and decision-making for the on-going management of the patient.
- Advanced communication skills that include skills of influencing and negotiation to enable information to be delivered in understandable formats for patients and behaviour change supported where necessary.
- Effective multidisciplinary and multi-agency team working, alongside the ability to work independently and accept professional accountability and responsibility for the delivery of whole episodes of care, and supporting and developing others in the general practice nursing team to collaborate effectively, ensuring nursing care is guided by precedent and clearly defined policies, procedures and protocols.
- Delivery and co-ordination of evidence-informed, person-centered and negotiated care across the age spectrum.
- Use of technology to support independence and patient self-care at home to improve self-care and reduce exacerbations
- Role modelling and embodiment of non-judgmental, value-based care encompassing the 6Cs in practice and expectation and promotion of these values in other team members.
- Competence in delivering evidence-informed care across a wide range of minor acute and LTCs, ensuring effective evaluation of therapeutic and other approaches to condition management alongside ability to assess patient concordance.



**Confidentiality:**

Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

**Codes of Conduct and Accountability:**

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

**Health and Safety:**

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG /Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

**Safeguarding Children and Adults**

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

**Postscript:**



The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



# Person Specification

<b>Job Title</b>	General Practice Nurse		
<b>AfC Band</b>	6	<b>Job Code</b>	

**Method of Assessment:** 'A' Application Form 'I' Interview & assessment Process

Person Specification		Essential	Desirable	Assessment
<b>Qualifications &amp; Training</b>				
1.	Registered Part 1 NMC	x		A/I
2.	NMC specialist Community Practitioner Qualification – Practice Nurse		x	A/I
3.	NMC Mentorship Qualification		x	A/I
4.	Educated to degree Level or equivalent experience	x		A/I
5.	Successful completion of post registration accredited foundation course in general practice nursing at level 6 or 7 and able to meet RCGP Practice Nurse competencies .	x		A/I
<b>Knowledge and experience</b>				
1.	Experience of working within the NHS.	x		A/I
2.	Experience of nurse led management of long term conditions	x		A/I
3.	Experience of implementing protocols and clinical guidelines	x		A/I
4.	Audit Experience	x		A/I
5.	Knowledge of accountability of own role and other roles in a nurse led service	x		A/I
6.	Knowledge of public health issues in the local area	x		A/I
7.	Ability to identify the determinants of health in the local area	x		A/I
8.	Knowledge of principles of Clinical Governance, confidentiality, data protection and Information Governance	x		A/I
9.	Knowledge of the safeguarding children's and adults policies and procedures and how to apply these	x		A/I
<b>Skills</b>				
1.	Clinical leadership	x		A/I
2.	Clinical skills e.g. cervical cytology, immunisation and vaccination	x		A/I
3.	Change management skills and ability to support patients to change lifestyle	x		A/I
4.	Communication skills, both written and verbal	x		A/I
5.	Ability to communicate difficult messages to patients and families	x		A/I
6.	Negotiation and conflict management skills	x		A/I
7.	Ability to provide teaching and mentorship in a clinical setting	x		A/I
8.	I.T skills	x		A/I
<b>Attributes and Behaviours</b>				
1.	A complete finisher.	x		A/I
2.	Resilience and drive	x		A/I
3.	Personal and professional integrity and confidence.	x		A/I
4.	Flexibility	x		A/I
5.	Self-starter	x		A/I
6.	Resourceful	x		A/I



7.	Strong facilitating skills	x		A/I
8.	Calm and resolute under pressure.	x		A/I
9.	Self-motivated and enthusiastic.	x		
10.	High workload capacity and capable of sustained effort over a long period.	x		A/I
11.	Effective delegator	x		A/I
12.	Political awareness.	x		A/I
13.	Full driving licence.	x		A/I





## EXAMPLE JOB DESCRIPTION

<b>Job Reference</b>	
<b>Job Title:</b>	<b>Senior General Practice Nurse/ Nurse Practitioner</b>
<b>Grade:</b>	<b>7</b>
<b>Hours:</b>	
<b>Department:</b>	
<b>Location:</b>	
<b>Responsible to:</b>	
<b>Accountable to:</b>	
<b>Responsible For Supervising:</b>	<b>HCA, Nurse Associate, Assistant Practitioner, Junior GPN</b>

### **Job Summary:**

This role is to consolidate skills of critical analysis and evaluation to enable knowledge pertaining to complex, contemporary general practice nursing practice to be critiqued. Senior General Practice Nurses must be able to use new knowledge in innovative ways and take responsibility for developing and changing practice in complex and sometimes unpredictable environments. They must recognise the complexity of operating in multi-professional and multi-agency environments and the need for interdependent decision-making and support staff to feel confident and competent in delivering care within these contexts. At this level the clinician will be highly experienced in their field and either continues to develop this expertise for managing complex cases or supporting less experienced staff, or may have more management responsibilities for the general practice team whilst retaining a clinical component to their role. They will be expected to provide training, support and supervision to staff and to participate at local and national levels in relation to general practice nursing.

### **Principal Responsibilities:**

Able to undertake complex general practice nursing interventions for a wide range of general practice issues and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but also a critical understanding of the range of theories and principles that underpin the general practice nursing approach.

- Assess capacity for informed consent and support other staff to develop this skill.



- Highly developed specialist knowledge and understanding of LTCs, health behaviours, minor illness and interventions to improve health outcomes, including the use of technologies to support patients at home.
- Advanced knowledge and skills in therapeutics to prescribe effective pharmacological and non- pharmacological approaches for the management of specific acute and LTCs and assess patient concordance.
- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.
- Participate in opportunities to influence national and local policy.
- Is able to develop, deliver and evaluate training and education packages, for individual and groups, across a broad range of general practice nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.

### **Facilitation of Learning:**

Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory, or leadership and management theory.

- Design, plan, implement and evaluate learning and development programmes.
- Focus on the improvement of patient safety by developing systems to disseminate learning from incidents and follow up to ensure best practice is embedded in delivery of care.
- Act as an experienced work-based learning educator/assessor by providing advice and support to other practitioners and build capability and capacity to support learning in practice settings.

### **Leadership & Management:**

The size of the team being led will depend on local practice needs; however, the leadership and management requirements of this role over that of level 6 are:

- Role modelling of the values expected in Leading Change, Adding Value (2016).
- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives even when limited information is available.
- Is able to participate in strategy development, presenting a positive role model for general practice nursing, and ensuring this translates into practice development to improve the quality of care.



- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development and utilise conflict management and resolution strategies where appropriate.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Is able to appreciate the broadest context of clinical governance and initiate and support others, including service users, to be involved in a range of quality assurance and monitoring activities. Ensure that quality and audit cycles are completed and results and learning are fed back into practice.
- Develop processes for monitoring clinical effectiveness and efficiency to enhance management of resources.
- Where required undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation and in presenting this information orally if required.
- Able to work effectively with a wide range of professionals and agencies and participate in multi- professional/agency strategies.
- Oversee the appraisal process for the nursing team, ensuring organisational objectives are reflected in personal and team objectives.

### **Evidence, Research & Development:**

Develop at least one special area of expertise to be seen as a local expert and role model able to articulate the most contemporary evidence, approaches to practice and management.

- Identify and utilise skills and knowledge of staff to support or undertake research-related activity such as audit, evaluation and wider research for the benefit of the organisation.
- Monitor impact of evidence utilisation.
- Adults with Incapacity: The assessment of capacity for Health Care Professionals
- Patient Safety: <http://www.npsa.nhs.uk/>
- Knowledge of Quality Improvement Cycle  
<http://www.england.nhs.uk/ourwork/qual-clin-lead/nhsiq/>
- Advanced Management and Leadership programmes

### **Confidentiality:**

Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

### **Codes of Conduct and Accountability:**

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.



**Health and Safety:**

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG / Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

**Safeguarding Children and Adults**

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

**Postscript:**

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



## Person Specification

<b>Job Title</b>	Senior General Practice Nurse/Nurse Practitioner		
<b>AfC Band</b>	7	<b>Job Code</b>	

**Method of Assessment:**      'A' Application Form                      'I' Interview & assessment  
**Process**

Person Specification		Essential	Desirable	Assessment
<b>Qualifications &amp; Training</b>				
1.	Registered Part 1 NMC	x		A/I
2.	NMC Mentorship Qualification	x		A/I
3.	MSc in Nursing Studies or working towards		x	A/I
4.	Independent / supplementary nursing prescribing – V300		x	A/I
5.	Clinical supervision training and experience	x		A/I
<b>Knowledge and experience</b>				
1.	Experience of working within the NHS.	x		A/I
2.	Knowledge of the local and National health policy and wider health economy	x		A/I
3.	Advanced Nurse Practice.	x		A/I
4.	Knowledge of clinical governance, confidentiality, data protection and information governance in primary care	x		A/I
5.	Knowledge of safeguarding children's and adults policies and procedures and how to apply them	x		A/I
6.	Autonomous practitioner	x		A/I
7.	Management of minor illness, minor ailments and injuries	x		A/I
8.	Experience of nurse triage		x	A/I
9.	Physical assessment and clinical examination skills	x		A/I
10.	Experience of compiling protocols and clinical guidelines	x		A/I
11.	Leadership in quality initiatives such as clinical benchmarking	x		A/I
12.	Management of patient with long term conditions	x		A/I
13.	Management of patients with complex needs	x		A/I
<b>Skills</b>				
1.	Clinical leadership skills	x		A/I
2.	Change management skills and ability to support patients to change lifestyle	x		A/I
3.	High level communication skills	x		A/I
4.	Ability to communicate difficult information to patients and families	x		A/I
5.	Negotiation and conflict management skills	x		A/I
6.	I.T skills	x		A/I
7.	Ability to undertake audit	x		A/I
8.	Research knowledge and understanding	x		A/I
<b>Attributes and Behaviours</b>				
1.	A complete finisher.	x		A/I
2.	Resilience and drive	x		A/I
3.	Personal and professional integrity and confidence.	x		A/I



4.	Flexibility	x		A/I
5.	Self-starter	x		A/I
6.	Resourceful	x		A/I
7.	Strong facilitating skills	x		A/I
8.	Calm and resolute under pressure.	x		A/I
9.	Self-motivated and enthusiastic.	x		
10.	High workload capacity and capable of sustained effort over a long period.	x		A/I
11.	Effective delegator	x		A/I
12.	Strong commitment to public services.	x		A/I
13.	Political awareness.	x		A/I
14.	Full driving licence.		x	A/I





## EXAMPLE JOB DESCRIPTION

<b>Job Reference</b>	
<b>Job Title:</b>	Nurse Clinician
<b>Grade:</b>	<b>8</b>
<b>Hours:</b>	
<b>Directorate:</b>	
<b>Department:</b>	
<b>Location:</b>	
<b>Responsible to:</b>	
<b>Accountable to:</b>	
<b>Responsible For Supervising:</b>	<b>Junior Staff members</b>

### **Job Summary:**

This role will have achieved and consolidated Advanced Clinical Practitioner status, demonstrating highly specialised knowledge in general practice nursing. This role encompasses research, advanced nursing practice, service development and improvement, and education. They will be expected to be at the forefront of developments in their field, usually undertaking original research or having responsibility for co-ordination and delivery of Research and Development in their organisation and the implementation of research and evidence into practice. As an ACP they will continue to have clinical patient contact and may specialise in one area of practice but may use this in a consultancy capacity.

### **Principal Responsibilities:**

Able to work clinically acting in a consultancy capacity for complex general practice nursing interventions.

This may be in a broad range of general practice nursing interventions or the level 8 staff may have specialised in a key area of general practice nursing and teach and develop other staff to enhance their practice to manage future situations. This will entail being able to demonstrate not only practical knowledge but also a critical understanding of the range of theories and principles that underpin the approach in general practice and the ability to assess patients presenting with undifferentiated, undiagnosed presentations and use advanced assessment, diagnostic reasoning skills and a range of other diagnostic support tools to manage, treat or refer these patients.

- Is able to respectfully challenge practice, systems and policies in an objective and constructive manner.



- Proactively develops opportunities to influence national and local policy and strategy.
- Is able to develop, deliver and evaluate training and education packages, for individuals and groups, across a broad range of community nursing needs and in collaboration with other disciplines and agencies to facilitate inter-professional/agency learning.
- Build capacity and capability to support learning in practice settings and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.
- Able to display originality of thought and utilise this in innovative service development and delivery and safe implementation of new policies and guidelines for practice.

### **Facilitation of Learning:**

- Demonstrate problem-solving skills underpinned from perspectives, for example in research processes, service and quality improvement techniques, educational theory or leadership and management theory.
- Lead on the development and implementation of research projects related to general practice nursing and build effective working relationships between practice and higher education institutions.
- Collaborate proactively with public health agencies and local authorities to ensure general practice nursing is actively engaged in the health improvement strategies for the local community

### **Leadership & Management:**

- The management role of a level 8 practitioner will vary according to the employer expectations of the role:
- Able to assimilate information from a range of sources and ensure complex decisions reflect the analysis of these different perspectives even when limited information is available.
- Lead the development of strategy and ensures collaborative working with others to translate this into practice development to improve the quality of care.
- Represent general practice nursing at local, regional and national political, strategic or policy events.
- Able to apply the theoretical perspectives of change management to create an environment for successful change and practice development.
- Demonstrate an evaluative and outcomes-based approach to practice and develop strategies to share this with a wider audience.
- Able to lead on key aspects of quality assurance to develop robust outcome indicators for general practice nursing and other aspects of clinical governance.



- Ensure others in general practice nursing recognise the importance of data collection and quality assurance and ensure that findings and other results are disseminated in meaningful ways to staff.
- Where required undertake significant event auditing (or equivalent) and be skilled in undertaking objective investigations and in writing objective reports following the completion of the investigation.
- Able to work effectively with a wide range of professionals and agencies and participate in multi- professional/agency strategies.

**Evidence, Research & Development:**

- Develop at least one special area of expertise to be seen as a local expert able to articulate the most contemporary evidence, approaches to practice and management.
- Involvement with review and monitoring of clinical policies to ensure they are based on contemporary evidence.
- Involvement in clinical policy and research communities to identify deficits in evidence and identification of potential funding sources for practice or research development.
- Contribute to the development of implementation of research and development strategies and applications for funding.
- Collaborate with local research partners and universities to understand new projects, developments and findings and ensure frameworks for research governance are applied appropriately.
- Where appropriate undertake research as a principal investigator.
- Support the development of staff in research and practice development activities.
- Present research findings in peer reviewed journals, at conferences and at other dissemination events or via electronic mechanisms.

**Confidentiality:**

Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

**Codes of Conduct and Accountability:**

You are expected to comply with relevant CCG/Practice codes of conduct and accountability.

**Health and Safety:**

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course



of work and co-operate with CCG/Practice and others in meeting statutory regulations. You are also required to attend statutory training as required to fulfil your duties.

To comply with safety instructions and CCG / Practice policies and procedures.

To use in a proper safe manner the equipment and facilities provided.

To refrain from willful misuse of, or interference with, anything provided in the interest of health and safety and any action, which might endanger yourself and others.

To report as soon as practical any hazards and defects to your senior manager.

To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.

**Safeguarding Children and Adults**

The organisation has a zero tolerance approach to the abuse of children, young people and vulnerable adults. All employees are required to promote and safeguard the welfare of children and young people and comply with the Local Safeguarding Children Board Procedures and the Children Act (1989, 2004). In accordance with the CCG and Local Safeguarding Adult Board policy all staff must ensure the health and wellbeing of vulnerable adults is appropriately safeguarded.

All staff are required to attend training appropriate to their role in safeguarding children and adults, which includes understanding and recognising the signs of abuse and knowing how to raise concerns when those signs of abuse are noticed in a person.

**Postscript:**

The post holder may be required to undertake other related duties not specifically mentioned above. Any changes to this role specification will be made in consultation with the post holder.

The CCG/Practice operates a No Smoking Policy and is an equal opportunities employer.

Signed.....Date.....

Print Name.....

Manager's Signature.....Date.....



# Person Specification

<b>Job Title</b>	Nurse Clinician		
<b>AfC Band</b>	8	<b>Job Code</b>	

**Method of Assessment:** 'A' Application Form 'I' Interview & assessment Process

Person Specification		Essential	Desirable	Assessment
<b>Qualifications &amp; Training</b>				
1.	Registered Part 1 NMC	x		A/I
2.	NMC Mentorship Qualification	x		A/I
3.	Independent / supplementary nursing prescribing – V300	x		A/I
4.	NMC Specialist Community Practitioner Qualification.		x	A/I
5.	Meet RCGP/RCN ANP competencies	x		A/I
6.	Postgraduate diplomas to include level 8 high intensity interventions	x		A/I
7.	MSc in Nursing Studies or equivalent	x		A/I
<b>Knowledge and experience</b>				
1.	Experience of working within the NHS.	x		A/I
2.	Knowledge of the local and national health policy and wider health economy	x		A/I
3.	Knowledge of clinical governance, confidentiality, data protection and information governance in primary care	x		A/I
4.	Knowledge of safeguarding children's and adults policies and procedures and how to apply them	x		A/I
5.	Autonomous practitioner	x		A/I
6.	Experience of nurse triage including telephone triage	x		A/I
7.	Advanced physical assessment and clinical examination skills (MSc level)	x		A/I
8.	Experience of initiating protocols and clinical guidelines, implementing them and evaluating the effectiveness	x		A/I
9.	Leadership in quality initiatives including clinical benchmarking	x		A/I
10.	Manage in a consultation capacity complex general practice nursing interventions	x		A/I
<b>Skills</b>				
1.	Advanced clinical leadership	x		A/I
2.	Advanced change management skills and ability to support patients to change lifestyle	x		A/I
3.	Advanced communication skills	x		A/I
4.	Advanced negotiation and conflict resolution skills	x		A/I
5.	I.T skills to support clinical work, research and audit	x		A/I
6.	Research, innovation and audit skills	x		A/I
<b>Attributes and Behaviours</b>				
1.	A complete finisher.	x		A/I
2.	Resilience and drive	x		A/I
3.	Personal and professional integrity and confidence.	x		A/I
4.	Flexibility	x		A/I
5.	Self-starter	x		A/I
6.	Resourceful	x		A/I



7.	Strong negotiating and influencing skills	x		A/I
8.	Strong facilitating skills	x		A/I
9.	Strong commercial instincts	x		A/I
10.	Calm and resolute under pressure.	x		A/I
11.	Self-motivated and enthusiastic.	x		
12.	High workload capacity and capable of sustained effort over a long period.	x		A/I
13.	Effective delegator	x		A/I
14.	Strong commitment to public services.	x		A/I
15.	Political awareness.	x		A/I
16.	Full driving licence.	x		A/I





## RCN Credentialing for Nurses working at Advanced level without current Master's Degree Qualification.

**RCN definition of advanced practice:** “Advanced practice is a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.” Any nurse who works at an advanced level of clinical practice, has non-medical prescribing rights and has an active registration with the NMC can apply.

Eligibility is linked solely to an applicant's ability to demonstrate that they meet our requirements for qualifications, experience and competence. The initial credential is for three years.

<https://www.rcn.org.uk/professional-development/professional-services/credentialing>



## Appendix 1

# Further contact details

### C&M CCG General Practice Nurse Leads

Organisation	Name	Designation	Email
NHS Eastern Cheshire CCG	Katie Mills	Senior Clinical Quality Manager/ General Practice Nurse Lead	<a href="mailto:katie.mills1@nhs.net">katie.mills1@nhs.net</a>
NHS Halton CCG	Denise Roberts	Deputy Chief Nurse	<a href="mailto:Denise.Roberts@haltonccg.nhs.uk">Denise.Roberts@haltonccg.nhs.uk</a>
NHS Knowsley CCG	Helen Meredith	Chief Nurse	<a href="mailto:helen.meredith@knowsleyccg.nhs.uk">helen.meredith@knowsleyccg.nhs.uk</a>
	Richard Crockford	Deputy Chief Nurse	<a href="mailto:richard.crockford2@knowsleyccg.nhs.uk">richard.crockford2@knowsleyccg.nhs.uk</a>
NHS Liverpool CCG	Kerry Lloyd	Deputy Chief Nurse	<a href="mailto:Kerry.lloyd@liverpoolccg.nhs.uk">Kerry.lloyd@liverpoolccg.nhs.uk</a>
	Sharon Poll	Primary Care Clinical Advisor	<a href="mailto:Sharon.poll@liverpoolccg.nhs.uk">Sharon.poll@liverpoolccg.nhs.uk</a>
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NHS England North Cheshire & Merseyside	Pippa Rose	GPFV Transformation Nursing Lead	<a href="mailto:pippa.rose@nhs.net">pippa.rose@nhs.net</a>



## Resources

<p>Career Framework for General Practice Nursing (2015)</p> <p><a href="https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf">https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf</a></p>
<p>Currie L, Watts C (2012) Preceptorship and pre-registration nurse education</p> <p><a href="http://www.williscommission.org.uk/data/assets/pdf_file/0011/479936/Preceptorship_and_pre-registration_nurse_education.pdf">www.williscommission.org.uk/data/assets/pdf_file/0011/479936/Preceptorship_and_pre-registration_nurse_education.pdf</a></p>
<p>Department of Health (2010) Preceptorship framework for newly qualified Nurses, midwives and allied health professionals. London. Department of Health. Online. Available at:</p> <p><a href="https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf">https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf</a></p> <p><a href="https://matrix.rcn.org.uk/data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf">https://matrix.rcn.org.uk/data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf</a></p>
<p>Evans J., Bell J., Sweeney A.E., Morgan J., &amp; Kelly H. (2010) Confidence in critical care nursing. <i>Nursing Science Quarterly</i> <b>23</b> (4),334-340</p>
<p>Health Education England (2016) Raising the Bar: Shape of Caring: Health Education England's Response.</p> <p><a href="https://www.hee.nhs.uk/sites/default/files/documents/Raising%20the%20Bar%20-%20Shape%20of%20Caring%20-%20HEE%27s%20response%20%281%29_0.pdf">https://www.hee.nhs.uk/sites/default/files/documents/Raising%20the%20Bar%20-%20Shape%20of%20Caring%20-%20HEE%27s%20response%20%281%29_0.pdf</a></p>
<p>Health Education England (2015) Health Education England Preceptorship standards. Online. Available at:</p> <p><a href="https://hee.nhs.uk/sites/default/files/documents/Preceptorship%20Standards%202015.pdf">https://hee.nhs.uk/sites/default/files/documents/Preceptorship%20Standards%202015.pdf</a></p>
<p>Higgins G., Spencer R.L. &amp; Kane R. (2010) A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. <i>Nurse Education Today</i> <b>30</b>, 499-508.</p>



<p>Odelius, A., Traynor, M., Mehigan, S., Wasike, M. &amp; Caldwell, C. (2017)          Implementing and assessing the value of nursing preceptorship. <i>Nursing Management</i> 23, 9, 35-37</p>
<p>Nursing &amp; Midwifery Council Revalidation  <a href="http://revalidation.nmc.org.uk/">http://revalidation.nmc.org.uk/</a>  <a href="http://revalidation.nmc.org.uk/what-you-need-to-do">http://revalidation.nmc.org.uk/what-you-need-to-do</a></p>
<p>Nursing &amp; Midwifery Council Advice and information for employers of nurses and midwives  <a href="https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/advice-for-employers.pdf">https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/advice-for-employers.pdf</a></p>
<p>Skills for Health HCA Code of Conduct  <a href="http://www.skillsforhealth.org.uk/standards/item/217-code-of-conduct">http://www.skillsforhealth.org.uk/standards/item/217-code-of-conduct</a></p>
<p>Royal College of General Practitioners Healthcare Assistants Competency Framework  <a href="http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.ashx">http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.ashx</a></p>
<p>Royal College of General Practitioners General Practice Nurse Competency Framework  <a href="https://www.rcgp.org.uk/membership/practice-teams-nurses-and-managers/~media/Files/Membership/GPF/RCGP-GPF-Nurse-Competencies.ashx">https://www.rcgp.org.uk/membership/practice-teams-nurses-and-managers/~media/Files/Membership/GPF/RCGP-GPF-Nurse-Competencies.ashx</a></p>
<p>Royal College of General Practitioners Advanced Nurse Practitioner Competency Framework  <a href="http://www.rcgp.org.uk/membership/practice-team-resources/~media/16411E76AC5B4E818547E331F9D3CA97.ashx">http://www.rcgp.org.uk/membership/practice-team-resources/~media/16411E76AC5B4E818547E331F9D3CA97.ashx</a></p>



District Nursing and General Practice Nursing Service, Education and Career Framework

<https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework%201.pdf>

**Leading Change, Adding Value 2016.**

<https://www.england.nhs.uk/leadingchange/about/>

**General Practice – Developing confidence, capability and capacity (2017)**

<https://www.england.nhs.uk/publication/general-practice-developing-confidence-capability-and-capacity/>

