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The Practice Nurse Project

End of Project Report

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This project was supported by North Derbyshire Clinical Commissioning Group as part of the Steering Group working on behalf of all Derbyshire CCGs.

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Jane Stringfellow
Project Critical Friend and Sponsor, North Derbyshire Clinical Commissioning Group.

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Project Administrator, Derby and Derbyshire Local Medical Committee (LMC) Services Ltd.

Ros Combes
Project Support, North Derbyshire Clinical Commissioning Group.

And finally, thank you to *Dr John Grenville and Kate Lawrence,* Derbyshire Local Medical Committee (LMC) for supporting the Project Lead/Manager throughout the project lifecycle.

Project Report Author: **Lisa Soultana, Project Lead/Manager, Derbyshire Local Medical Committee (LMC) Services Ltd.**

Date of issue: February 2014.

EXECUTIVE SUMMARY

The General Practice (GP) nursing workforce is at the core of primary health care in England, yet their development and training needs remain largely unaddressed. In order to support the increased role and responsibility of the Practice Nurse, whilst simultaneously sustaining GP practice service provision, standards of quality and maintaining a system which advocates patient health outcomes and safety, a vision needs to be adopted. The Practice Nurse Project is the catalyst of this vision.

Initially a scoping exercise, the Practice Nurse Project highlights the demand for the adoption of clearer, coherent, and more consistent development objectives for Practice Nurses. It highlights the drivers and provides the evidence for the creation of a universal electronic appraisal and training framework platform, which seeks to capture training, and education information and data across Derby City and Derbyshire County.

The report is shaped around the project's five deliverables and three objectives. It presents the wide approach taken by the Practice Nurse Project, which engaged with all Derbyshire City and Derbyshire County GP practices, the four Clinical Commissioning Groups (CCGs), the Area Team NHS England and Derbyshire Local Medical Committee (LMC). Intelligence and evidence was gathered through a variety of different resources, including: surveys, stakeholder events, template analysis, and consultation from experts in the field.

This report presents the key findings and recommendations of the Practice Nurse Project through five main stages, alongside a Practice Nurse Competency Framework and a Competency Development Plan, a survey that presents the top training needs for the future, as well as a Literature Review on The General Practice Nurse Appraisal.

INTRODUCTION

General Practice (GP practice) forms the cornerstone of primary care in England. GP practice is for most people the first and most commonly used point of access to the NHS, with nearly 300 million GP practice consultations a year (Department of Health 2008).

There are 123 GP practices across Derby City and Derbyshire County, and four Clinical Commissioning Groups (CCGs) serving a population of just over a million people. GP practices range from single-handed to multi-partner practices. The GP practice nursing workforce in Derby City and Derbyshire County is estimated (from the latest Census), to be in the region of 455 roles, to include: Nurse Practitioners, Practice Nurses, Triage Nurses, Treatment Room Nurses, and Health Care Assistants. The number and range of staff in GP practices has increased. For example, the number of Practice Nurses nationally, rose by 44% between 1997 and 2007 (The Information Centre 2008, Table 4).

A 2008 report by the NHS Workforce Review team, forecast that demand for primary care services would continue to increase, and that more training provision was required to avoid 'a significant medium-term risk of GP shortages,' (NHS Workforce Review Team 2008). The proportion of consultations in GP practices undertaken by nurses has continued to rise; from 21% to 34% from 1995 to 2006 (The Information Centre 2008). This trend in part reflects the increased responsibilities that nurses have taken on, that previously would have been carried out by GPs (The Kings Fund: General Practice in England: An Overview).

The Department of Health has acknowledged that the quality of primary care in England is variable, stating in 2008 that 'the current system of NHS primary care does not ensure a consistent level of safety and quality across the country' (Department of Health 2008).

GP practices have evolved over the past decade with the introduction of the Quality and Outcome Framework (QOF), effectively responding to the regulation of GP practices in 2014 by the Care Quality Commission (CQC), and delivering quality enhanced and locally commissioned services. There is an increasing awareness that GP practices have to become even more productive and innovative in the way they deliver services, to meet demand and capacity issues. The BMA has recently stated that GP practices are under huge workload pressures and they have real fears that these proposed changes will result in an even greater load, combined with a forced reduction in core funding (BMA December 2012).

We are currently in a climate of change, post the Francis and Berwick inquiries and published reports. It is important to understand the impact these will have on nursing standards and practice, to include and reflect any expectations within a new framework.

The Royal College of Nursing (RCN) highlights the importance of Professional Development Plans (PDP) on its website, noting that: "*The aim is that all staff should have clear and consistent development objectives."* Director of RCN England said, "Robert Francis was very clear in his report that a system for revalidating nurses needs to be introduced, and we agree with him." The RCN further said knowing that every nurse, no matter when they qualified, is fit to practice in a modern setting and competent for the role they are performing, is an important issue of patient safety as well as patient confidence.

Professor Steve Field stated in October 2013 that nurse training needs a "radical review" to meet the "urgent" need for clinicians, with the skills to care for patients with long term conditions. He stressed boosting the "competencies and quantities" of practice and community nurses was more urgent than training extra GPs. He further went on to say that, while extra GPs were "undoubtedly" needed, more nurse-delivered care could help improve access and also continuity, with patients more likely to see the same health professional on different visits.

An event, held on 28 November 2013, hosted by the Royal College of General Practitioners (RCGP) Foundation, Committee of General Practice Education Directors (COGPED) and Health Education Wessex, aimed to bring together representatives from Health Education England (HEE), NHS England, the Department of Health (DH), the RCGP, COGPED and the Queen's Nursing Institute (QNI), as well as members from the 13 Local Education and Training Boards (LETBs) in England.

The future of the General Practice nursing workforce in England was debated, with the view to developing a roadmap with recommendations to sustain the level of General Practice teams for the future.

The key recommendations from the event were:

- To develop national and regional leadership for practice nurses.
- To develop a national practice nurse education network.
- To work with the National Community Nursing Strategy Project to develop a career pathway.
- To increase pre-registration placements in GP practices.
- To develop national education standards.
- To develop a GP style VTS programme based on the RCGP Practice Nurse Competency Framework.

Many GP practices have changed the way they deliver services but not all. GP practices need to focus on continuing to deliver quality services, but possibly in a different way. One of these ways should be to further recognise the importance of the Practice Nurse role and offer opportunities for training and development.

The Health Education East Midlands Workforce Team (Derbyshire) and Derbyshire Local Education Training Council (LETC), Practice Nurse Project Commissioners, North Derbyshire Clinical Commissioning Group and Derby and Derbyshire Services Ltd recognised the need for change to help support Practice Nurses in their professional development. The Practice Nurse Project Team was formed to gather further evidence for change and to reflect on this evidence to design a Practice Nurse Competency Framework (PNCF©) and a Practice Nurse Competency Development Plan (CDP), to help support Practice Nurse professional development.

The way forward is to increase the skills and competencies of the Practice Nurse to deal with a wider range of services that can be offered, currently and in the future.

This report will provide stakeholders with information that will need to be considered when commissioning, providing, managing and regulating GP practice services. In particular for Practice Nurses, Practice Managers, GPs, LMCs, Local Education Training Boards (LETBs) and Local Educational and Training Councils (LETCs), Clinical Commissioning Groups (CCGs), NHS Area Teams and the Care Quality Commission(CQC).

PROJECT BACKGROUND

The Practice Nurse Project was commissioned as a scoping exercise but the ultimate vision with possible further project investment was to:

1. Create a universal systematic approach to the appraisal of Practice Nurses, across Derby City and Derbyshire County.
2. Capture training and education information and data, for the Local Education and Training Board (LETB) Workforce Team (Derbyshire).
3. Understand the training needs for the Practice Nursing workforce.

The aim being that all Practice Nurses across Derby City and Derbyshire County would have ***equitable and fair access to quality training that is transferrable, and with clearly defined standards and competencies. The outcome being improved patient care and experience, the delivery of safe quality services that will lead to improved outcomes for patients.***

Derby and Derbyshire Local Medical Committee (LMC) Services Ltd was commissioned by Health Education East Midlands Workforce Team (Derbyshire) on behalf of the Derbyshire Local Education Training Council (LETC) to help scope Practice Nurse development in Derby City and Derbyshire County.

This project was supported by North Derbyshire CCG as part of the Steering Group working on behalf of all Derbyshire CCGs.

PROJECT DRIVERS:

- Feedback from two Practice Nurse Stakeholder Events in Derbyshire identified the need for a universal Practice Nurse appraisal framework that could capture training and educational needs.
- The publication of the Practice Nurse Framework General Practice Nurse Competencies, RCGP, 2012.
- The Post Francis and Berwick enquiries and reports.
- Care Quality Commission regulations and compliance.
- The 6Cs principle values: Care, Compassion, Communication, Competence, Commitment and Courage.

In 2012, the Health Education East Midlands Workforce Team (Derbyshire) facilitated Practice Nurse events where the following observations were made:

1. A strong argument that there is no adequate, consistent and appropriate appraisal framework to help identify the training needs and skills required to improve clinical outcomes and experiences for patients across Derby City and Derbyshire County.

2. A workforce potentially lacking all the necessary skills and competencies required to meet the changing service demands and clinical outcomes for patients.

3. Inadequate electronic information and data systems across Derby City and Derbyshire County to help identify training, skills, and education gaps across the patch. One that provides evidence based information for GP practices, CCGs, NHS Area Teams, LETB, and LETC.

PROJECT SCOPE, APPROACH AND KEY STAKEHOLDERS

Project Scope:

Funding for the project was for scoping purposes as follows:

1. To scope and recommend solution/s to the identified problems with Practice Nurse development to ensure this workforce has the skills and knowledge to deliver high quality and safe care.

2. To explore the potential to develop a universal electronic appraisal, training needs and training plan framework for Practice Nurses in Derby City and Derbyshire County.

Project Approach:

A wide approach was undertaken to engage all Derbyshire City and Derbyshire County GP practices, the four Clinical Commissioning Groups (CCGs) and the Area Team NHS England.

The following resources were used to enable the Project Team to gather evidence and intelligence to shape the five deliverables and three objectives, (as outlined in Page 10):

- Data, information and analysis from three surveys (via Survey Monkey).
- Feedback and analysis from ten Stakeholder Events.
- Analysis of Practice Nurse appraisal template examples.
- Practice Nurse and other relevant and associated competency frameworks.
- Literature review and analysis.
- Critical Friends and experts in the field of nursing and GP practice.

Key stakeholders:

- Derbyshire Local Medical Committee (LMC).
- North Derbyshire Clinical Commissioning Group (CCG) steering the project on behalf of all the CCGs in Derby City and Derbyshire County.
- Four Practice Nurses Champions, one from each CCG locality.
- Practice Managers.
- GPs.
- University of Derby.
- NHS Area Team and NHS Midlands and East.
- **The project was delivered through a project management environment utilising the PRINCE 2** Project Management Methodology.

CHALLENGES

- Improving patient satisfaction and managing patient expectations.
- Maintaining and improving the quality of care and services.
- Increasing pressure to move services from hospitals into the community (GP practices) and the need to transfer budgets to allow this to happen.
- Meeting the need for more cost effective prescribing and managing costs.
- Reducing A&E admissions and delivering care and services closer to home.
- Meeting the demands of an ageing population and patients with complex co-morbidities.
- Responding to the financial challenges facing the NHS (£20 billion savings 2010 to 2014).
- Planning ahead for the retirement of many Practice Nurses and GPs across Derby City and Derbyshire County.
- Shaping the need for transformational change for Practice Nurse professional development across Derby City and Derbyshire County.
- Developing and maintaining Practice Nurse skills and competencies to respond to the changing service demands and clinical outcomes for patients.
- A fit for purpose Practice Nurse Competency Framework to aid and inform the decision making process in support of professional development.
- Identifying the most appropriate resources to support Practice Nurse training, education and professional development.
- A fit for purpose Practice Nurse appraisal framework that helps to identify the training needs and skills required to improve clinical outcomes and experience for patients in line with GP practice, CCGs and Area Teams strategic plans.
- Limited information and data across Derby City and Derbyshire County to capture Practice Nurse training needs that can be linked with educational provision.
- Limited intelligence that is collated in a systematic way to aid decision making for commissioners, educators and trainers.
- Limited intelligence of the numbers and locations of the entire general practice nursing workforce in Derby City and Derbyshire County.
- The recognition by all key stakeholders that a training needs analysis needs to be undertaken at the point of commissioning, and before delivering new clinical services, with the identification of the appropriate funding to ensure the most effective transition of services in the most effective and safe manner.
- Releasing Practice Nurses from their clinical role and responsibilities to attend training, education and professional development opportunities.
- Isolation of the Practice Nurse role and lack of peer support and opportunity in sharing good practice.
- Identifying local and national NHS resources to fund training and professional development opportunities.

SOLUTION

- Identify funding to support transformational change in Derby City and Derbyshire County.

- Setting up a project environment and engage with Practice Nurses and other key stakeholders to influence change.

- Setting up an Expert Project Team to include a Steering Group and Practice Nurse Champions to realise the project objectives and deliverables.

- Paying key members of the Project Team (to include Practice Nurses and university staff) – all were paid for their time commitment during the project lifecycle.

- Setting up project objectives and deliverables to gain intelligence and support Practice Nurse training and professional development.

THREE PROJECT OBJECTIVES:

1. To scope the idea of a universal systematic approach to the Practice Nurse appraisal across Derby City and Derbyshire County.

2. To undertake a Practice Nurse training needs analysis.

3. To design a universal systematic approach for the Practice Nurse appraisal, that captures training and educational needs.

FIVE PROJECT DELIVERABLES:

1. Analysis of the outcomes of current Practice Nurse appraisal systems and effectiveness to provide aggregated Training Needs Analysis (TNA) across Derby City and Derbyshire County.

2. The entire Practice Nurse Project objectives and deliverables were achieved on time, on schedule, on budget and quality outcomes were achieved.

3. Skills gap analysis of current Practice Nurse skills and competencies against the General Practice Nurse Competencies 2012.

4. Design recommended Competency Framework for Practice Nurses and a Practice Nurse Competency Development Plan.

5. Recommendations for a Derby City and Derbyshire County wide consistent approach to Practice Nurse appraisals and training requirements that meet quality standards.

BENEFITS

Benefits for patients:

- An appropriately trained and skilled Practice Nurse workforce that meets the changing needs of the patient and helps deliver safe and effective care and services, which are evidence based and patient centred.
- Encompassing the 6Cs principle values: Care, Compassion, Communication, Competence, Commitment and Courage.
- Enables services that are compliant with the Care Quality Commission regulations and outcomes.
- Support patients with self-care.

Benefits for NHS:

- Develop standardised training programmes to help increase quality standards.
- Highly trained and motivated Practice Nurse workforce.
- Aligning with the NHS constitution.
- Improved management of chronic diseases contributing in a reduction in hospital admissions.
- Enabling the nursing workforce to work across the clinical needs service pathways and to integrate health and social care.
- Proactively anticipating skills needed to aid the transition of services from secondary care to primary care.

Benefits for Practice Nurses and GP practices:

- A Practice Nurse Competency Framework (PNCF©) that:
  - Is user friendly and understandable.
  - Offers benchmarking possibilities.
  - Facilitates the appraisal process.
  - Supports continuing professional development.
  - Aligns with the service needs of the GP practice populations.
  - Guides Practice Nurses on a career pathway.
  - Develops staff to ensure the quality, safety and care of the service.
  - Offers a greater understanding of the Practice Nurse role, skills and competencies.
  - Provides structure to aid recruitment, retention and training needs of the clinical workforce.
  - Care Quality Commission (CQC) compliant.
  - Helps to address the 6Cs principal values: Care, Compassion, Communication, Competence, Commitment and Courage.
- A Competency Development Plan (CDP) and the PNCF© to help establish a standardised training framework and schedule for Practice Nurses.
- Understanding the training and professional development needs of the Practice Nurse role.
- A credible, standardised and transferable benchmarking system of Practice Nurse competencies which support career development and is recognised by all GP practices.
- Freeing up GP time to concentrate on the more challenging clinical needs of its patient population and help deliver the primary care commissioning needs of the future.

PROJECT COMMISSIONERS, COMPANY, TEAM AND SUPPORT

Commissioners:
East Midlands Local Education Training Board (EMLETB) Workforce Team (Derbyshire) on behalf of the Derbyshire Local Education Training Council (LETC).

Jackie Hewlett Davies
Derbyshire Workforce Development Manager, Health Education East Midlands Workforce Team (Derbyshire) - Project Commissioner on behalf of the Local Education Training Council (LETC).

Project Company:
Derby and Derbyshire Local Medical Committee (LMC) Services Ltd was commissioned by to help scope Practice Nurse development in Derby City and Derbyshire County.

Project Team:
Lisa Soultana
Derby and Derbyshire Local Medical Committee (LMC) Services Ltd - Project Lead/Manager.

Carmel Ashby
Charnwood Surgery, Derby and Southern Derbyshire Clinical Commissioning Group (CCG) locality – Practice Nurse Champion and Practice Nurse Manager/Advanced Nurse Practitioner.

Sharon Dinham
Ashgate Medical Practice, Chesterfield and North Derbyshire Clinical Commissioning Group (CCG) locality - Practice Nurse Champion and Practice Nurse/Nurse Practitioner.

Hayley Disney
Littlewick Medical Centre, Ilkeston and Erewash Clinical Commissioning Group (CCG) locality - Practice Nurse Champion and Practice Nurse/Clinical Nurse Educator.

Melinda Whiteley
Shires Health Care, Shirebrook and Hardwick Clinical Commissioning Group (CCG) locality - Practice Nurse Champion and Community Nurse Practitioner.

Project Support:
This project was supported by North Derbyshire CCG as part of the Steering Group working on behalf of all Derbyshire CCGs. Project admin support was provided by Kaiti Soultana, Derby and Derbyshire LMC Services Ltd.

Marie Scouse
Head of Clinical Quality, Primary and Out of Hours Care, NHS North Derbyshire Clinical Commissioning Group (CCG) - Project Steer and Critical Friend.

Jane Stringfellow
Chief Nurse and Quality Officer NHS North Derbyshire Clinical Commissioning Group (CCG) - Project Critical Friend and Sponsor.

Khonzie Ndlovu-Gachengo
Derbyshire Workforce Development Manager, Health Education East Midlands Workforce Team (Derbyshire) - Project Steer.

Dr John Grenville
Derbyshire Local Medical Committee (LMC) Secretary - Project Critical Friend and Sponsor.

Alastair Turvill
University of Derby **-** Project Academic Researcher.

Dr Wendy Wesson
University of Derby, Acting Head of Subject Nursing, Radiography and Health Care Practice School of Health - Project Critical Friend.

PROJECT BUDGET

The final cost of the project was: £40,618.43 inclusive of:

- VAT.
- Out of pocket office expenses to include: travel, room hire, office consumables, stationary, food and refreshment.
- Three surveys.
- The Practice Nurse Competency Framework (PNCF©).
- A Practice Nurse Competency Development Plan (CDP).
- A Practice Nurse Appraisal Template (under development).
- Ten Stakeholder Events.
- Project environment management.
- Practice Nurse Project Champions (back-fill hourly rate).
- A Literature Review.

PROJECT PROCESS, EVALUATION AND ANALYSIS

Stage 1- Analysis of the outcomes of current Practice Nurse appraisal systems to provide aggregated Training Needs Analysis (TNA) across Derby City and Derbyshire County

Process:

Two Practice Nurse Appraisal Surveys (Survey Monkey), were emailed (from the LMC office) to all 123 GP practices across Derby City and Derbyshire County. Two different surveys targeted at Practice Nurses and Practice Managers were created which contained different questions. The two surveys were hosted on the Derbyshire LMC website for four weeks, between August and September 2013. Information about the surveys were included in the Derbyshire LMC Newsletter and included as an agenda item at the Derbyshire LMC meeting in September 2013. Both surveys were emailed to all Chief Nurses in the four CCGs. Two Practice Nurse Project Champions also emailed the surveys to Practice Nurses in their area via a locally created email distribution.

During the third week in September 2013, five Practice Nurse Stakeholder Events were held across Derbyshire City and Derbyshire County, (across the four CCG locality areas) to include different times of the day, open to all, not location specific to attract maximum attendance. Invitations were issued (via various communication approaches and methods) to all 123 GP practices across Derby City and Derbyshire County.

The Practice Nurse Stakeholder Events were targeted at Practice Nurses, Practice Managers and GPs to hear their views about the Practice Nurse appraisal, training and development needs. The aim was to provide a forum where attendees could exchange ideas and opinions in order to stimulate debate and standardise the approach for Practice Nurse training and development. The primary focus of the events was for stakeholders to answer key questions in relation to the Practice Nurse appraisal and the development of a user friendly Practice Nurse Competency Framework to help identify the training and development needs. All data and information was captured and reported to the Practice Nurse Project Team for analysis.

Results:

Practice Nurse Appraisal Survey

110 (24%) Practice Nurses and 64 (52%) Practice Managers completed the Practice Nurse Appraisal Survey. Survey respondents were asked to email a copy of their Practice Nurse appraisal template to the Project Manager. Six copies were emailed to the Project Manager.

What are Practice Nurses telling us? Please see web link below:

http://www.derbyshirelmc.org.uk/Practice_Nurse/SUMMARY_PRACTICE_NURSES_SURVEY-Oct13.pdf

What are Practice Managers telling us? Please see web link below:

http://www.derbyshirelmc.org.uk/PN/Summary%20Practice%20Managers%20Answers.pdf

Practice Nurse Stakeholder Events

A total of 46 stakeholders (38 Practice Nurses - various nursing roles, six Practice Managers, one member from the Area Team - Immunisation Department, one member from NDCCG and zero GPs), attended the five Practice Nurse Stakeholder Events held across the four CCG areas.

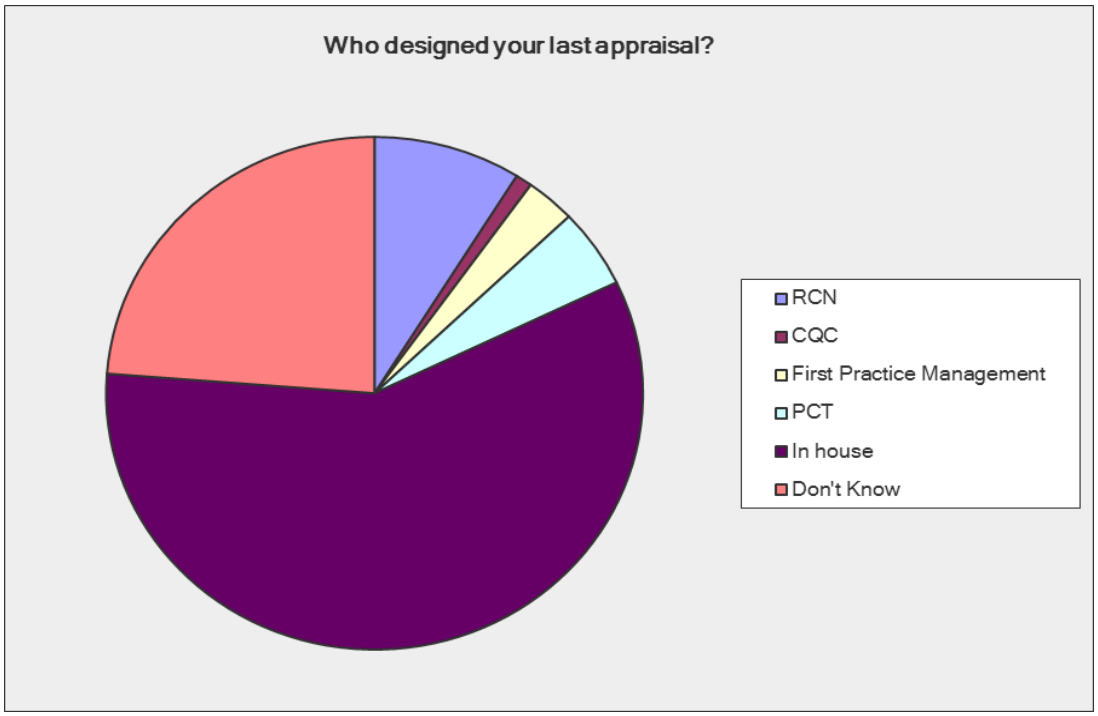
What did Practice Nurses and Practice Managers tell us? Please see web link below: http://www.derbyshirelmc.org.uk/Practice_Nurse/Practice%20Nurse%20Project%205%20Stakeholder%20Event%20-%20%20collated%20information%20and%20feedback.pdf

Analysis:

Six Practice Nurse appraisal templates were emailed to the Project Manager, feedback obtained from the Practice Nurse Stakeholder Events and findings from the Practice Nurse Appraisal Survey.

Key findings from the Practice Nurse Appraisal Surveys:

- Two Practice Nurses did not have a Practice Nurse appraisal. Of those that did receive an appraisal 38% of Practice Managers rated the effectiveness of it in identifying training needs as very poor, poor, or average.
- 72% of Practice Nurses felt that their appraisal helped them identify their training needs; a further 28% felt it did not, or were not sure.
- 66% of Practice Nurses said that they received the training identified in their training and development plan, leaving 34% of Practice Nurses saying they did not receive the training or were not sure if they did.
- 23% of Practice Nurses did not have a training and development plan as a result of their appraisal and another 9% were not sure, if they did or did not.
- Practice Managers identified various templates being used for undertaking the Practice Nurse appraisal.



Who designed your last appraisal?

In-house 57.38% and not known 24.59%; RCN 4.92%, First Practice Management 11.48% and PCT 1.64%.

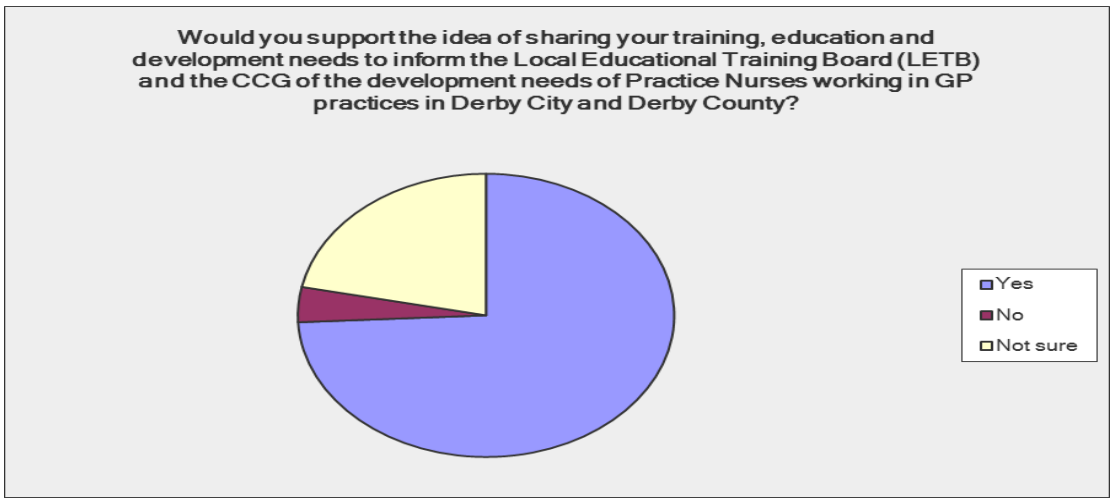
Practice Nurses were asked - What is the format of your last appraisal?		
Answer Options	**Response Percent**	**Response Count**
Verbal with no accompanying documentation/template	4.0%	4
Paper based	4.0%	4
Web based	2.0%	2
Verbal and written down	88.1%	89
I don't have an appraisal	2.0%	2
Other (please specify below)		6
answered question		101
skipped question		10

Practice Nurses were asked - Would you support the idea of a common Practice Nurse appraisal for all GP Practice Nurses working in Derby City and Derbyshire County?		
Answer Options	**Response Percent**	**Response Count**
Yes	70.3%	45
No	4.7%	3
Not sure	25.0%	16
Comments		5
answered question		101
skipped question		10

Practice Managers were asked - Do you believe that an electronic systematic universal Practice Nurse appraisal template/tool could help to identify training and educational needs in line with recommended competency frameworks and quality standards?		
Answer Options	**Response Percent**	**Response Count**
Yes	67.2%	43
No	0.0%	0
Not sure	32.8%	21
Comments		7
answered question		64
skipped question		0

Practice Nurses were asked - Would you support the idea of a common Practice Nurse appraisal for all Practice Nurses working in Derby City and Derbyshire County?		
Answer Options	**Response Percent**	**Response Count**
Yes	67.3%	68
No	4.0%	4
Not sure	28.7%	29
Comments		17
answered question		101
skipped question		10

Practice Nurses were asked:



Key findings from the Practice Nurse Stakeholder Events:

- There was no evidence from the Practice Nurse Stakeholder Events that the current Practice Nurse appraisal system provides aggregated training needs analysis (TNA) across Derby City and Derbyshire County.

Key findings from the six Practice Nurse Appraisal template examples:

- Zero Practice Nurse appraisal templates provided sufficient information to contribute towards an analysis of aggregated training needs analysis (TNA) across Derby City and Derbyshire County.

Summary Outcome:

- There is no evidence of a universal Practice Nurse appraisal systematic approach across Derby City and Derbyshire County.

- There is minimal evidence from the findings of the two Practice Nurse Appraisal Surveys, the Practice Nurse appraisal examples and the comments captured at the five Practice Nurse Stakeholder Events, that the current Practice Nurse appraisal system used in the majority of practices, is sophisticated enough to provide aggregated training needs across Derby City and Derbyshire County.

- The majority of Practice Managers and Practice Nurses strongly supported the idea of a common electronic Practice Nurse appraisal.

- It is recognised that Practice Nurses undertake varied roles and these differ from GP practice to GP practice.

- There is strong evidence that GP Practices have not traditionally shared their Practice Nurse training needs with any other organisation.

- There is strong evidence that GP practices and Practice Nurses are willing, in the future to share their Practice Nurse training and development needs with the LMC, CCGs, and EMLETB.

Stage 2 - Diagnostics and analysis of current Practice Nurse appraisal systems and effectiveness in identifying training needs to achieve the competencies

Process:

The same process from Stage 1 was repeated for Stage 2 – please see page 14.

Results:

Practice Nurse Appraisal Survey
110 (24%) Practice Nurses and 64 (52%) Practice Managers completed the Practice Nurse appraisal survey. Survey respondents were asked to email a copy of the Practice Nurse appraisal template to the Project lead/Manager. Six copies were emailed to the Project Lead/Manager.

What are the Practice Nurses telling us?
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What are the Practice Managers telling us?
Please see web link below:
http://www.derbyshirelmc.org.uk/PN/Summary%20Practice%20Managers%20Answers.pdf

Practice Nurse Stakeholder Events
A total 46 stakeholders (38 Practice Nurses - different nursing roles, six Practice Managers, one member from the Area Team - Immunisation Department, one member from NDCCG and zero GPs) attended the five Practice Nurse Stakeholder Events held across the four CCG areas.

What did stakeholders tell us? Please see web link below:
http://www.derbyshirelmc.org.uk/Practice_Nurse/Practice%20Nurse%20Project%205%20Stakeholder%20Event%20-%20%20collated%20information%20and%20feedback.pdf

Analysis:

Six Practice Nurse appraisal templates were emailed to the Project Lead/Manager, feedback obtained from the Practice Nurse Stakeholder Events and findings from the Practice Nurse Appraisal Survey.

Key findings from the Practice Nurse Appraisal Surveys:

- There is minimal evidence from the Practice Nurse Appraisal Surveys that the current Practice Nurse appraisal system is effective in identifying training needs to achieve the competencies.
- There is strong evidence that Practice Nurses and Practice Managers would use a Practice Nurse Competency Framework to help them identify Practice Nurse training and development needs and they would share Practice Nurse training needs with the EMLETB.

Key findings from the Practice Nurse Stakeholder Events:

- There was no evidence from the Practice Nurse Stakeholder Events that the current Practice Nurse appraisal systems are universally effective in identifying training needs to achieve the competencies.
- Practice Nurses use a variety of methods to assess their own competencies to include: reflection, individual appraisals and in house competencies, peer review, RCN Practice Nurse competencies, clinical supervision, de-brief, training courses, QUEST sessions, clinical meetings, mentoring, feedback from GPs, feedback from patients, Practice Nurse Forums, reflective practice, 360 degree feedback, portfolio working, protected time and measures against NICE.
- It is recognised that the Practice Nurse undertakes varied roles and these differ from GP Practice to GP practice.
- Many Practice Nurses and Practice Managers argued that the process to

achieve competencies was often subjective, others said the whole appraisal process to identify competencies was quite fragmented.

- The majority of Practice Nurses and Practice Managers wanted a Practice Nurse Competency Framework based on the Principia model, as this was seen as: *simple; graded; structured; non-exclusive; transferable; track all courses and add dates; adaptable; easy and updated, web based and linked to training providers and not a model based around the RCGP Competency framework, as this was seen as: self-assessment - too long winded - subjective - over confident - undersell - largely off putting and not realistic.*

Key findings from the six Practice Nurse appraisal template examples:

- Only one Practice Nurse appraisal example contained a competency framework and this was limited to only a few clinical areas.

Summary Outcome:

- There is minimal evidence from the findings of the two Practice Nurse Appraisal Surveys, the six Practice Nurse appraisal examples and the comments captured at the five Practice Nurse Stakeholder Events, that the current Practice Nurse appraisal system, used in the majority of GP practices, is effective in identifying training needs to achieve the competencies.
- There is evidence from both the findings of the survey and comments captured at the Practice Nurse Stakeholder Events that some Practice Nurses felt that their current Practice Nurse appraisal helped them identify effectively their own Practice Nurse competencies. However, there was no evidence to suggest they were using the RCGP Practice Nurse Competency Framework, 2012.
- The RCGP Practice Nurse Competency Framework 2012, has its limitations and is primarily aimed at new Practice Nurses.
- There is evidence from the Practice Nurse Stakeholder Events that many Practice Managers and Practice Nurses had no previous knowledge about the RCGP Practice Nurse Competency Framework, 2012. The ones, who did, felt it was an unworkable framework.
- Many Practice Nurses identified their training needs in their appraisal but there is minimal evidence that this was linked to any type of competency framework.
- Many Practice Nurses use their job descriptions as the baseline to identify training needs only.
- Out of the six GP practices that emailed a copy of their Practice Nurse appraisal template to the Project Lead/Manager, only one was linked to a Practice Nurse Competency Framework and this framework was limited to only a few clinical areas.

Stage 3 - Skills gap analysis of current Practice Nurse skills and competencies against the General Practice Nurse Competencies 2012

Process:

Practice Nurse competencies were mapped (where possible) from the RCGP Practice Nurse Competency Framework, 2012 into a competency and training database.

All the most relevant Practice Nurse role training requirements, identified from the areas listed below, were also mapped into the database, as appropriate:

- NMC code of professional conduct.
- Care Quality Commission (CQC) regulations and outcomes.
- The 6Cs principle values: Care, Compassion, Communication, Competence, Commitment and Courage.
- Quality and Outcomes Framework (QOF).
- Health and safety.

The contents of the training section of the database helped to create a Practice Nurse Training, Education and Competency Profile Survey (Survey Monkey), that was emailed (the same approach as in stage 1 and 2) to all 123 GP practices across Derby City and Derbyshire County.

The two surveys were hosted on the Derbyshire LMC website for three weeks, between October and November 2013. Information about the surveys were included in the Derbyshire LMC Newsletter and discussed in the Derbyshire LMC meeting in November 2013.

Results:

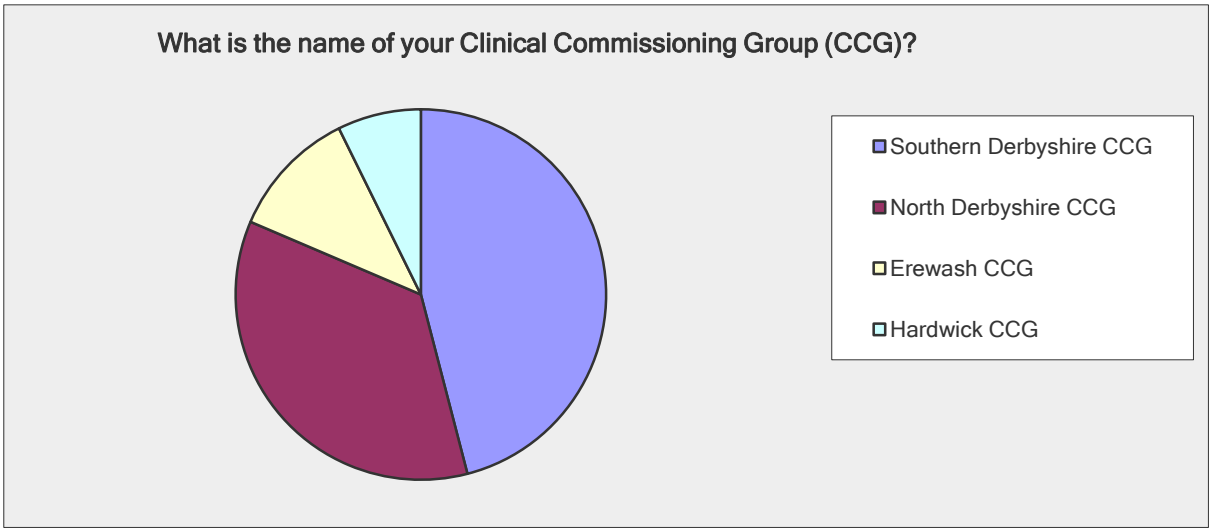
Practice Nurse Appraisal Survey
129 (28%) Practice Nurses completed the Practice Nurse Training, Development Needs and Competency Profile Survey.

What are Practice Nurses telling us? Please see web link below:
http://www.derbyshirelmc.org.uk/Practice_Nurse/Practice%20Nurse%20training%20needs%20competencies%20survey.pdf

Analysis:

The Practice Nurse Training, Development Needs and Competency Profile Survey was used to analyse data and information. Key findings are captured as follows:

Key findings from the Practice Nurse Training, Development Needs and Competency Profile Survey – Practice Nurses were asked:



Who typically pays for the Practice Nurse training?		
Answer Options	**Response Percent**	**Response Count**
Practice Nurse	2.3%	3
GP practice	71.1%	91
A combination of the Practice Nurse and the GP practice	13.3%	17
Learning beyond registration (LBR)	22.7%	29
Sponsorship e.g. Pharmaceutical companies	32.0%	41
I do not attend training if there is a cost	11.7%	15
Other (please specify)		4
	answered question	128
	skipped question	1

What are the key challenges for Practice Nurses in accessing training for professional development purposes?		
Answer Options	**Response Percent**	**Response Count**
I do not have the time	34.4%	44
I am the only Practice Nurse working at the GP practice	5.5%	7
Backfill/no one to see my patients/deal with appointments	50.0%	64
Access to external funding	36.7%	47
Access to internal (employer) funding	34.4%	44
Lack of support to attend the training from my employer	8.6%	11
I do not receive any information about training courses	24.2%	31
Other (please specify)	19.5%	25
	answered question	128
	skipped question	1

Indicate below if you think you are competent or not competent and state your training needs								
Answer Options	**Competent**	**Not competent**	**Not sure if I am competent**	**Training required**	**No training required**	**Not sure if I require training**	**Not applicable to my role**	**Response Count**
Accountability to include care and welfare of the patient, consent, information governance, legal and professional and continuing professional development	97	3	3	17	6	3	2	111
Anaphylaxis	97	1	2	16	10	3	1	111
Anticoagulation	50	12	5	18	13	2	35	111
Appraisal of others	41	14	10	30	1	7	26	111
Asthma	72	6	4	29	8	2	12	111
Audit	37	15	12	38	3	10	17	111
Cancer	12	20	9	52	5	8	27	111
Cardiovascular disease	71	4	10	37	3	3	3	111
Care Quality Commission awareness	59	6	16	31	3	10	6	111
Cervical screening	100	1	0	11	12	1	5	111
Childhood vaccinations	90	3	2	17	10	1	11	111
Chronic kidney disease	51	13	5	44	5	0	13	111
Clinical guidelines, protocols, directions, patient group directives and NICE	76	4	8	27	6	8	3	111
Consultation	95	2	7	13	7	6	2	111
Communication with teams	95	5	5	10	6	4	3	111
Conflict resolution	49	17	14	36	4	5	8	111
Contraceptive and sexual health	64	5	6	54	5	1	5	111
Contractual arrangements (GMS, PMS, APMS and others) and quality and performance frameworks	14	24	14	50	3	9	23	111
COPD	63	10	3	38	5	1	17	111
COSHH	47	9	14	41	5	6	12	111
CPR	107	0	0	10	12	0	1	111
Data protection, confidentiality, information governance, record keeping and the law	105	0	2	10	12	1	1	111
Dementia	17	22	18	65	1	5	12	111
Depression	16	21	17	65	4	6	10	111
Diabetes	74	9	4	40	5	1	4	111
Dmards and rheumatoid arthritis and therapeutic monitoring	33	19	11	50	1	3	18	111
Ear care	90	5	2	23	7	2	4	111

Education and mentorship	53	10	13	47	4	3	10	111
End of life, palliative care and terminal illness	17	17	8	46	1	7	36	111
Epilepsy	18	22	9	53	4	2	26	111
Equality and diversity	86	2	6	19	8	7	3	111
Equipment and stock management	90	2	3	9	10	2	11	111
Fire safety	103	2	2	11	10	0	3	111
Health and safety to include general emergency situations, manual handling and safety of the patients, self and others.	89	3	6	23	9	4	1	111
Health, well-being and screening	99	0	3	14	11	2	3	111
Heart failure	38	13	16	57	2	2	11	111
Hypertension	88	0	5	30	7	2	3	111
Immunisations and vaccinations (adults)	100	2	1	16	9	2	2	111
Immunisations and vaccinations (children)	88	2	1	17	10	1	13	111
Innovation	39	15	13	31	3	12	21	111
Leadership	47	11	9	33	3	6	26	111
Management	44	11	11	35	3	4	29	111
Medicines Management	63	8	9	33	5	2	19	111
Mental health (to include behavioural conditions, capacity, consent and the law)	22	18	16	64	4	4	15	111
Minor illness	48	12	10	46	3	1	18	111
Minor injury	49	11	10	45	4	2	16	111
Osteoporosis/falls	21	20	13	58	3	3	19	111
Research	32	17	11	36	7	2	30	111
Service redesign and development	13	20	9	40	3	6	39	111
Spirometry	55	9	4	34	6	3	23	111
Supervision clinical and non-clinical	63	11	6	32	6	5	10	111
Tissues viability/wound care	54	8	14	51	5	1	8	111
Travel health and vaccination	84	4	3	29	5	3	8	111
Treating people with dignity and respect and the care and welfare of the patient	109	0	0	5	11	1	2	111
Venepuncture	95	0	2	9	14	0	6	111
Women's health inc. menopause	62	8	11	46	4	3	8	111
Other (please specify)								10
							answered question	**111**
							skipped question	**18**

Summary Outcome:

- There is uncertainty around the appropriate process of benchmarking of Practice Nurses competencies.
- Many Practice Nurses were unsure if they were competent in certain subjects.
- Many Practice Nurses were unsure if they needed training in certain subjects.
- There is a lot of uncertainty around when training should be undertaken and clarity is needed.
- Many Practice Nurses expressed the need for annual training updates for specific subjects but it has to be decided which subjects need updates.
- The employer (GPs) typically (71%) pays for the Practice Nurse training.
- 50% of Practice Nurses say that the lack of backfill to see patients is the key challenge in accessing training for professionals. Other key challenges included access to external funding (37%), internal funding (34%) and not having the time (34%).
- 38% of Practices Nurses were between the ages of 50-59 years old with a further 41% between the ages of 40-49 years old**. Leaving just 20% of the Practice Nurse workforce under the age of 40 – based on the latest census information.**
- The top 10 training needs are:

  1. Dementia
  2. Depression
  3. Mental health
  4. Osteoporosis
  5. **Heart failure (not in the top 10 non-competent subjects)**
  6. Contraceptive and sexual health
  7. Epilepsy
  8. Cancer
  9. Tissue viability **(not in the top 10 non-competent subjects)**
  10. Contractual arrangements

- The top 10 non-competent subjects are:

  1. Contractual arrangements
  2. Dementia
  3. Epilepsy
  4. Depression
  5. Cancer
  6. **Service redesign (not in the top 10 training needs)**
  7. Osteoporosis
  8. **DMARDS (not in the top 10 training needs)**
  9. Mental health
  10. Contraceptive and sexual health

- Training courses should be coordinated to address the top 10 Practice Nurse training gaps to help meet the top 10 non-competent subjects.
- There is strong evidence where training is classified as mandatory or statutory e.g. cervical screening; cardiac pulmonary resuscitation (CPR) and information governance (IG) 100% of Practice Nurses indicated that they felt competent.

Stage 4 - Design recommended Competency Framework for Practice Nurses and a Practice Nurse Competency Development Plan

Process:

The same process from stage 3 was repeated for stage 4 – Please see page 20.

Resources that were used to populate the content of the PNCF© included information and insights from:

- Practice Nurse Competency Framework, RCGP, 2012.
- RCN Practice Nurse Competencies
- Other useful and relevant competency frameworks – see references.
- CQC regulations and outcomes.
- Practice Nurses and other clinical professionals and clinical organisations.
- The 6Cs principle values: Care, Compassion, Communication, Competence, Commitment and Courage.

An element of professional expertise was also applied to help shape the content of the PNCF©. Focus groups involving both the Practice Nurse Champions and the Project Lead/Manager took place to discuss the entire content of the PNCF©, to gain consensus and finalise and approve collectively the final version of the PNCF©.

The penultimate draft copy of the PNCF© was emailed for comments and feedback to critical friends/experts who have a background in Practice Nursing, General Practice, Academia and GP practice services. The PNCF© was also presented to the Derbyshire LMC in January 2014 for further comment, feedback and support.

Thereafter, a further five Practice Nurse Stakeholder Events were held across Derbyshire City and Derbyshire County, across the four CCG locality areas, using the same marketing and communication approaches used for previous Practice Nurse Stakeholder Events.

Practice Nurse Stakeholder Events

A total of 38 stakeholders (31 Practice Nurses - various nursing roles, 3 Practice Managers/Nurse Managers/Partners, one member from NDCCG and SDCCG and one GP) attended the five Practice Nurse Stakeholder Events held across the four CCG areas.

What did the stakeholders tell us? Please see web link below:

http://www.derbyshirelmc.org.uk/Practice_Nurse/Captured%20Feedback%20from%20Second%20Practice%20Nurse%20Project%20Stakeholder%20Events%20JANUARY2014.pdf

Key findings from the Practice Nurse Stakeholder Events:

- 100% of Practice Nurses, Practice Managers and GPs attending the Practice Nurse Stakeholder Events said that they would use the PNCF©.

Results:

A Practice Nurse Competency Framework (PNCF©) has been designed by the Practice Nurse Project Champions and the Project Lead/Manager. Please see Appendix 1.

The Project Team felt strongly (based on the evidence gathered and feedback from colleagues during the project lifecycle) that the PNCF© should be designed for effective usage.

A Practice Nurse Competency Development Plan (CDP) has been created to complement the PNCF©. Please see Appendix 2.

It is recommended that the CDP should be used alongside the PNCF©, to help Practice Nurses, GPs and Practice Managers identify training and development needs for the Practice Nurse that are aligned to the maintenance and the development of safe, effective, caring, responsive and well-led GP services and care.

It is important to ensure systems are put in place to update the PNCF© on a systematic rolling basis – at least every 6 months for quality assurance purposes.

The PNCF© may also be used to:

- Support Practice Managers and or Nursing Managers in workforce planning and preparing role requirements, job descriptions and preparing questions for interview.
- Support job evaluation and pay review/negotiations.
- Inform commissioners of the baseline competencies for Practice Nurses.
- Assist Clinical Commissioning Groups (CCGs) and NHS Area Teams with quality markers.
- Assist the NHS Area Team to underpin the development and review of services.
- Inform the commissioning process of the development and delivery of competency based training for Practice Nurses and possibly other Community and District Nursing workforces.
- Inform the Local Educational Training Board (LETB) and the Local Educational Council (LETC) about the training required to assist Practice Nurses with achieving competencies and supporting any Practice Nurse choice of progressing to other level.

Stage 5 - Recommendations for a Derby City and Derbyshire County wide consistent approach to Practice Nurse appraisals and training requirements that meet quality standards

The recommendations from the Practice Nurse Project Lead/Manager are illustrated in page 28.

To complement this stage a General Practice Nurse Appraisal: a literature review was undertaken by Alistair Turnvill supported by the University of Derby. Please see Appendix 3.

RECOMMENDATIONS

The Derby City and Derbyshire County wide approach to Practice Nurse appraisals and training requirements that meet quality standards:

The Practice Nurse Project - Phase 2:

- From the initial work and findings of the Practice Nurse Project (Phase 1) the Project Lead/Manager would recommend a Practice Nurse Project (Phase 2) to fund the development of a web based platform to host the necessary resources to support Practice Nurse professional development.

  The resources should include (non-exhaustive):

  - Practice Nurse appraisal template (under development).
  - Practice Nurse Competency Framework (PNCF©) ***linked to a course directory that has been formally approved – with user feedback.***
  - Practice Nurse Competency Development Plan (CDP).
  - Practice Nurse Forum.
  - Practice Nurse training evidence and certification.
  - Library.
  - E-portfolio.
  - Personal login account.

Consideration for further investment allocated to:

- Help deliver transformational change for Practice Nurses training and professional development across Derby City and Derbyshire County.

- Further refine the content of the PNCF©.

- Further develop the PNCF© to include a competency level for Health Care Assistants (HCA) and the Advanced Nurse Practitioner.

- Undertaking a process to identify the entire GP practice nursing workforce across Derby City and Derbyshire County to include all the specific roles, names and the development of a contact details database.

- Set up peer support and mentorship for Practice Nurses in each CCG locality – with a Practice Nurse lead.

- Set up a bank of Practice Nurses.

- Undertake a process to identify resources (both locally and nationally) to fund Practice Nurse training, education and professional development to include annual updates and an annual rolling schedule of study days.

- Look at the possibility of integrating Practice Nurse training with the Community and District nursing workforce to support collaborative working across pathways of care and services, enabling a more cost effective training resource.

- Scope the training and development needs of the Health Care Assistant and the advanced Practice Nurse roles e.g. Advanced Nurse Practitioner.

- Further fund the Practice Nurse Project Team to maintain working together to help support Practice Nurse training, education and professional development needs, to update the PNCF© and to design additional resources and tools useful for Practice Nurses, helping improve quality and services for GP practices.

The Practice Nurse Appraisal:

- GP Practices should have an annual Practice Nurse appraisal system in place for Practice Nurses which should include use of The Practice Nurse Competency Framework and the Practice Nurse Competency Development Plan.

- GP practices may wish to consider the most appropriate appraiser and the additional support needed.

- All key stakeholders should consider the concept of how population based practice/health needs can be reflected in the Practice Nurse appraisal framework.

- GP Practices, CCG, Area Teams and LETB should consider developing a universal Practice Nurse electronic appraisal systematic approach across Derby City and Derbyshire County.

- The Practice Nurse appraisal should be of procedural justice in achieving fairness, this relates to the manner in which appraisal is conducted, primarily; ensuring adequate warning is provided, allowing staff to have a "fair hearing" in the form of a face to face meeting, where conclusions can be discussed and explained is also cited as important, as is demonstrating that judgements are based on evidence. As well as procedural justice, interactional justice is as important in appraises perception of fairness; Interactional justice means the absence of things such as; derogatory judgements, deception, invasion of privacy, and disrespect. A greater formalisation should be brought to the process, more evidence provided to support conclusions and a more frequent provision of feedback on performance though a variety of means.

Practice Nurse training, education and professional development needs:

- GP practices may wish to consider the impact of increasing the skills and training of a Practice Nurse to include an increase in the Practice Nurse salary.

- GP Practices may wish to develop a business workforce plan (to include service forecasting) which is reviewed annually and contains information about the training and development of its workforce.

- GP practices may wish to consider having systems in place to recognise the need for training staff and when updates are needed.

- GP practices should ensure they have a specific Practice Nurse training matrix in place to meet CQC compliance.

- LETBs and LETCs may wish to consider developing a Practice Nurse training and educational needs database and co-ordinate training and professional development for Practice Nurses across the region.

- LETBs and LETCs may wish to consider identifying additional external resources to support GP practices with their training, educational and development needs.

- The Practice Nurse appraisal can be aligned to the GP practice and CCG strategic plans.

The Practice Nurse Competency Framework (PNCF©):

- All key stakeholders need to recognise in the future, that additional service provision and planning will need new levels of Practice Nurse competencies to respond to new locally commissioned services and national strategy and drivers.

- The content of the PCNF© may need further content refinement.

- The PNCF© should be immediately marketed and shared with all key stakeholders for recommendation of usage.

- The PCNF© may help to support national policy and complement the RCGP Practice Nurse Competency Framework.

- The PCNF© should be sent to the RCN for comment.

- GP practices may wish to consider using the PNCF© within the Practice Nurse annual appraisal process, in conjunction with the Competency Development Plan. As tools and a resources to help identify Practice Nurse training, educational and development needs and to help comply with CQC. Please see appendix 2.

- Commissioners and providers of primary care may wish to consider using the PNCF© when pathways of care are delivered by other roles than Practice Nurses e.g. District Nursing.

Additional areas for consideration:

- LETBs may wish to consider holding an email distribution database for all Practice Nurses, if it needs to communicate with Practice Nurses.

- GP practices should plan ahead for Practice Nurse retirements and plan ahead for the challenges of replacing highly skilled Practice Nurses.

Future challenges – What's on the horizon for Practice Nurses and GP practices?

- Royal College of Nursing comments on NMC revalidation proposals:

Published: 06 September 2013
For immediate release Thursday 5 September 2013.

The Royal College of Nursing (RCN) today commented on proposals for revalidation to be presented to the NMC's ruling council on September 12th.
Tom Sandford, Director of RCN England said:
"Robert Francis was very clear in his report that a system for revalidating nurses needs to be introduced, and we agree with him. Knowing that every nurse, no matter when they qualified, is fit to practise in a modern setting, and competent for the role they are performing is an important issue of patient safety as well as patient confidence. We will be looking at the proposals in detail and the Royal College of Nursing ruling Council will want to consult with members to get their views."

"For revalidation to work well it requires strong links between the regulator, those being regulated and their employers. The process of revalidation needs to be fully resourced and properly funded so that registrants are supported to fulfil their responsibility to revalidate and there is a minimum undue cost or burden whilst ensuring patient safety at all times."

- RCN supports calls for a more transparent complaints system for patients.

Published: 28 October 2013
The Royal College of Nursing (RCN) today pledged to help promote a more open, accessible and timely feedback system by producing guidance for nursing staff to help them deal with complaints sensitively and thoroughly.

The RCN made the pledge as part of an independent report chaired by Rt. Hon Ann Clwyd MP and Professor Tricia Hart into the way the NHS handles complaints.

Reacting to the publication of the report, Dr Peter Carter, Chief Executive and General Secretary of the RCN said: "When things go wrong in the NHS it can have a traumatic impact on patients and their families during an already difficult time. This is why it is so important that patients and their relatives feel confident that if something goes wrong there is an open and robust system to hear their concerns, apologise and always learn from mistakes."

Dr Carter emphasised the importance of culture in health care organizations, adding: "Managers have a responsibility to show leadership in creating an environment where complaints are regarded as a valuable tool to address poor practice and make changes."

Dr Carter called on everyone in the health service to act on the lessons of the report, saying: "One instance of poor care is one instance too many, and everyone from the highest levels of management to frontline staff must now act to create a culture where staff, patients and relatives do not feel helpless when things go wrong."

An event, held on 28 November 2013, hosted by the Royal College of General Practitioners (RCGP) Foundation, Committee of General Practice Education Directors (COGPED) and Health Education Wessex aimed to bring together representatives from Health Education England (HEE), NHS England, the Department of Health (DH), the RCGP, COGPED and the Queen's Nursing Institute (QNI) as well as members from the 13 Local Education and Training Boards (LETBs) in England.

They debated the future of the GP practice nursing workforce in England with the view to developing a roadmap with recommendations to sustain the level of general practice teams for the future.

The key recommendations from the event were:

- To develop national and regional leadership for practice nurses.
- To develop a national practice nurse education network
- To work with the National Community Nursing Strategy Project to develop a career pathway.
- To increase pre-registration placements in GP.
- To develop national education standards.
- To develop a GP style VTS programme - based on the RCGP Practice Nurse Competency Framework.

The next step would be to submit a full paper to the Community Nursing Strategy Project Board meeting at the end of January 2014.

The Practice Nurse Competency Framework helps to support all the above recommendations.

During the project lifecycle, there was some evidence and realisation of GP practice engagement with the Practice Nurse Project Team, however, further work is needed to make the necessary steps towards transformational change across GP practices in Derby City and Derbyshire County. This could be realised with further investment and resources and supporting the Practice Nurse Project Team to maintain is position in helping to support Practice Nurse training, education and professional development.

RISKS AND SUMMARY

In the early 1990's Practice Nurses were very well supported by the Family Health Service Authority (FHSA) with training and study days, most free of charge or a small cost to GP practice. A Senior Practice Nurse from Derbyshire argues this is the key reason why we have so many well qualified Practice Nurses today. However, a high proportion of these Practice Nurses are now looking to retirement at 60 years of age, or have already retired. Other Practice Nurses are saying they are considering resigning from their positions and becoming Locum Practice Nurses, as pay and conditions are much more attractive than been employed by GPs. Others may even consider returning to the acute/hospital sector, as working in GP practices is becoming less and less attractive compared to their peers working in hospitals to include terms and conditions of employment, salary and lack of support for professional development.

The findings of the project survey indicated that 38% of Practices Nurses are between the ages of 50-59 years of age with a further 41% between the ages of 40-49 years**. Leaving just 20% of the Practice Nurse workforce under the age of 40. GP practices need to plan now, to ensure they have a nursing workforce fit for purpose and to meet the current and future needs of service provision.**

Many Practices Nurses started their career in the acute/hospital sector and moved into GP practices because of their family friendly working hours e.g. no shifts, weekend working and early and late days. Commissioners and GP practices should be aware that the 8 to 8 – 7 day working may encourage more Practice Nurses to consider working back in the acute/hospital sector, if the GP practice fails to recognise the Practice Nurse as one of their key assets and supports their professional development accordingly, with reward of good terms and conditions of employment.

GP Practices are now regulated by the Care Quality Commission (CQC) and the GP practice must demonstrate compliance with regulated activities and outcomes. In the near future CQC Inspectors will be looking at asking the following questions about services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

The Practice Nurse appraisal and the use of the PNCF© and the CPD should be seen as a fundamental process in supporting Practice Nurse professional development, which in turn should help support the GP practice in demonstrating compliance with CQC and assuring commissioners and patients of the quality services and care delivered in GP practices. It may also assist with the Practice Nurse revalidation process, if and when it is implemented.

The Practice Nurse Project Team support the vision of transformational change, that all Practice Nurses across Derby City and Derbyshire County to have ***equitable and fair access to quality training with clearly defined standards and competencies. The outcome being improved patient care and experience and the delivery of safe quality services.***

It is time to focus on supporting the professional development one of the most important roles in the GP practice – The role of the PRACTICE NURSE.

LESSONS LEARNT

- Defining the responsibilities of the Practice Nurse role is difficult as it is so varied in GP practices.

- It is challenging to define the different levels of Practice Nurse competencies, as many Practice Nurses work at different levels.

- It is recognised that GP practices operate as independent contractors and there is no evidence that the Practice Nurse appraisal system currently used is sophisticated enough to provide aggregated training needs analysis across Derby City and Derbyshire County.

- There is strong evidence that GP Practices have not traditionally shared their Practice Nurse training needs with any other organisation, but there is strong evidence (from the project surveys and the stakeholder events) that they are open to share information.

- There is minimal evidence from the findings of the two Practice Nurse Appraisal Surveys, the six Practice Nurse appraisal examples and the comments captured at the five Practice Nurse Stakeholder Events, that the current Practice Nurse appraisal system, used in the majority of GP practices, is effective in identifying competencies.

- There is evidence from both the findings of the Practice Nurse Appraisal Survey and comments captured at the Practice Nurse Stakeholder Events that some GP Practice Nurses felt that their current Practice Nurse appraisal helped them identify effectively their own Practice Nurse competencies. However, there was no evidence to suggest they were using the RCGP Practice Nurse Competency Framework, 2012.

- There is strong evidence where training is classified as mandatory or statutory e.g. cervical screening; cardiac pulmonary resuscitation (CPR) and Information governance (IG) 100% of Practice Nurses indicated that they felt competent.

- There is evidence from the Practice Nurse Stakeholder Events that the majority of Practice Managers and Practice Nurses had no previous knowledge of the RCGP Practice Nurse Competency Framework, 2012. The ones who did felt it was an unworkable framework.

- Evidence from the General Practice Nurse Appraisal Literature Review suggests that:

  - Within the National Health Service (NHS) in the United Kingdom, there are a number of differing appraisal systems used across a number of professions and settings.

  - The Care Quality Commission (CQC) is charged with ensuring that standards of service are maintained throughout the NHS to include annual appraisals. Despite the requirement of the CQC for annual appraisals there is currently no standardised appraisal process for use throughout the UK.

  - Research from Hippisley-Cox and Vinogradova (2009), has suggested that in some parts of the UK a third of all consultations are carried out by Practice Nurses. The importance of proper appraisal increases with an increase in responsibility, and with the increasing demands on the health service year on year, the prominence of the Practice Nurse role in front line healthcare is likely to increase further.

  - A health service must adapt to the constantly evolving health needs of the population. The author discusses the advantages of a proper appraisal process within the framework of staff development as well as job satisfaction,

and refers to appraisal as a tool to assist healthcare staff increase or improve knowledge. Limitations to the process are lack of clarity in the goal or procedure of the process leading to dissatisfaction in the outcomes.

- A robust appraisal process is important for a number of reasons, the primary one being to maintain or improve standards of care. A number of research projects have demonstrated strong associations between the level of nursing care provided and patient outcomes mainly due to the importance of medical decisions made by nurses in their front-line role. Appraisal is also an important tool for quantifying progression from one year to the next, as well as planning future development goals.

- Current proposals put forward by the NMC could make it mandatory for nurses to be "revalidated" annually, with their appraisal mapping directly on the KSF tool (NMC 2013). Despite this marriage between the two systems, it is noted in the literature review that one of the biggest problems to the process (as seen by nurses) is the lack of follow up regarding professional development plans and training opportunities, leading to a disenchantment with the appraisal process.

- The Royal College of Nursing (RCN) highlights the importance of Professional Development Plans (PDP) on its website, noting that; "*The aim is that all staff should have clear and consistent development objectives.*"

- Many Practice Nurses identified their training needs in their appraisal but there is minimal evidence that this was linked to any type of competency framework.

- Many Practice Nurses use their job descriptions as the baseline to identify training needs.

- A number of Practice Nurses work in isolation with minimal workforce structures and peer support.

- Out of the six GP practices that emailed a copy of their Practice Nurse appraisal template to the Project Lead/Manager, only one was linked to a Practice Nurse Competency Framework and this framework was limited to only a few clinical subject areas.

PROJECT CLOSURE

The Practice Nurse Project achieved its objectives on time, on budget and all deliverables are presented in this report that meet quality criteria to support Phase 2 of the Practice Nurse Project.

The author of this report is: Mrs Lisa Soultana

The Practice Nurse Project was closed on the 14th February 2014.

If you need further information about this project contact:

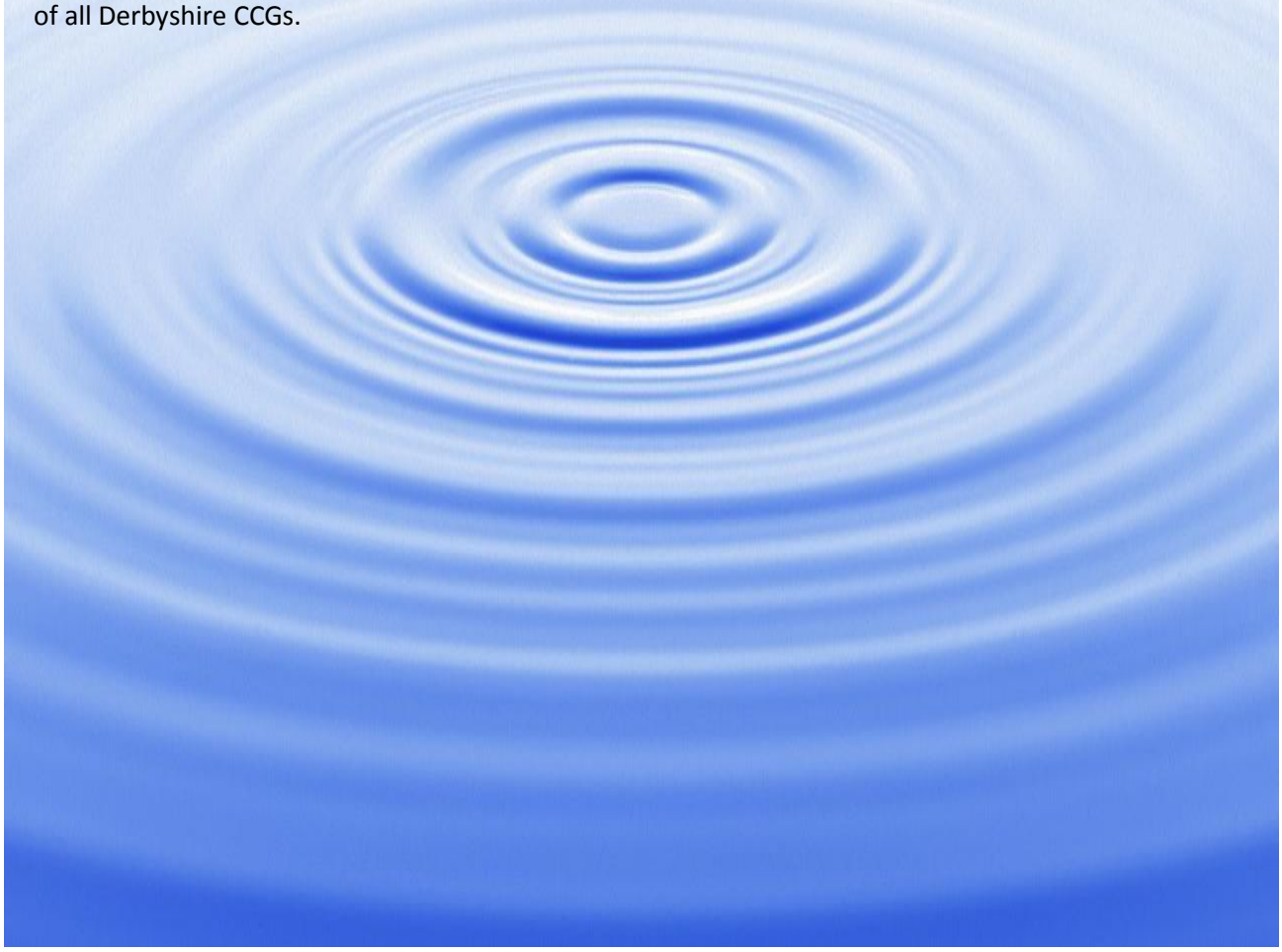
Mrs Lisa Soultana, Project Lead/Manager at:

lisa.soultana@derbyshirelmc.nhs.uk or 01332 210008.

Derby and Derbyshire Local Medical Committee (LMC) Services Ltd was commissioned by Health Education East Midlands Workforce Team (Derbyshire) on behalf of the Derbyshire Local Education Training Council (LETC) to help scope Practice Nurse development in Derby City and Derbyshire County.

Derby and Derbyshire Local Medical Committee (LMC) Services Ltd is registered in England as a company limited by guarantee. Company Reg. No. 8719490. Registered office: Norman House, Friar Gate, Derby DE1 1NU. A list of Directors is available from this address.

This project was supported by North Derbyshire CCG as part of the Steering Group working on behalf of all Derbyshire CCGs.



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End of Life – www.gov.uk – making a difference in dementia nursing vision and strategy

Acknowledgment to the RCN competency frameworks, NICE guidance and the Department of Health publications and guidance.

APPENDICES

APPENDIX 1:

The Practice Nurse Competency Framework (PNCF©).

APPENDIX 2:

The Practice Nurse Competency Development Plan (CDP).

APPENDIX 3:

A General Practice Nurse Appraisal: A Literature Review.

The Practice Nurse Competency Framework

If you need further information about the Practice Nurse Competency Framework (PNCF©) and the Competency Development Plan contact:

Mrs Lisa Soultana, Project Lead at:

lisa.soultana@derbyshirelmc.nhs.uk or 01332 210008.

Derby and Derbyshire Local Medical Committee (LMC) Services Ltd was commissioned to deliver the project by Health Education East Midlands (Derbyshire Workforce team), to help scope Practice Nurse development in Derby City and Derbyshire County.

Introduction

The Practice Nurse Competency Framework (PNCF©) is a guidance tool and resource for Practice Nurses.

It has been designed by the Practice Nurse Project Team, which involved experienced Practice Nurses, and a General Practice advisor with a wealth of experience in managing and leading GP practices. It has been critically reviewed by experts who have a background in Practice Nursing, General Practice, Academia and GP practice services.

It is recognised by the Practice Nurse Project Team that certain content of the PNCF© may need further refinement.

It is important to ensure systems are put in place to update the PNCF© on a systematic rolling basis – at least every 6 months for quality purposes.

Benefits of using the PNCF©:

- User friendly and understandable.
- Offers benchmarking possibilities.
- Facilitates the appraisal process.
- Supports continuing professional development.
- Aligns with the service needs of the GP practice populations.
- Guides Practice Nurses on a career pathway.
- Develops staff to ensure quality and safety in the care they provide.
- A greater understanding of the Practice Nurse role, skills and competencies.
- Structure to aid recruitment, retention and identify the training needs of the clinical workforce.
- Supports compliance with the Care Quality Commission (CQC).
- Helps to address the 6Cs principle values: Care, Compassion, Communication, Competence, Commitment and Courage.

Core and three levels:

The core competencies are deemed to be essential for all Practice Nurses. The remaining competencies have been divided into three levels to help guide the Practice Nurse. The Practice Nurse will not have to be competent in all subjects, just the core level. It should be recognised for some Practice Nurses to be operating at Level 3 in asthma and Level 1 in diabetes, or working towards a level. It is recognised that no Practice Nurse will be working at all the levels.

How should Practice Nurses use the PNCF©?

The PNCF© is a resource to help Practice Nurses identify where they are now and where they may want to be, even if this means remaining at the same level.

The PNCF© should be used to help support self-assessment and professional development, it should not be used as a performance management tool.

The PNCF© is designed to be used in conjunction with the Practice Nurse Competency Development Plan (CDP) (linked to the end of the PNCF©) when undertaking the Practice Nurse annual appraisal or at another stage as appropriate.

The Practice Nurse and or Manager should support the process of undertaking an exploratory exercise to identify at which level of competency the Practice Nurse is working at or aiming towards evidencing competency – e.g. if it is decided to work towards Level 1, steps have to be undertaken to tick off (a tick box is provided) all the specified competencies indicated in this level, to include associated evidence, which should be saved as appropriate. It is assumed if a Practice Nurse and/or Manager decides they are working at Level 3, a Practice Nurse should evidence working at both Levels 1 and 2.

Training, education and professional development:

It is recognised that the Practice Nurse may have to undertake training to satisfy and help to evidence the competencies set out in each level and in the core areas. This training may involve the following approaches:

- Accredited training, where stipulated to provide a service.
- Training course, provided by an external training provider.
- Training provided in house (GP practice) by a GP, nurse and or any other colleague with expert knowledge.
- Structured on-the-job training.
- Access to educational websites.
- Access to web training and e-learning resources.
- Self-directed learning, through e.g. reading journals, manuals, books and other publications.
- Reflective learning, through e.g. diary, log or journal.
- Attendance at local Practice Nurse forums, conferences, meetings and events.

Care Quality Commission:

As part of the Care Quality Commission (CQC) registration process GP practices have to comply with the:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2012 and the Care Quality Commission (Registration) Regulations 2009.

A GP practice needs to establish compliance by preparing evidence to support the outcomes. The PNCF© will help GP practices comply with CQC regulations and outcomes (not exclusive):

Outcome 12 Requirements relating to workers; people are kept safe, and their health and welfare needs are met, *by staff who are fit for the job and have the right qualifications, skills and experience.*

Outcome 14 Supporting workers; people are kept safe, and their health and welfare needs are met, because *staff are competent to carry out their work and are properly trained, supervised and appraised.*

Revalidation:

The PNCF© may also help the Practice Nurse and GP practice with nurse revalidation criteria, as and when it has been established.

The PNCF© may also be used to:

- Support Practice Managers and or Nursing Managers in workforce planning and preparing role requirements, job descriptions and preparing questions for interview.

- Support job evaluation and pay review/negotiations.

- Inform commissioners of the baseline competencies for Practice Nurses.

- Assist Clinical Commissioning Groups (CCGs) and NHS Area Teams with quality markers.

- Assist the NHS Area Team to underpin the development and review of services.

- Inform the commissioning process and the development and delivery of education and training for Practice Nurses.

- Inform the Local Educational Training Board (LETB) and the Local Educational Council (LETC) about the training required to assist Practice Nurses with achieving competencies and supporting any Practice Nurse choice of progressing to other levels.

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Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Accountability	☐ Hold a valid NMC registration and be aware of and act upon the registration requirements. ☐ Adhere to the NMC code of professional conduct and standards. ☐ Work within the scope of own professional competence, refer and seek support as required. ☐ Identify the Practice Nurse personal and professional boundaries and work within those boundaries. ☐ Be aware of the legal and professional issues pertinent to working as a GP Practice Nurse. ☐ Be aware of the Practice Nurse responsibilities and comply with CQC regulations and outcomes (where appropriate) to meet quality standards and outcomes. ☐ Recognise and promote the wider remit of the Practice Nurse. ☐ Apply clinical governance principles and follow local policies and procedures. ☐ Recognise and understand the roles of individuals working within the Primary Health Care Team and understand how the roles of the practitioners and agencies interface with the Practice Nurse role. ☐ Be aware of the legal and professional issues in relation to accountability and delegation. ☐ Monitor the quality of work within the designated responsibility and alert others to quality issues. ☐ Be aware of the legal and professional issues in relation to consent and capacity (adults and children). ☐ Understand the law related to duty of care and vicarious liability. ☐ Recognise signs and symptoms which may indicate the presence of serious medical conditions (red flags) and take appropriate action. ☐ Keep up dated and aware of relevant nursing issues. ☐ Undertake continuing professional development to achieve the skills and competencies to carry out the role of a Practice Nurse. ☐ Reflect on own performance and level of skills, identifying strengths and areas for development. ☐ Use critical appraisal and self-assessment to identify professional development needs, and develop and agree realistic, appropriate professional development plans. ☐ Understand the nature and hierarchy of medical evidence http://www.patient.co.uk/doctor/Different-Levels-of-Evidence

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Anticoagulation	☐ Have a basic understanding of anticoagulation therapy and the role of warfarin. ☐ Observe anticoagulation clinics.	☐ Have undertaken a recognised training programme and been assessed as competent. ☐ Clinically manage patients, respecting and adhering to local enhanced services and national policies. ☐ Take capillary and venous blood samples and demonstrate good finger-prick technique. ☐ Use a coagulometer correctly. ☐ Use computerised decision support software (cdss). ☐ Provide patients with advice, information and educational materials to aid their understanding of all aspects of their medication. ☐ Discuss patients with the anticoagulation team should any concerns arise. ☐ Maintain up to date clinical knowledge of anticoagulation therapy. ☐ Understand clinical signs in patients taking warfarin that indicate the need for medical - specialist referral/advice. ☐ Initiate warfarin following GP referral, informing patients of their detailed anticoagulation management plan. ☐ Provide support to clinicians within the team who have commenced anticoagulation training. ☐ Provide ongoing peer assessment, support and mentorship to members of the anticoagulation team as required by the local enhanced service or any other commissioned service. ☐ Facilitate and encourage the spread of good practice within primary care. ☐ Be aware of the emerging new oral anticoagulation therapies.	☐ Manage patients with more complex needs. ☐ Be the clinical lead, responsible for ensuring that the service is delivered in accordance with the specification and any other guidelines issued by the Clinical Commissioning Group (CCG). ☐ Ensure that a quality assured service is provided. ☐ Take responsibility for organising regular anticoagulation team meetings to include clinical supervision and information updates. ☐ Undertake further training to assess clinicians undertaking appropriate training outside their CCG. ☐ Contribute to patient education both on an individual or wider basis e.g. through links with patient groups in the locality. ☐ Organise events for patients to attend for further information/support. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Appraisal of others	☐ Be aware of the aims of the appraisal process with regard to the practice nurses development of a Professional Development Plan (PDP), and the practice's aims for the appraisal. ☐ Be fully informed regarding the practice priorities for the coming year. ☐ Have prepared themselves for the appraisal process by ensuring they are fully informed regarding the appraisee, their role within the practice, any achievements from the previous year's appraisal and PDP and outstanding aims from the previous appraisal. ☐ Ensure the appraisee has been given adequate notice of the appraisal to allow for preparation for the appraisal. ☐ Ensure the appraisee has been given the agreed practice pro forma for preparation for appraisal. ☐ Be familiar with research on appraisal and the potential benefits of appraisal for nurses and the whole practice team and for its effect on patient care. ☐ Be familiar with the appraisal documentation used within the Practice and their responsibilities for completion of documentation.	☐ Be adequately prepared to carry out appraisals. ☐ Be aware of the appraisee's own strengths and weaknesses and what they bring to the appraisal process. ☐ Have acted on feedback received following previous appraisals they have carried out. ☐ Be ready to assist the appraisee to prepare themselves for the appraisal. ☐ Be competent in documenting the appraisal and give feedback to both the appraisee and the Practice Manager. ☐ Ensure the appraisee produces a realistic PDP as a consequence of the appraisal. ☐ Facilitate any training plans that have been agreed. ☐ Offer interim review of plans made at an appropriate time.	☐ Provide clinical supervision for appraisers and appraisees. ☐ Audit the outcomes from appraisal. ☐ Have an overview of appraisal for the whole practice team and support the appraisee and appraisers within the practice. ☐ Give constructive feedback.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Asthma	☐ Demonstrate a basic working knowledge of pathophysiology of asthma. ☐ Understand signs and symptoms including causes and triggers of asthma to recognise opportunistically within patient population. ☐ Be aware of local and national guidance on asthma. ☐ Understand basic principles of care of a person with asthma. ☐ Understand diagnostic criteria and assist in diagnosis using appropriate testing in line with local/national guidelines: PEF monitoring/Spirometry. ☐ Be aware of complications of asthma, awareness of multidisciplinary support and referral onwards. ☐ Recognise signs and symptoms of exacerbations. ☐ Deliver primary prevention: advise/support/smoking cessation/vaccination as appropriate and maintaining healthy lungs.	☐ Use appropriate diagnostic methods and make asthma diagnosis in liaison with GP. ☐ Conduct annual reviews. ☐ Independently plan, implement, monitor and review individualised care management plans. ☐ Manage and adjust asthma treatment in line with local/national guidelines. ☐ Provide self-management plans and psychological support to patients and families. ☐ Work with vulnerable groups to help devise action plans and provide support. ☐ Initiate, equip and provide asthma clinics, and deliver opportunistic care. ☐ Understand non pharmacological and pharmacological approaches to treatment. ☐ Support patients in self-management and adherence/compliance with therapy. ☐ Liaise with secondary care specialists as appropriate and support patients following hospitalisation. ☐ Ensure appropriate referral to multidisciplinary team. ☐ Demonstrate inhaler technique and devices. ☐ Implement and support emergency care in line with local/national guidelines.	☐ Manage patients with more complex needs. ☐ Work independently to make clinical judgements and decisions. ☐ Independently diagnose asthma in line with local/national guidelines. ☐ Use holistic approach to check compliance and adherence, treatment and identify barriers. ☐ Directly refer to other specialists/investigations. ☐ Provide advice, education, mentoring and support to other clinicians. ☐ Take the lead in managing programmes of care (planning, providing and evaluating care) within the practice. ☐ Manage asthma register and ensure systems in place to meet QOF/NICE guidelines. ☐ Provide diagnostic health screening, surveillance and therapeutic interventions within a broader health promotion/public health context. ☐ Ensure practice working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Audit, review and research	☐ Have an understanding of the ethical issues and the importance of clinical audit that impinge on General Practice and the requirements of information governance. ☐ Contribute to audit of own and others practice. Participate in on-going review of team effectiveness and quality of service provision.	☐ Initiate and implement plans for nursing quality assurance and audit in line with clinical and information governance practice requirements. ☐ Disseminate and communicate audit findings. ☐ Have an understanding of research principles and practice.	☐ Develop a strategy for assurance and audit of nursing services in the practice in conjunction with the partners. ☐ Support Practice Nurse colleagues with reviewing audit and recommendations. ☐ Implement outcomes. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education. ☐ Active engagement in research projects to enhance patient care/working practices. ☐ Disseminate research findings to colleagues across the sector, as appropriate.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Cancer	☐ Any suspicion of cancer, urgent referral to GP.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Cardiovascular disease	☐ Identify and advise patients on the risk factors associated with cardiovascular disease (CVD) and peripheral vascular disease (PVD). ☐ Understand and advise patients on the basic management of hypertension, angina, myocardial infarction and cerebro-vascular accident. ☐ Be capable of discussing lifestyle choices such as diet, exercise and smoking. ☐ Refer to relevant health care professionals such as smoking cessation, exercise for health and dietician where appropriate. ☐ Discuss with and refer to the primary care team where further advice/support is required.	☐ Be capable of providing a comprehensive risk assessment for primary prevention of CVD. ☐ Provide an organised programme of care for individuals in the secondary prevention of cardiovascular disease in line with local and national policies. ☐ Educate patients and carers in the lifestyle management of CVD and PVD to avoid further deterioration. ☐ Monitor this patient group through regular reviews including diet, exercise, smoking, BP and medication compliance. ☐ Recall and monitor as per protocols. ☐ Recognise any signs of deterioration of these conditions and refer accordingly.	☐ Manage patients with more complex needs. ☐ Manage and adjust medication according to prescribing guidelines (if nurse prescriber) and refer appropriately to specialist services where required. ☐ Support clinicians in the management of this group, contributing to the maintenance of the CVD, PVD register. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Cervical screening	☐ Have an understanding of the rationale behind cervical cytology and HPV screening, and is able to explain this to patients. ☐ Be aware of the cervical screening call and recall system. ☐ Be able to prepare the patient, equipment and environment. ☐ Prepare to undertake or be undertaking an accredited NHSCSP course for cervical sampling.	☐ Have successfully completed an accredited NHSCSP course for taking cervical sampling. ☐ Demonstrate: ○ Sampling of the transformation zone; ○ Fixing of samples; ○ Audit of own results, including adequacy rate. ☐ Demonstrate autonomous management of the consultation including history taking, record keeping and explanation of the procedure for obtaining results. ☐ Recognise abnormalities of the cervix and refer on to others if needed. ☐ Ensure adequate systems and protocols are in place for follow up and failsafe.	☐ Manage patients with more complex needs. ☐ Advise the patient re abnormal results and refer on to others as appropriate. ☐ Undertake more complex vaginal/pelvic examinations and refer on to others as appropriate. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Chronic kidney disease (CKD)	☐ Have a basic understanding of Chronic Kidney Disease (CKD). ☐ Be aware of the NICE guidance on CKD. ☐ Be aware of guidance regarding flu and pneumonia vaccine for patients with CKD. ☐ Administer flu and pneumococcal vaccine and other vaccines as appropriate to patients with CKD. ☐ Carry out CVD risk assessment as appropriate.	☐ Be aware of the risk factors for CKD. ☐ Be aware of the different Levels of CKD. ☐ Be aware of the importance of good blood pressure control in CKD and refer on as appropriate where BP control less than satisfactory. ☐ Ensure the need for regular U and E at least 6 monthly and at least annual urine albumin: creatinine or protein: creatinine ratio testing. ☐ Discuss with patients the importance of appropriate medications and any contraindications. ☐ Be aware of the need for regular testing of U&E, ACR and PCR.	☐ Manage patients with more complex needs. ☐ Ensure patients are on appropriate medications unless contraindicated. ☐ Implement annual and 6 monthly reviews for patients with CKD. ☐ Implement best practice in treating CKD including use of ACE-I or ARB. ☐ Refer on as appropriate where condition is deteriorating or medication not optimised. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Clinical guidelines, protocols, directions and directives	Have an understanding of the following and how these are communicated and implemented within the work place: ☐ Current national policies ☐ National standards ☐ NICE guidelines ☐ Local GP practice protocols ☐ Patient group directions ☐ Patient specific directives ☐ Other local and national policies that impact on the Practice Nurse role

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Communication with teams	☐ Work effectively within the GP practice team and support structures that are in place for the efficient, effective, smooth and safe running of the GP practice. ☐ Delegate clearly and appropriately including assessment of clinical risk and application of the principles that underpin delegation to unregulated health care support workers. ☐ Communicate effectively with other disciplines and partner organisations to enhance patient care. ☐ Communicate if task delegated is beyond the Practice Nurse competencies.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Consultation	☐ Understand the importance of good communication with patients during consultation. ☐ Prepare for the consultation by familiarising his/ herself with the planned reason for the patient consultation and prepare appropriately e.g. be prepared with necessary equipment to do a dressing, take blood pressure etc. ☐ Recognise the importance of establishing the relationship as the consultation starts and discovering or confirming the reason for the consultation. ☐ Take an accurate history and perform an appropriate examination using verbal and physical assessment skills. ☐ Agree a treatment plan with the patient and appropriate follow up. ☐ Safety net ensuring the patient is aware of any untoward signs and when to seek further nursing or medical help. ☐ Make an accurate record of the consultation including all key elements using the practice IT system appropriately to ensure contemporaneous records are readily accessible and legible. ☐ Seek to time manage the consultation. ☐ Reflect on consultations regularly to learn from and develop consultation skills. ☐ Have knowledge of when an interpreter is required and how obtain and use the appropriate service effectively.	☐ Have the skills to establish a good rapport with all patients. ☐ Recognise how personal and patient health beliefs affect the consultation. ☐ Be skilled in consulting with the wider practice population including patients from minority groups. ☐ Use appropriate consultation and education techniques to educate patients regarding their chronic disease and agree self-management plans. ☐ Develop consultation skills sufficiently to facilitate good time management of consultations.	☐ Review and assess junior nurse's consultations. ☐ Manage complex and or challenging presentations. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Contraception and sexual health	☐ Provide information and undertake initial assessment regarding client's contraceptive needs. ☐ Perform pill checks for patients who are established pill users in line with practice and local policies. ☐ Administer injectable contraception in line with local policy, using Patient Group Directive (PGD)/prescribing. ☐ Teach correct condom use. ☐ Offer advice regarding screening for STIs, including local policies for Chlamydia screening. ☐ Offer advice regarding local agencies that can advise on unwanted pregnancies. ☐ Signpost to other services e.g. specialist sexual health services.	☐ Provide emergency contraception under a PGD or as a prescriber. ☐ Assess and teach oral contraceptive use to patients using this method for the first time, providing the contraceptive pill by prescribing or under a Patient Group Directive (PGD). ☐ Provide coil checks. ☐ Undertake pregnancy testing and provide advice and referral to GP for unwanted pregnancies. ☐ Advise on male and female sterilisation.	☐ Provide a full range of contraceptive services. ☐ Independently fit, and/or remove LARC or coils. ☐ Manage patients with more complex needs such as epilepsy and learning disability. ☐ Use referral pathways for those patients requesting sterilisation. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Contracts, regulations, Care Quality Commission (CQC) regulations and outcomes, Quality Outcomes Framework (QOF) and service redesign.	☐ Learn, develop and contribute to the efficient working of the Nursing Team to meet quality, safety and performance requirements. ☐ Understand and contribute to the contractual requirements of General Practice i.e. to meet General Medical Services contract (GMS) or the Personal Medical Services contract (PMS), Enhanced and locally commissioned services contracts and QOF. ☐ Take responsibility for some of the requirements of GMS or PMS, QOF and enhanced and locally commissioned services. ☐ Understand and comply with CQC regulations and outcomes. ☐ Work within the support structures and procedures that are in place for the smooth running of the practice. ☐ Recognise strengths in others and work with them to make a difference to the service provided.	☐ Take more senior responsibility for some of the requirements of contractual requirements. ☐ Take a lead on CQC outcomes, helping the GP practice establish evidence and maintain compliance with regulations and outcomes. ☐ Implement programmes to meet the contractual requirements of the practice and other national programmes/care requirements. ☐ Advise on and contribute to the development, and review of procedures that assure cost effective nursing and other services. ☐ Take positive action to make agreed changes to improve services to patients. ☐ Seek support from colleagues or Manager as required. ☐ Support the clinical governance requirements of the General Medical Services contract (GMS) or the Personal Medical Services contract (PMS) contract and professional bodies that impinge on nursing. ☐ Contribute to the development of new practices and changes in service delivery and discuss and agree how these might be taken forward.	☐ Identify elements and lead members of the Practice Team to meet relevant General Medical Services contract (GMS) or the Personal Medical Services contract (PMS) requirements and enhanced locally commissioned services. ☐ Take responsibility for ensuring the Nursing Team delivers the GP practice goals set against the practice profile and disease prevalence. ☐ Lead on nursing related practice development initiatives and give guidance on nursing perspectives. ☐ Identify the need and establish evidence to support service development. ☐ Consider the quality, effectiveness and efficiency of the service provision in relation to the impact on patient services. ☐ Lead on development of local protocols and practices to meet contract and regulatory requirements.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
COPD	☐ Deliver primary prevention: advice/support smoking cessation/vaccination as appropriate and maintaining healthy lungs. ☐ Demonstrate a basic working knowledge of pathophysiology of COPD. ☐ Understand signs and symptoms including causes and exacerbations of COPD to recognise opportunistically within patient population. ☐ Be aware of local and national guidance on COPD. ☐ Understand basic principles of care of a person with COPD. ☐ Use O2 sats monitor and understand results. ☐ Demonstrate inhaler technique and devices. ☐ Understand non pharmacological and pharmacological approaches to treatment. ☐ Be aware of the social and psychological impact of COPD ☐ Recognise signs and symptoms of exacerbations and refer where appropriate.	☐ Understand diagnostic criteria and assist in diagnosis of COPD using spirometry. ☐ Support monitor and review progress and management. ☐ Support patients in self-management and adherence/compliance with therapy. ☐ Use appropriate diagnostic methods have awareness of differential diagnosis and make COPD diagnosis in liaison with GP. ☐ Conduct annual reviews on stable patients with COPD. ☐ Review spirometry findings and perform assessments. For example CAT or BODE ☐ Plan, implement, monitor and review individualised care management plans. ☐ Advise and alter medication as required. ☐ Provide instruction and education on recognising signs of exacerbation and use of rescue packs. Implement and support rescue care in line with local/national guidelines. ☐ Provide self-management plans and psychological support to patients and families especially in recognising depression. ☐ Refer to pulmonary rehabilitation, benefits advice as appropriate. ☐ Liaise with secondary care specialists as appropriate and support patients following hospitalisation. ☐ Ensure appropriate referral to multidisciplinary team. ☐ Initiate, equip and provide COPD clinics and deliver opportunistic care. ☐ Maintain a disease register.	☐ Manage patients with more complex needs. ☐ Work independently to make clinical judgements and decisions. ☐ Independently diagnose COPD in line with local/national guidelines. ☐ Be proficient in interpreting spirometry findings. ☐ Manage and adjust treatment in line with local/national guidelines. ☐ Use holistic approach to check compliance and adherence, to treatment, identify barriers and support adherence. ☐ Directly refer to other specialists/investigations. ☐ Take the lead in managing programmes of care (planning, providing and evaluating care) within the practice. ☐ Manage COPD register and ensure systems in place to meet QOF/NICE guidelines. ☐ Ensure effective call and recall in place. ☐ Provide diagnostic health screening, surveillance and therapeutic interventions within a broader health promotion/public health context. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Data protection, confidentiality, information governance , record keeping and the law	☐ Be aware of the legal and professional issues and legislation, regulations and local policies and procedures in relation to the following: ○ Data protection ○ Access to health records ○ Confidentiality ○ Information governance ○ Clinical governance ☐ Record, review and process data and information, in line with practice policies and NMC guidelines. ☐ Use accurate read codes about patients and appropriate and accurate free text, in order to ensure easy and accurate access to medical records and to carry out appropriate audit. ☐ Use a computer and manage files and medical records according to GP practice policies and procedures. ☐ Access and send emails including attachments safely. ☐ Have basic knowledge of Microsoft word package. ☐ Manage information searches using the internet and local library databases. ☐ Support the clinical governance requirements of the GP practice.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Dementia	☐ Have an understanding of dementia, and how it affects individuals and those close to them. ☐ Understand the Mental Capacity Act and how it may affect clinical practice. ☐ Recognise when a patient may have some cognitive impairment that may affect their ability to consent to care and treatment. ☐ Be aware of any safeguarding issues, and know how to use the local procedures. ☐ Be aware of resources that are available to support those with dementia such as 'This is me' from the Alzheimer's Society.	☐ Undertake a holistic assessment of a patient with dementia, including memory testing using a validated tool such as GPCOG / MOCA. ☐ Liaise with and referral to social services as applicable.	☐ Manage patients with more complex needs. ☐ Be involved in the diagnostic process of dementia care including: ordering/undertaking blood tests to exclude other possible diagnoses. ☐ Undertake initial and subsequent memory testing according to local policies. ☐ Work jointly with GP/CPN at the point of diagnosis to ensure prescribed medications are understood and adhered to, and support mechanisms are in place for the patient and their families/carers. ☐ Undertake a medication review to ensure all medicines are suitable. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

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Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Depression	☐ Be confident to recognise and make a basic assessment and enquire re signs and symptoms of depression. ☐ Use the PHQ 9 depression questionnaire or similar tool where relevant. ☐ Know where to refer patients and make a timely and appropriate referral. ☐ Be aware of the availability of self-referral for counselling i.e. IAPT.	☐ Be aware of risk factors for depression. ☐ Be aware of red flags - suicidal ideation and when patient needs to be seen urgently. ☐ Refer patients on to GP or Nurse Practitioner.	☐ Manage patients with more complex needs. ☐ Be able to build a rapport with patients which enables honest discussion about mood and emotions and to acknowledge the physical manifestation of depression. ☐ Know when to refer on to appropriate person for diagnosis and treatment of depression. ☐ Have a basic knowledge of antidepressant medication and the need for regular GP review. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Diabetes	☐ Be aware of the difference between Type 1 and Type 2 diabetes. ☐ Assess and advise those at risk of type 2 diabetes with regard to lifestyle changes, including, exercise programmes and dietary changes. ☐ Demonstrate knowledge of the available tests for the diagnosis of type 2 diabetes and make appropriate referrals. ☐ Know the local/national guidelines for care of patients with diabetes. ☐ Provide education and support to patients newly diagnosed with diabetes including referral to education programmes as appropriate. ☐ Refer to dietetics and weight management programmes as appropriate. ☐ Perform and interpret the results of blood and/or urine monitoring. ☐ Be competent in use of blood glucose management (BGM). ☐ Support patients in BGM and recognise when BGM is appropriate. ☐ Ensure people with diabetes understand how to take medications, its side-effects and when to report them. ☐ Demonstrate knowledge of the types of oral and hyperglycaemic agents and how they work. ☐ Recognise that the progressive nature of type 2 diabetes may require changes in medication over time.	☐ Assess and manage all aspects of diabetes: including hyper/hypoglycaemia, hypercholesterolemia, hypertension and microalbuminuria. ☐ Use results to optimise treatment interventions according to local and national evidence-based practice, and initiate further tests as appropriate. ☐ Recognise when treatment needs to be adjusted. ☐ Adjust treatment in line with local national guidelines. ☐ Demonstrate a broad knowledge of third and fourth line therapies including GLP-1 receptor agonists. ☐ Describe circumstances in which insulin use might be initiated or altered and make appropriate referral. ☐ Demonstrate awareness of issues related to polypharmacy and drug interactions (e.g. steroids). ☐ Ensure appropriate educational materials for patients and staff. ☐ Provide information and support to encourage the person with diabetes to make informed choices about controlling and monitoring their diabetes, including: choice of treatment and follow-up; risk reduction; monitoring control; and complications. ☐ Facilitate the development of an agreed care plan.	☐ Manage patients with more complex needs. ☐ Provide expertise in the development of management plans for people with complex diabetes and/or co morbidities. ☐ Demonstrate expert knowledge of insulin and GLP-1 receptor agonist therapies and act as a resource for people with diabetes, their carer and HCPs. ☐ Demonstrate a high level of competency in the safe administration of insulin or GLP-1 receptor agonists. Ensure protocols and procedures are current for the management of using, converting and commencing insulin. ☐ Initiate insulin safely and competently and maintain patients with type 1 and type 2 diabetes, according to local guidelines. ☐ Teach the person with diabetes or their carer the principles of carbohydrate awareness and medication dose adjustment. ☐ Deliver (where individually appropriately acceptable) structured group education to people with diabetes, their carers and HCPs. ☐ Participate in the development and monitoring of integrated care pathways and liaise with multidisciplinary team members. ☐ Liaise with MDT to identify people frequently presenting with diabetes emergencies. ☐ Participate in research and promote evidence-based practice. ☐ Develop best practice e.g. through leadership and consultancy. ☐ Demonstrate awareness of current research in new

	☐ Describe signs and symptoms of hyperglycaemia/hypoglycaemia. ☐ Administer or advise on treatment to resolve hyperglycaemia/hypoglycaemia in accordance with local policies or individual clinical management plans. ☐ Advise on driving regulations with regard to hypoglycaemia. ☐ Be aware of the potential long-term health consequences of type 2 diabetes including micro and macro vascular complications and depression. ☐ Be aware of local policy regarding screening programmes. ☐ Give foot care advice to people with diabetes, and their carers. ☐ Be aware of erectile and sexual dysfunction as a neuropathic process, and refer where appropriate. ☐ Organise or perform microalbuminuria screening, blood pressure measurement and blood tests according to local and national protocols and guidelines. ☐ Identify people with diabetes at risk of hypertension and CHD and refer as appropriate. ☐ Recognise when treatment needs to be adjusted and refer as appropriate.	☐ Demonstrate knowledge and skills to facilitate behaviour change. ☐ Empower and support a person with diabetes to achieve an individualised level of self-management and an agreed glycaemic target. ☐ Participate in educating people with diabetes, their carers and other HCPs in the identification, treatment and prevention of hyperglycaemia/hypoglycaemia. ☐ Support patients converting or commencing insulin to develop the management techniques within guidelines ☐ Refer patients to appropriate educational programmes as available. ☐ Recognise the importance of good glycaemic, blood pressure and cholesterol control in preventing and/or progressing diabetic complications: ☐ Screen for complications including sexual dysfunction in both men and women, according to local guidelines. ☐ Identify risk factors in the development of complications and refer as appropriate.	oral therapies. ☐ Investigate all incidents and report to the relevant agencies, develop an action plan to prevent recurrence. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and rheumatoid arthritis (RA) and therapeutic monitoring	☐ Have a basic understanding of the conditions which are treated by DMARDs. ☐ Be aware of the complications and associated co-morbidities risk factors associated with rheumatoid arthritis. ☐ Give flu and pneumococcal vaccine to patients with rheumatoid arthritis.	☐ Be aware of the common DMARDs drugs that are used to treat this Condition. ☐ Know which drugs are immunosuppressant and assess which patients therefore need annual flu vaccines and where live vaccines are contraindicated. ☐ Carry out CVD risk assessments using a CVD risk assessment tool annually on all patients on the RA register.	☐ Manage patients with more complex needs. ☐ Be familiar with the shared care guidelines for monitoring DMARDS. ☐ Use the shared care guidelines for monitoring the DMARDs therapies reviewing blood results and carrying out medication reviews. ☐ Carry out biannual osteoporosis risk assessments on all patients on the rheumatoid arthritis register. Use tool e.g. FRAX and refer or treat as appropriate. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

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Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Ear care	☐ Display an understanding of the need for preventative care including patient education and advice. ☐ Have a working knowledge of anatomy and physiology of the ear. ☐ Advise and prepare patients for ear irrigation. ☐ Highlight presenting problem, previous problems, any history of surgery, perforations, tinnitus, pain in ear, cleft palate repaired or not, infections of middle ear within last 6 weeks or a mucoid discharge, which could contraindicate treatment. ☐ Use otoscope to examine both ears with patient's consent, recognise any abnormalities. ☐ Perform ear irrigation in line with practice protocol. ☐ Demonstrate safe and proficient use of aural care instruments for the removal of cerumen, ear toilet and irrigation. ☐ Examine ear following treatment and document outcome. ☐ Ensure the application of the principles of infection control according to national and local guidelines within the practice.	☐ Proactively provides good ear care patient education. ☐ Support junior nurse undertaking ear care. ☐ Independently manage minor ear problems and refer accordingly. ☐ Undertake ear toilet based on knowledge of the latest evidence based practice in relation to ear care. ☐ Recognise the specific needs of patients with hearing loss including provision of advice for patients on safe ear care in accordance with national guidelines.	☐ Manage patients with more complex needs. ☐ Recognise abnormal ear conditions and refer appropriately. ☐ Assess and diagnose ear complaints exacerbated by excess wax production. ☐ Be aware of common ear conditions and signs of infection, treatment options including prescription medication. ☐ Initiate and lead management of ear care based on the latest evidence-based practice. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
End of life, palliative care and terminal illness	☐ Recognise and acknowledge cues from palliative care patients wanting to talk about concerns, wishes and priorities. ☐ Work within Advance Care Plans ensuring wishes are recorded and communicated. ☐ Recognise the signs and symptoms of pain and distress, and seek advice. ☐ Integrate working with District Nursing colleagues. ☐ Attend palliative care meetings within the practice.	☐ Use enhanced communication skills that encompass being able to ask 'difficult' questions. ☐ Work with patients and carers to establish Advance Care Plans including preferred place of care and death. ☐ Assess holistically the dying patient with regard to pain and other symptoms. ☐ Anticipate and recognise the changing clinical status of the dying patient. ☐ Contribute to palliative care meetings within the practice. ☐ Liaise with and refer to social services.	☐ Manage patients with more complex needs. ☐ Act as a role model for effective communication, initiate and manage conversations with patients regarding their preferences at end of life. ☐ Manage challenging conversations with other professionals. ☐ Critically assess clinical situations, interpret complex information, and prioritise needs and co-ordinate appropriate nursing care, referring if necessary to specialist services. ☐ Input onto palliative care register and take the lead in multidisciplinary palliative care meetings. ☐ Verify an expected death in line with practice policies / procedures – available from http://www.dchs.nhs.uk/end-of-life-care. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

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Epilepsy	☐ Have an understanding of what epilepsy is, possible causes, what happens in a seizure, and when to get medical help. ☐ Demonstrate the ability to assess seizure control, and document seizure descriptions. ☐ Assess adherence to therapy. ☐ Recognise importance of therapy adherence refer as appropriate. ☐ Assess side-effects and refer as appropriate. ☐ Document driving and employment status. ☐ Discuss contraception, conception and pregnancy, if the patient is a woman of childbearing potential.	☐ Explore and discuss reasons for non-adherence to therapy. ☐ Recognise risks associated with abrupt withdrawal. ☐ Refer onwards patients who are not adhering to therapy. ☐ Liaise with epilepsy specialist nurses, to support adherence. ☐ Ensure patients are fully involved in decisions about their treatment. ☐ Be able to explore the balance between side effects and seizure control. ☐ Be aware of and able to discuss lifestyle implications: for example employment, education, personal safety, sport.	☐ Manage patients with more complex needs. ☐ Have an understanding of anti-epileptic drugs (AED's) how they work, side effects, need for monitoring etc. ☐ Have an understanding of seizure types. ☐ Discuss contraception - have an understanding of how AED's affect contraceptive options provide advice on best methods for patients. ☐ Reinforce the importance of planned conception and refer to a specialist as required. ☐ Have an understanding of precipitating factors: e.g. alcohol, menstruation, photosensitivity, stress. ☐ Offer a seizure diary if appropriate. ☐ Be aware of NICE guidance on epilepsy. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Equality and Diversity	☐ Be aware of the Practice Nurse responsibilities and comply with: ***Care Quality Commission Regulation 9 and Outcome 4 - People experience effective, safe and appropriate care, treatment and support that meet their needs and protect their rights.*** ☐ Comply with practice policies, helping to ensure they remain in line with local and national guidelines and the latest evidence-based practice. ☐ Know the demographics of the practice population and locality in order to actively promote equality and diversity in own work. ☐ Understand and implement with patients, patient's relatives and colleagues the latest guidelines issued by professional bodies such as the NMC/2008, ("Code for Standards of Conduct, Performance and Ethics for Nurses and Midwives" www.nmc-uk.org/Documents/Standards/The-code-A4-20100406.pdf) - relevant areas might include: ○ Confidentiality ○ Consent ○ Personal preferences and beliefs (the patient's and your own) ○ The patient's right to make their own decisions ○ Different cultures and ethnicity ☐ Identify with patients relevant social, cultural and religious factors which may influence or impact on care provision and take action when equality and diversity is undermined. ☐ Support those whose rights have been compromised consistent with legislation, policies and procedures and good and best practice. ☐ Support colleagues regarding the reporting of incidents. ☐ Ensure the application of anti-discriminatory practices within own sphere of responsibility. ☐ Signpost patients to key voluntary and statutory services that may be useful to patients and guide and support patients in accessing these as appropriate.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Equipment and stock management	☐ Be aware of the Practice Nurse responsibilities and comply with: ***Care Quality Commission Regulation 16 and Outcome 11 - Where equipment is used, it is safe, available, comfortable and suitable for people's needs.*** ☐ Follow practice policies and protocols. ☐ Be aware of the Medicines and Healthcare Products Regulatory Agency (MHRA) http://www.mhra.gov.uk/#page=DynamicListMedicines ☐ Read and respond to GP practice related medical devices alerts and act appropriately in line with local policies and procedures. ☐ Adhere to the requirements of the Medicines Act, including safe storage, rotation and disposal of vaccines and drugs, as appropriate to role. ☐ Oversee the management of all clinical stock including maintenance of emergency equipment in accordance with local and national guidelines. ☐ Maintain the systems necessary to ensure all health and safety requirements are met within the practice. ☐ Ensure cold chain, safe storage, vaccine stability, rotation and disposal of drugs. ☐ Oversee the monitoring, stock control and documentation of controlled drug usage according to legal requirements, as appropriate to role.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Health and safety	☐ Be aware of the Practice Nurse responsibilities and comply with: ***Care Quality Commission Regulation 10 and Outcome 16 - People benefit from safe, quality care because effective decisions are made and because of the management of risks to people's health, welfare and safety and;*** ☐ ***Regulation 15 and Outcome 10 - People receive care in, work in or visit safe surroundings that promote their wellbeing and Regulation 9 and; Outcome 4 - People experience effective, safe and appropriate care, treatment and support that meet their needs and protects their rights.*** ☐ Show awareness of health and safety issues and actively promote good working processes clinical and non-clinical. Demonstrate safe behaviours and ways of working and support others to maintain own and others health, safety and security consistent with legislation, policies and procedures ☐ Use risk assessment to identify actual and potential risks and take appropriate action. ☐ Deal with emergency situations when appropriate, and use local guidelines to manage the emergency response and treatment for conditions including cardio pulmonary resuscitation (CPR). ☐ Have a working knowledge of health and safety requirements within the workplace, including fire procedures. ☐ Follow procedures to report any concerns identified. ☐ Identify, and if appropriate take action on the risks to health of microbiological and chemical hazards within the working environment according to COSHH regulations (COSHH 2002). ☐ Follow current recommendations for the safe use of VDU screens and undertake a risk assessment.

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Health promotion	☐ Make sure health promotion forms the basis of every consultation, make every contact count. ☐ Ensure there are clear guidelines within the working environment for the efficient and effective application of knowledge, skills, attitudes and values needed to plan, implement and evaluate health promotion. ☐ Assist in providing a tool for use in planning and deciding on professional development and training needs. ☐ Develop expert knowledge of health and its determinants. ☐ Analyse complex issues regarding how health is created and how health behaviours are brought about. ☐ Have excellent communication and negotiation skills. ☐ Provide a caring and empathetic approach. ☐ Be understanding, supportive and non-judgmental. ☐ Have the ability to focus on the needs and issues of individual people, their communities and cultures. ☐ Have an awareness of local/national schemes that support healthy living, e.g. smoking cessation services, weight management services and exercise initiatives. ☐ Be able to reflect on their actions and motivations and think outside of conventional, safe ways of working. ☐ Champion ways of working based on evidence of effectiveness and also clear ethical principles. ☐ Commit to working consistently and in ways which involve people and encourage participation. ☐ Build capabilities and skills in others, in order for them to carry out health promotion themselves.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Heart failure	☐ Have a basic understanding of the pathophysiology of Heart Failure (HF). ☐ Be aware patients may have HF due to Left Ventricular Systolic Dysfunction or HF with preserved ejection fraction. ☐ Be aware of the NICE guidelines for caring for patients with stable chronic HF. ☐ Give lifestyle advice regarding diet, exercise, smoking, and alcohol to patients with HF. ☐ Know the signs of worsening HF. ☐ Know when to refer patient to another nurse or GP.	☐ Run HF clinics for annual and/or 6 month reviews ensuring all regular monitoring including appropriate blood tests are carried out for patients with stable chronic HF. ☐ Educate patients in self-management of HF. ☐ Review medication. ☐ Be aware of facilities in Primary and Secondary care to support patients with HF. ☐ Refer to expert nurse, GP, or specialist Nurse led HF clinics where medication not optimised or patient's condition deteriorating. ☐ Refer for rehabilitation for HF where available.	☐ Manage more complex patients with HF initiating increased vigilance in reviewing patients with deteriorating HF. ☐ Optimise pharmacological treatment for HF. ☐ Support self-management in patients with deteriorating HF or in need of palliative care for HF. Refer as necessary. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Hypertension	☐ Perform a blood pressure (BPM) and document, act upon results and recognise where emergency referral is necessary, following local and national guidelines. ☐ Record a BP using manual/automatic devices and document according to practice protocols and national guidelines. ☐ Check current hypertension medication treatment and recognise when it is appropriate to refer/discuss the patient's BP with the appropriate clinician. ☐ Discuss lifestyle choices, interventions. ☐ Discuss possible causes of hypertension. ☐ Refer to suitable clinicians and lifestyle groups/services. ☐ Recall and monitor as required.	☐ Perform a comprehensive hypertension review. ☐ Be aware of the process involved in the diagnosis of hypertension. ☐ Review current treatment hypertension medication and discuss options if required. ☐ Reinforce lifestyle and refer to appropriate groups/services to include smoking cessation, weight management, exercise and behaviour change programs. ☐ Recall and monitor as required. ☐ Interpret and act upon 24 BP monitoring results or refer as appropriate.	☐ Manage complex patients and is proficient in hypertension management. ☐ Provide an organised, objective approach, holistic assessment and diagnosis in line with national and local protocols. ☐ Review current treatment medication and titrate, add in where appropriate in line with national and local protocol. ☐ Implement an action plan, recall and monitor as required. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Refer to primary care team and secondary care when specialist advice is required. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Immunisations - adult and child (non travel)	☐ Have an understanding of the aims of immunisation national policy and schedules. ☐ Be aware of up to date UK immunisation schedule and know who to consult if there is any uncertainty about which vaccines are needed or timing of vaccines. ☐ Understand the different types of vaccines used and their composition plus current issues and controversies regarding immunisation. ☐ Give appropriate advice and information to the patient/parents, and explain the benefits of immunisation versus the risk of disease when required. ☐ Advise patients/parents on potential side effects and management of these. ☐ Ensure access to an on-line edition of Immunisation Against Infectious Diseases 2006 or an up to date copy of the relevant vaccine chapter prior to immunising. ☐ Understand the legal aspects of vaccination and can apply medico legal principles of informed consent. ☐ Demonstrate correct injection technique, uses recommended needle size and recommended vaccination site(s). ☐ Dispose of sharps, vaccine vials, unused vaccines and other vaccine equipment safely according to sharps policy.	☐ Ensure PGDs/PSDs are in place and are appropriately authorised. ☐ Have an understanding of the conditions that may place children, young people and adults at greater risk of infectious diseases and which risk groups should be immunised as a matter of priority and what vaccines they will require. ☐ Ensure local protocols exist and are updated for cold chain audit and action to be taken in case of a cold chain incident. ☐ Contribute to the development of practice guidelines. ☐ Enable strategies for improving immunisation rates and dealing effectively with persistent non-attenders.	☐ Manage patients with more complex needs. ☐ Demonstrate awareness of current issues in vaccination, and epidemiology of vaccine ☐ preventable diseases. ☐ Responsible for implementing national immunisation schedule and any ad hoc campaigns. ☐ Plan and develop training and methods of assessment in the local setting. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures, and patient surveys, making recommendations where necessary. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education. Additional Resources: Your local Health Protection Agency NHS Immunisation Information www.immunisation.nhs.uk National Minimum Standards for Immunisation Training www.hpa.org.uk/web/HPAwebFile/HPAweb_C

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Infection control and cleanliness	☐ Be aware of the Practice Nurse responsibilities and comply with: ***Comply with CQC Regulation 12 and Outcome 8 - People experience care in a clean environment, and are protected from acquiring infections.*** ☐ Be aware of the Department of Health and NICE guidance on cleanliness and infection control standards to include: ○ https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance ○ http://guidance.nice.org.uk/CG139 ☐ Follow practice policies and procedures and recognise own areas of responsibility in the following areas: ○ Hand washing ○ Sharps disposal ○ Clinical waste storage and disposal ○ Infection control and cleanliness

Competency Identification	
Subject	**Core** To demonstrate core competency the Practice Nurse is able to:
Leadership	☐ Demonstrate a leadership style that is effective within changing health care environment. ☐ Help create a culture that promotes quality healthcare and patient, colleague and own safety. ☐ Practise behaviours that demonstrate leadership. ☐ Be proactive by working with the GP practice team to develop and extend the best vision for the GP practice. ☐ Help to established systems for continuous GP practice improvement. ☐ Develop and maintain collaborative team working with internal GP practice team and external health and social care service colleagues. ☐ Undertake a global perspective or mind-set regarding healthcare and professional nursing issues. ☐ Cope effectively with change by proactively adopting local, regional and national policy and guidance. ☐ Be dedicated to lifelong learning. ☐ Be a reflective practitioner. ☐ Disseminate learning and information to other team members in order to share good practice and inform others about current and future developments (e.g. courses and conferences). ☐ Seek feedback about own performance through direct conversations and objective tools such as 360-degree reviews and annual appraisal. ☐ Promote evidence based practice. ☐ Contribute to the provision of learning opportunities for colleagues. ☐ Act as a mentor/coach for more junior staff (e.g. preregistration nurses or HCAs) if appropriately qualified, assessing competency against set standards as requested. ☐ Provide effective clinical leadership and act as a good role model at all times. ☐ Lead and or participate in research and to establish links with others in order to be aware of national development, which may affect local care provision. ☐ Demonstrate a commitment to the 6Cs: Care, Compassion, Communication, Competence, Commitment and Courage.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Learning disabilities	☐ Promote the autonomy, rights and choices of patients with learning disabilities and support and involve their families and carers, ensuring that each patient's rights are upheld according to policy and the law. ☐ Provide safe and effective care in partnership with patients and their carers within the context of age, conditions and developmental stage. ☐ Conduct a holistic person centred (In partnership with an individual, their carer and family) and systematic assessment of their physical, emotional, psychological, social, cultural and spiritual needs, including risk assessment and identification of the patients strengths and abilities. ☐ Use knowledge of dietary, physical, social and psychological factors to inform practice being aware of those that can contribute to poor diet, cause or be caused by ill health. ☐ Support patients to make appropriate choices and changes to eating patterns. ☐ Safeguard the safety of self and others by adhering to local and national policies.	☐ Practice self-awareness that challenges own prejudices and enables professional relationships. ☐ Provide holistic care that demonstrates sensitivity to patients/clients/family/carers cultural traditions and beliefs. ☐ Be sensitive and empower patients to meet their own needs and make choices and considers with the person and their carer(s) their capability to care. ☐ Be confident to challenge inequality, discrimination and exclusion from access to care. ☐ Actively help patients to identify and use their strengths to achieve their goals and aspirations. ☐ Use own knowledge and skills to exercise professional advocacy, and recognise when it is appropriate to refer to independent advocacy services to safeguard dignity and human rights. ☐ Promote health and wellbeing, self-care and independence. ☐ Encourage patients and carers to make choices in coping with the effect of treatment. ☐ Uses appropriate strategies to empower and support patient choice. ☐ Actively consult and explore solutions and ideas with others to enhance care. ☐ Discuss sensitive issues in relation to public health and provide appropriate advice and guidance to patients for e.g. contraception, substance misuse, smoking, obesity.	☐ Manage patients with more complex needs. ☐ Recognise and act to overcome barriers in developing effective relationships with patients and carers ☐ Understand the role and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care. ☐ Work inter-professionally and autonomously as a means of achieving optimum outcomes for patients. ☐ Discuss sensitive issues in relation to public health and provides appropriate advice and guidance to individuals, communities and populations. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Management	☐ Plan, organise and implement the care for an individual and a group of patients in an efficient and effective way. ☐ Delegate work to others that is appropriate for their level of competence and monitor output. ☐ Share resources and information with colleagues. ☐ Be confident in own ability recognising strengths and areas for development. ☐ Think ahead and proactively forward plans. ☐ Be aware of local and national guidance related to the role and responsibility. ☐ Ensure effective communication with patients and colleagues. ☐ Complete a professional development plan. ☐ Act in accordance with the NHS Constitution.	☐ Continually review role and responsibilities and practice, ensuring continuous quality improvement. ☐ Manage the team on the day to day operational delivery of the service. ☐ Delegate specific tasks and roles with full briefing, identifying accountability and responsibility. ☐ Gather, collate and analyse information and disseminate appropriately and effectively. ☐ Work effectively with the team and Practice Manager to set outcomes for the service and in their area of responsibility. ☐ Coordinate and support professional development plans for the team. ☐ Support the Practice Manager and/or the GPs with specific outcomes. ☐ Reflect on actions and decisions goals and priorities within the context of the service objectives.	☐ Continually review role and practice, ensuring continuous quality improvement. ☐ Manage key areas of governance as determined by the practice. ☐ Initiate professional development to ensure fitness for practice. ☐ Act as a coach/mentor/teacher to others in clinical and managerial situations (as defined by the NMC). ☐ Communicate effectively when managing the team. ☐ Participate in a supervision programme; provide supervision to others as required by the practice. ☐ Manage service delivery from a medium to long term perspective. ☐ Manage on larger areas of work and performance manages outcomes. ☐ Ensure effective systems are in place to disseminate/cascade relevant information to clinical staff in liaison with practice management. ☐ Look ahead to plan future service delivery; consider population need, staffing resources and skill mix. ☐ Encourage and support others to take decisions autonomously and ensure that nursing professional development plans are realistic and measurable and meet personal, professional and practice needs. ☐ Set demanding but achievable objectives for self and others. ☐ Delegate specific tasks and roles with full briefing, identifying accountability and responsibility. ☐ Agree plans and outcomes by which to measure success. ☐ Critically evaluate and review innovations and developments that are relevant to own area of work and the team. ☐ Keep up to date with new developments locally and nationally identifying those that will enhance your team work. ☐ Influence other team members to undertake trials of changes in care delivery. ☐ Participate in the recruitment of new members of the nursing team.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Mental health	☐ Be familiar with the Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/contents and have an understanding of the legal aspects of consent to treatment and capacity. ☐ Be familiar with local and national guidelines for safe guarding adults and children. ☐ Know who the practice leads are for child and adult safeguarding. ☐ Recognise the importance of caring for the physical health of patients with Mental Health (MH) disorders including behavioural conditions. ☐ Carry out annual health assessments for patients with ongoing MH disorders. ☐ Give healthy lifestyle advice to patients with MH disorders referring as appropriate for healthy lifestyle support and interventions. ☐ Demonstrate an awareness of substance misuse and addictive behaviours. ☐ Make an initial assessment and refer as necessary. ☐ Identify where patients are at significant risk e.g. suicide risk.	☐ Identify patients within routine consultations who may have undiagnosed depressions or symptoms of stress and refer on as appropriate. ☐ Be aware of the risk factors and recognise early signs of MH problems. ☐ Have a basic understanding of the management of such conditions as depression, general anxiety disorders, suicide awareness, self-harm, bipolar disorder, post-partrum affective disorders, schizophrenia, dementia, substance abuse, and eating disorders. ☐ Make an assessment of the need for therapy and monitoring and refer as appropriate.	☐ Manage patients with more complex needs. ☐ Provide an opportunity for patients to share emotional and psychological issues within consultations. ☐ Support the management of patients with a diagnosed MH condition. ☐ Manage and support other Practice Nurses consulting with vulnerable patients. ☐ Develop and maintain links with outside agencies to ensure best practice is in place for vulnerable groups. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g.: clinical guidelines, audits, standard operating procedures (sop) and patient surveys; making recommendations where necessary. ☐ Ensure that a quality assured service is provided. ☐ Contributes to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Minor illness	☐ Make a simple assessment of a patient presenting to the practice and refer to appropriate workstream i.e. minor illness nurse/NP/GP urgent/routine. ☐ Be aware of 'red flags' which may indicate serious/emergency conditions, and know how to deal with patients who present at the surgery with these. ☐ Be able to recognise serious life threatening presentations and initiate emergency procedures/treatment e.g. deal with anaphylaxis/cardiac arrest.	☐ Undertake face to face and telephone triage within the practice, dealing with those with simple self-limiting conditions and directing other patients to the most appropriate pathway within the practice. ☐ Undertake an assessment of a patient presenting with a minor illness e.g. sore throat, using local protocols. ☐ Provide medications directly or indirectly working within local or national guidelines, using PGDs or prescribing. ☐ Give information and advice regarding prescribed and over the counter medicines, side effects and interactions.	☐ Undertake physical examination and health assessment of more complex presentations. ☐ To formulate a diagnosis and provide treatment/medicines/advice autonomously. ☐ Refer to other primary or secondary care services where needed. ☐ Undertake the role of independent prescriber. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures, and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Minor injury	☐ Make an initial assessment of a patient with a minor injury, referring to others if beyond own competence to manage. ☐ Recognise any life threatening presentation and initiate emergency procedures if needed. ☐ Undertake simple wound cleansing and dressing. ☐ Assess a head injury, refer on if needed or give home care advice with safety netting. ☐ Advise on over the counter analgesia. ☐ Apply principles of appropriate safeguarding to all presentations of minor injury.	☐ Undertake simple wound closure using steristrips/glue. ☐ Undertake assessment of limb injuries using recognised guidelines e.g. Ottawa rules. ☐ Ensure supply of appropriate analgesia by either PGD or prescribing. ☐ Undertake simple procedures e.g. removal of foreign bodies from skin.	☐ Manage patients with more complex needs. ☐ Undertake wound closure by suturing. ☐ Refer directly for X-ray imaging if fracture is suspected. ☐ Prescribe full range of analgesia that may be required. ☐ Assess and manage or refer as appropriate finger injuries. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures, and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Osteoporosis	☐ Have an understanding of the physiological process involved in the development of osteoporosis. ☐ Be aware of factors which increase the risks for developing osteoporosis. ☐ Be aware of health promotion and appropriate lifestyle advice to help in the prevention of osteoporosis.	☐ Be aware of NICE guidance on primary prevention TA 160 and secondary prevention of osteoporosis TA161. ☐ Assess and support concordance with therapies. ☐ Make an assessment using an appropriate tool to identify risk and refer as necessary.	☐ Manage patients with more complex needs. ☐ Refer at risk patients for screening for osteoporosis as appropriate in line with NICE guidance for primary prevention. ☐ Refer diagnosed and at risk patients for treatment for secondary prevention. ☐ Understand the treatment guidelines and use of Bisphosphonates and be aware of the specific instructions for taking these medications and their side effects profile. ☐ Commence prophylaxis for primary prevention in accordance with NICE guidance or treatment for secondary prevention for osteoporosis. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Prescribing and medicines management	☐ Be aware of the Practice Nurse responsibilities in relation to medicines management and comply with: ☐ Care Quality Commission Regulation 13 and Outcome 9 – People have their medicines when they need them, and in a safe way. ☐ Use PGDs and PSDs according to practice protocols ☐ Identify drug side effects, contraindications and interactions ☐ Discuss medication regimes with patients and verify concordance. ☐ Appropriately signpost to and liaise with pharmacists within or outside the team.	☐ Be aware of prescribing cost effectiveness, and work within local guidance. ☐ Have up to date knowledge of current therapeutic guidelines, recommendations and changes within local policies via updates from MMT. ☐ Navigate and utilise the BNF, eBNF and local formularies.	☐ Manage patients with more complex needs. ☐ Have successfully completed the non-medical prescribing course. ☐ Adhere to the principles identified in the NPCs Competency framework. ☐ Be responsible for maintaining professional development. ☐ Adhere to own responsibilities. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Will ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary.

Competency Identification	
Subject	**CORE** To demonstrate core competency the Practice Nurse is able to:
Reflective practice	☐ Fulfil responsibility under the NMC Prep standards to think and reflect on learning activities and how these have influenced practice http://www.nmc-uk.org/Documents/Standards/NMC_Prephandbook_2011.pdf ☐ Be aware of different models of reflection. ☐ Document as per the NMC Prep Standards learning actives and reflections on own learning. ☐ Use different models of reflection on a regular basis to reflect on practice to learn from and improve one's own practice and patient care. ☐ Use reflection to gain insight into own practice to better understand intuitive practice and to make implicit knowledge explicit. ☐ Use reflection not only to resolve incongruities between practice and own beliefs when encountering problems or difficulties but also when things have gone well to facilitate the recognition and affirmation of own competence. ☐ Use reflection on practice as a basis for clinical supervision. ☐ Mentor and teach others about the models and benefits of reflective practice. ☐ Personally use reflective practice to empower and transform own practice and to improve patient care.

Competency Identification	
Subject **Safeguarding - adults and children**	**Core** To demonstrate core competency the Practice Nurse is able to:
	☐ Be aware of the Practice Nurse responsibilities and comply with: ***Care Quality Commissioning Regulation 11 and Outcome 7 - People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.*** ☐ Be aware of the legal and professional issues regarding safeguarding adults and children including statutory health procedures and local guidance. ☐ Follow local guidance and policies. ☐ Recognise, observe, document and refer in cases of abuse as appropriate and is able to discuss the importance of this action. ☐ Recognise and take appropriate action in response to domestic violence. ☐ Ensure safe effective systems are implemented regarding safeguarding vulnerable groups and the reporting of abuse. ☐ Report immediately to the adult and children safeguarding lead in the practice any concerns, issues or worries. ☐ Record all information as appropriate. ☐ Share information with other professional bodies acting in the best interest of the adult and the child. ☐ Demonstrate an understanding of the NMC safeguarding guidance http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Safeguarding-New/

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Spirometry	☐ Identify when spirometry testing is appropriate based on clinical history taking and physical examination and make necessary referral for the procedure. ☐ Identify own training needs and the needs of others, and what action to take if standards are not met.	☐ Identify own professional accountability and responsibility for maintaining competence in spirometry. ☐ Demonstrate knowledge of spirometry, its use and contribution to patient care, including knowledge of equipment and when to calibrate. ☐ Understand background and rationale for the test. ☐ Assess and identify indications and/or contraindications to procedure. ☐ Able to identify appropriate time and situation to perform spirometry. ☐ Identify when not appropriate to continue with spirometry test. ☐ Be aware of who to communicate results of test to and referral onwards. ☐ Identify issues around infection control, and general health and safety, and what appropriate action to take. ☐ Knowledge of decontamination processes.	☐ Manage patients with more complex needs. ☐ Analyse and interpret the results of a spirometry test, and report accordingly. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures, and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Tissue viability and wound care	☐ Have a basic understanding of the wound healing process. ☐ Be aware of the necessary wound care products and their appropriateness for each wound, using local wound care formularies as guidance. ☐ Undertake uncomplicated dressings to include post op wound care. ☐ Assess the wound, determining follow up care where appropriate. ☐ Incorporate health promotion interventions in the management of wounds. ☐ Have a basic understanding of leg ulcers and their management and is able to discuss with appropriate clinician. ☐ Recognise when a wound is non-healing, and investigate or refer as necessary. ☐ Removal of suture, clip, and staple.	☐ Have a comprehensive understanding of wound care and tissue preservation. ☐ Critically examine wound care products to include cost effective practice. ☐ Manage the care of complex wounds, to include minor surgery, referring when appropriate. ☐ Be capable of educating patients in lifestyle management to promote healing.	☐ Manage patients with more complex needs. ☐ Have an in depth knowledge of leg ulcer management and the application of compression therapy to include bandages and stockings. ☐ Perform Doppler assessment and calculate readings to assess circulation and refer when appropriate. ☐ Make independent clinical judgements and decisions. ☐ Provide direct patient access to specialist services for undifferentiated patients within a locality population. ☐ Provide diagnostic, health screening, health surveillance and therapeutic interventions within a broader health promotion/public health context. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures, and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Travel health and vaccination	☐ Demonstrate good geographical knowledge and know how to access further information regarding global destinations including use of an up-to-date atlas and accessing online recognised databases such as Nathnac and TRAVAX. ☐ Perform a comprehensive risk assessment and know how to carry out risk assessment effectively and take appropriate action. ☐ Interpret the risk assessment and accesses the latest recommendations for travel health advice, immunisations required and malaria chemoprophylaxis appropriate to the risk assessment for the journey. ☐ Recognise complex issues beyond personal scope and knows who to contact for further information, support and advice. ☐ Check if UK childhood immunisation schedules are up-to-date and acts appropriately if not. ☐ Provide individual advice to the traveller regarding: accident prevention and the importance of adequate travel insurance, safe food, water and personal hygiene protective measures prevention of blood-borne and sexually transmitted diseases, general insect bite prevention, prevention of animal bites particularly rabies including wound management, prevention of sun and heat complications, personal safety and security, malaria-awareness, bite prevention, appropriate chemoprophylaxis and the importance of compliance and symptoms of malaria to quickly diagnose and treat a traveller with the disease. ☐ Communicate information effectively to explain the disease and other travel-related risks, vaccine recommendations and malaria prevention advice appropriate to the risk assessment.	☐ Support and educate other team members in the process of risk assessment. ☐ Advise travellers on more complex health issues. For example, emergency standby malaria medication, post-exposure prophylaxis following blood-borne virus exposure such as medical electives, management of altitude sickness. ☐ Provide specialist advice to travellers with more complex itineraries that may also require the prescription, provision and administration of more unusual vaccines such as Japanese B encephalitis, rabies, tick-borne encephalitis and BCG. ☐ Administer intradermal vaccinations if required. ☐ Evaluate own care and acts as a resource to other nurses in ensuring their care is evaluated against accepted standards and guidelines.	☐ Manage patients with more complex needs. ☐ Work independently to make clinical judgements and decisions. ☐ Oversee effective implementation of protocols and make recommendations. ☐ Advise travellers with complex travel and special needs e.g. the pregnant traveller, the traveller with diabetes, immunosuppression, cardiac or respiratory disease, those who have experienced previous severe adverse reactions to a vaccine. ☐ Meet the standards required for administration of yellow fever vaccine and complies with national regulations as a Yellow Fever Vaccination Centre. ☐ Use expert knowledge to inform protocol development and guide others in this process. ☐ Participate in the revision and updating of established PGDs/PSDs or standing orders. ☐ Use international databases to ensure awareness of global issues in travel health. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary

	☐ Prioritise appropriately in situations where a patient's time or financial situation does not allow the optimum recommendations. ☐ Assesse anxieties, especially to vaccination, and acts appropriately. ☐ Attend annual update on anaphylaxis and CPR training. ☐ Understand the issues of informed consent and acts accordingly. ☐ Administer injections as appropriate according to local guidelines and policies. ☐ Demonstrate involvement in the financial governance of travel including vaccine administration, and antimalarials e.g. which vaccines are provided privately and their cost, and which vaccines are reimbursable under the NHS. ☐ Demonstrate knowledge of the common travel related illnesses for example, travellers' diarrhoea, hepatitis A, hepatitis B, typhoid, malaria and dengue fever (consider MMR, flu and pneumococcal disease in relation to travel) and other travel-related hazards.		care team, providing ongoing training and education.

Competency Identification	
Subject **Treating people with dignity and respect**	**Core** To demonstrate core competency the Practice Nurse is able to: ☐ Be aware of the Practice Nurse responsibilities and comply with: ***Care Quality Commissioning Regulation 17 and Outcome 1 - People understand the care and treatment choices available to them.*** ☐ Ensure patients can express their views and are involved in making decisions about their care. ☐ Ensure patients have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered. ☐ Act in accordance the 6Cs principle values: Care, Compassion, Communication, Competence, Commitment and Courage. ☐ Act in accordance with the NHS Constitution. ☐ Ensure adherence to local chaperoning policies. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives.

Competency Identification			
Subject	**Level 1** To demonstrate competency at this level the Practice Nurse is able to:	**Level 2** To demonstrate competency at this level the Practice Nurse is able to:	**Level 3** To demonstrate competency at this level the Practice Nurse is able to:
Venepuncture	☐ Have knowledge of the anatomy and physiology of capillaries, veins, arteries and nerves. ☐ Have knowledge of devices and equipment for capillary blood sampling and venepuncture and their use. ☐ Handle sharps, injuries and sharp disposal in line with local protocols and best practice. ☐ Ensure appropriate consent is gained recognising where capacity to consent is limited ☐ Adhere to local policies such as health and safety and procedures for capillary blood sampling and venepuncture. ☐ Discuss the legal and professional issues associated with performing capillary blood sampling and venepuncture. ☐ Outline current evidence to support best practice in capillary blood sampling and venepuncture.	☐ Provide a portfolio of evidence showing skills, experience and development in venepuncture supported by supervisors. ☐ Undertake a formal examination (objective structured clinical examination) in order to practise competently. ☐ Perform venepuncture independently. ☐ Require a period of preceptorship in order to consolidate the venepuncture competency. ☐ Offer support to those undertaking venepuncture training.	☐ Manage patients with more complex needs. ☐ Be aware of the need to utilise practice assessors and possibly working towards this criteria for assessing staff new to venepuncture. (An assessor should be experienced in capillary blood sampling and venepuncture). ☐ Be responsible for all HCAs performing venepuncture. ☐ Assess the competency of nurses new to venepuncture. ☐ Ensure working policies and guidelines reflect local and national recommendations and remain up to date with local initiatives. ☐ Ensure that a quality assured service is provided. ☐ Contribute to development of governance framework e.g. clinical guidelines, audits, standard operating procedures and patient surveys, making recommendations where necessary. ☐ Provide a link/liaison role between primary care and specialist services. ☐ Act as a mentor and educator for members of the primary care team, providing ongoing training and education.

The Practice Nurse Competency Development Plan

Introduction

Practice Nurse training, education, and development plays a key part in improving the quality of care and services provided by GP practices. The Practice Nurse Competency Development Plan (CDP) has been designed to support Practice Nurses, GPs, and Practice Managers identify training and development needs for the Practice Nurse that are aligned to the maintenance and the development of **safe, effective, caring, responsive and well-led** GP services and care.

It is recommended that the CDP to be used alongside The Practice Nurse Competency Framework (PNCF©).

Additional benefits of using the Practice Nurse Competency Development Plan (CDP) are:

- Enable Practice Nurses to identify the competency level they are aiming to work towards in line with The Practice Nurse Competency Framework (PNCF©).
- Identify training and development needs in line with the PNCF©.
- Assist GPs and Practice Managers in identifying areas that need improvement in the GP practice.
- Assist Practice Nurses with their NMC PREP requirements.
- Demonstrate Practice Nurse development and career progression.
- Aid the Practice Nurse annual performance review/appraisal.

The CDP is not a wish list but rather a process of individual development that fits in with the GP practice development plan and the needs of the patient population, identifying what you need to achieve the different levels of Practice Nurse competencies. The CDP provides a structure to support Practice Nurses to provide **safe, effective, caring, responsive and well-led** GP services and care.

Prior to the appraisal, Practice Nurses should aim to draft a CDP. At the appraisal, the appraiser will discuss the content with the Practice Nurses in formulating their development needs before agreeing the final version. The development of your CDP should be a central part of the appraisal process.

The 'study leave' entitlement needs to be agreed with the employer and Manager.

The Practice Nurse Competency Development Plan (CDP)

Name:

Indicate the level (either 1, 2 or 3) that you are both currently working on and towards	Indicate the training needs	Indicate the process and method to achieve the competency level (e.g. in house/external training) and the funding stream	Provisional date to meet the competency level	Date when competency level was achieved	Indicate the service improvement as a result of achieving the competency level

General Practice Nurse Appraisal: A Literature Review

Completed: 19/10/2013

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&
Derby & Derbyshire LMC Services Ltd

Abstract

Introduction: A brief summary of the current structure of working arrangements for General Practice Nurses in the UK is provided, as well as a description of the roles they fulfil in UK healthcare. The importance and function of appraisal in personal, professional and organisational development is also discussed.

Design: Details of the development of the search strategy is described, providing search terms, methodology, inclusion and exclusion criterion, as well as sources searched.

Results and findings: 16 eligible documents were found; all had been published since the year 2000 and relate directly to nursing appraisal. Literature found ranged from academic journal articles, to opinion pieces, to guideline documents. Literature was placed into one of three categories: Research into current or existing appraisal practices (n=3), Guidance documents (n=5), development of new appraisal practices (n=8). A brief summary of each document's methods and findings is provided.

Discussion: Important points from each of the documents are highlighted, as is commonalities between the publications such as perceived weaknesses in current practice and proposed improvements which could be made. Also considered are new methods which could be used to modernize and develop general practice nurse appraisal in the UK.

Conclusion: Increased provision of personnel and resources, as well as a greater prominence for appraisal as an essential facet of developing healthcare is suggested, as is the need for more quantitative research to assess the efficacy of any new appraisal measures used.

Introduction

'The appraisal process is part of a continual process of planning, monitoring, assessment and support to help staff develop their skills and be more effective in their role. The annual appraisal interview sits at the heart of the process. There is evidence both within the NHS and industry that an effective appraisal process increases the effectiveness of the organisation' (Scottish Executive, 2004).

Within the National Health Service (NHS) in the United Kingdom, there are a number of differing appraisal systems used across a number of professions and settings. Private doctors' surgeries operate within local communities but out-with the traditional NHS model of hospitals and clinics. They are owned and managed by groups of General Practitioners (GPs) and Partners. These practices are contracted to provide local healthcare within their communities, being paid according to the level and amount of care they provide. This agreement was first laid out in its current form in the 2004 Quality and Outcomes Framework (QOF), as part of the General Medical Services (GMS) contract, which is reviewed annually, (QOF, 2012).

Most private practices will employ nurses to work within their practices; these are General Practice Nurses (GPNs) who while accredited by the Nursing and Midwifery Council (NMC), are not directly employed by the NHS but are privately employed by the practices they work for. The Care Quality Commission (CQC) is charged with ensuring that standards of service are maintained throughout the NHS and their contracted affiliates, (including GP surgeries). This is achieved by conducting annual inspections and publishing reports on findings, recommendations, and requirements. Both the GMS contract and the CQC require that mandatory annual appraisals are carried out for all healthcare professionals including privately employed GPNs.

A robust appraisal process is important for a number of reasons, the primary one being to maintain or improve standards of care. A number of research projects have demonstrated strong associations between the level of nursing care provided and patient outcomes (Pearson et al, 2000, Dugdall et al, 2004, Chang et al, 2002) mainly due to the importance of medical decisions made by nurses in their front-line role. Appraisal is also an important tool for quantifying progression from one year to the next, as well as planning future development goals. The Royal College of Nursing (RCN) highlights the importance of Professional Development Plans (PDP) on its website, noting: "*The aim is that all staff should have clear and consistent development objectives.*" Within the NHS one's progression can be mapped onto the "Knowledge and Skills Framework" (KSF, Department of Health, 2004), which in turn is directly related to the rate of pay received buy NHS employees via the "Agenda for Change" (AfC, NHS Careers, 2013).

The current article aims to survey the current literature related to appraisal processes for nurses both within the UK and globally. Despite the requirement of the CQC for annual appraisals there is currently no standardised appraisal process for use throughout the UK; responsible for facilitating the process falling to local health trusts. Research from Hippisley-cox and Vinogradova (2009), has suggested that in some parts of the UK a third of all consultations are carried out by GPNs. The importance of proper appraisal increases alongside increased responsibility. With the increasing demands on the health service year on year, the prominence of the GPN roles in front line healthcare is likely to increase further. Planned future development of the "Development Preview Process" proposes that an online system would record and chart nurse's progression mapped against KSF competencies, proper completion of which would be required for annual revalidation by the NMC (MNC 2013).

Despite the prevalence and importance of appraisal processes in healthcare, there is a wide variety of definitions and terminology used to describe similar processes, as well as similar terminology used to describe differing processes.

This review will focus on literature related to appraisals aimed at reviewing professional competence and performance in Nurses only.

Search strategy

Search terms were developed by initially searching "Practice Nurse Appraisal" in the "Cumulative Index to Nursing and Allied Health Literature" database. Related results were gathered, and keywords searched for synonyms and alternate terminology, the list was also expanded via consultation with the "Practice Nurse Appraisal" project team members. Papers relating to "clinical supervision" were not included if they described a process of ongoing supervision methods, rather than annual appraisals.

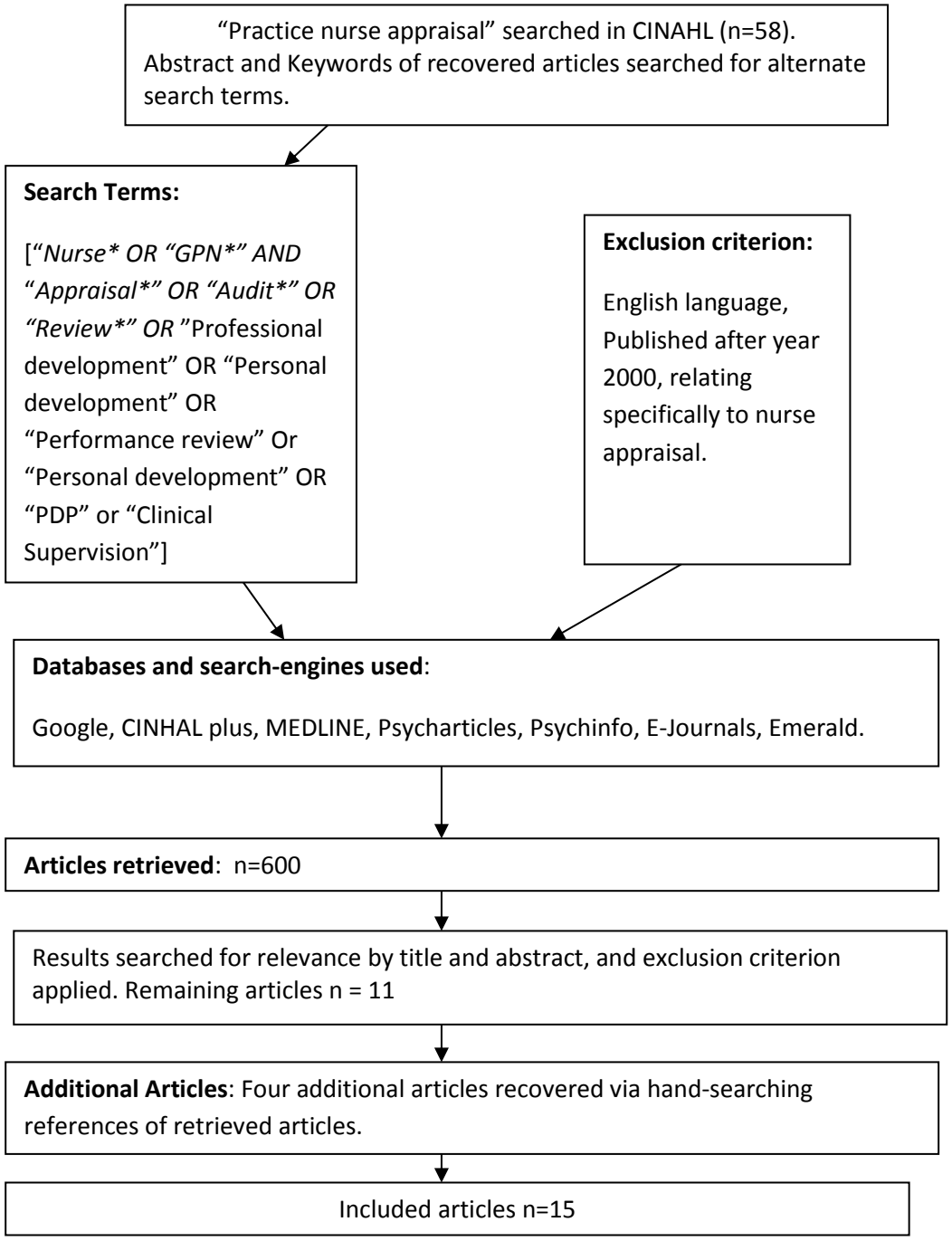
Inclusion criterion: Literature published in English since 2000. This date was chosen as the cut-off point due to the implementation of the modernisation of the NHS via the NHS Plan (DoH, 2000), and consideration of contemporary relevance. Publication bias was reduced by searching references of recovered articles and consulting with researchers in the field. Use of general search engines, as well as traditional journal publications, also reduced the potential for bias. Details of the search procedure are provided in Figure 1.

Search terms:

1. "(General) practice nurse appraisal"
2. "GPN Appraisal"
3. "(General) Practice Nurse Audit"
4. "GPN Audit"
5. "(General) Practice Nurse personal/professional development (planning)"
6. "(General) Practice nurse (continuing) personal/professional development"
7. "(General) practice nurse performance review"
8. "GPN Performance Review"
9. "Office based nurse appraisal/audit/performance review/competency framework/personal development plan/professional development plan" *(American terminology)*
10. "(General) practice nurse clinical supervision"

Databases searched:

- CINAHL Plus
- MEDLINE
- Psycharticles
- PsychInfo
- E-Journals Emerald
- Google



(*Figure 1: Flowchart of search procedure)*

Results

15 articles were recovered by the review process, they were categorised in to one of three groups based on their aims or content:

- Consideration of current appraisal practices
- Guidelines for current or recent appraisal practices
- Articles aiming to develop appraisal practices

See Figure 2 Table summarizing the articles included.

No	Title	Author(s)	Publication date	Document type	Source	Summary
	Research into existing appraisal practices					
	Registered Nurse Participation in Performance Appraisal Interviews	Spence, D.G., Wood, E.E.	2007	Journal Article	Journal of Professional Nursing. 23. 55-59	Qualitative study examining registered nurses perceptions of participating in appraisal processes.
	Clinical Governance, Performance Appraisal and Interaction and Procedural Fairness at a new Zealand Public Hospital	Clarke, C., Harcourt, M., Flynn, M.	2012	Journal Article	Journal of Business Ethics. *Published online 17/11/12*	Qualitative study examining the relationship between conduction of appraisal and perceived "fairness". Conclusions suggest greater formalisation and training to facilitate the process.
	The Importance of Performance Appraisal and Staff Development: A graduating Nurse's Perspective.	Metcalf, C.	2001	Journal Article	International Journal of Nursing Practice. 7. 54-56	This short article discusses the relative strength and importance of the appraisal process from a newly qualified nurse's perspective, and the importance of their proper application.
	Guidance documents for current or recent practice					
	An Appraisal Handbook for General Practice Nurses	NHS Education for Scotland	2009	Good practice guide	NHS Education for Scotland	Handbook for use during the appraisal of GPNs in Scotland.
	Guidelines for Practice Nurse Appraisals	Flasse, C.	2012	Good practice guide	http://www.kentlmc.org/kentlmc/website10.nsf/0/8b00f9d7ff1b10ba80257abb003949e8/$FILE/Guidelines_for_Practice_Nurse_Appraisals2012.pdf	Published by the Kent and Medway NHS LMC, this is a guideline document intended to assist with the conduction of GPN appraisal.

Practice Nurse Appraisal	Royal College of Nursing Northern Ireland	2005	Resource pack	www.RCN.org.uk/NorthernIreland	Resource pack aimed at helping the appraiser and appraise prepare for the appraisal process, it contains short introduction and documentation to use to carry out an appraisal.
Discussing and preparing evidence at your first personal development review.	Royal College of Nursing	2006	Guidance document	http://www.rcn.org.uk/__data/assets/pdf_file/0009/78705/003061.pdf	Document for registered nurses, explaining the role of evidence in the "personal development review" process, providing examples of the type of evidence that is permitted and how best to record.
The Knowledge and Skills framework and appraisal guidance for member and employers outside of the NHS	Royal College of Nursing	2009	Guidance document	http://www.rcn.org.uk/__data/assets/pdf_file/0019/270541/003550.pdf	Document aimed at preparing the appraisee for appraisal, it achieves this by providing information on creating a portfolio and gathering information to support competency claims.
Appraisal development articles					
Practice nurse appraisal: evaluation report	Murie, J., Wilson, A., Cerinus, M.	2009	Journal Article	Education for Primary Care (20) 000-000	Empirical qualitative research adapting appraisal materials used for GPs, and applying them to GPNs
Improving the performance appraisal system for nurses	Redshaw, G.	2008	Magazine article	http://www.nursingtimes.net/improving-the-performance-appraisal-system-for-nurses/1314790.article	Article detailing a short research project carried out by a nursing manager

Nursing practice evaluation using an expert panel process	Rice, S.M., Van Slobbe, A., Rathgeber, D.	2007	Journal article	Clinical Governance: An International Journal. 12 (2). 93-101	Australian pilot project using an expert panel to asses nursing practice in a hospital setting.
Improving quality care through a nursing review team	Dugdall, H., Lamb, C., Carlisle, A.	2004	Journal article	Clinical governance: An International Journal. 9 (3). 155-161	Development of a framework for senior nurses to asses a range of facets either as good or in need of improvement. Reviews were carried out by a multi-disciplinary team and 8apparently resulted in improved morale
A Competency – Based approach to public Health Nursing performance Appraisal	Kalib et al	2006	Journal Article	Public Health Nursing 23 (2) 115-138	American research paper describing the development of a nurse appraisal tool in an urban public health department.
Data Envelopment Analysis Model for the Appraisal and Relative Performance of Nurses at an Intensive Care Unit	I.H. Osman., et al.	2011	Journal Article	Journal of Medical Systems. 35. 1039-1062	Quantitative study using Data Envelopment Analysis to appraise the efficiency of nurses working in an intensive care unit, across a number of criterions.
Constructing a Nurse Appraisal form: A Delphi technique study (Figure 2, Table of results)	Zaher, A. A., AlSokair, M.K.	2008	Journal Article	Journal of Multidisciplinary Healthcare. 1. 1-14	This study documents the development of a Nurse appraisal form by a group Saudi Arabian head Nurses. The result is the synthesis of a form based on the aggregated opinions of an “expert panel” of 42 head nurses.

Recovered documents feel into one of three categories depending on their content and intended audience:

- Research into current or recent appraisal practices
- Guideline documents
- Development of new appraisal practices

The literature will be discussed below within the confines of these categories.

Research into current or recent appraisal practices

The earliest document recovered was published in 2001: "*The Importance of Performance Appraisal and Staff Development: A graduating Nurse's Perspective"* (Metcalf, 2001). It is a short opinion piece which discusses the importance of appraisals from the viewpoint of a graduating nurse, within the Australian healthcare service. Noting that a health service must adapt to the constantly evolving health needs of the population, the author discusses the advantages of a proper appraisal process within the framework of staff development as well as job satisfaction, and refers to appraisal as a tool to assist healthcare staff increase or improve knowledge. Limitations to the process are also discussed such as lack of clarity in the goal or procedure of the process leading to dissatisfaction in the outcomes.

Complementing this piece, our second document from Spence and Wood (2007) "Registered Nurse Participation in Performance Appraisal Interviews," applies phenomenological analysis to semi-structured interview data gathered from nine registered nurses in the New Zealand healthcare system. Identified themes included: "Feeling let down" "Fearing the process" and "Being judged by others." Despite the overarching theme of not having expectations met, the author reports that participants still reported believing in the importance of a proper review processes. They were simply disappointed that the current process did not address them as individuals, and did not effectively work as process to improve healthcare for the public. The conclusion notes the importance of praise, feedback, and direction for both career development as well as job satisfaction; themes both raised in the Metcalf (2001) article. Recommendations include the suggestion that the process should be better clarified both for appraiser and appraise, as well as redesigned to more accurately reflect the roles that nurses are required to carry out.

The final piece from this section; "*Clinical Governance, Performance Appraisal and Interaction and Procedural Fairness at a new Zealand Public Hospital*" (Clark, Harcourt and Flynn, 2012), again looks at nurses working within the New Zealand healthcare system. Data from 22 registered nurses collected via interview and focus group is analysed, with the aim of investigating perceptions of injustice. The authors identify the perception of "fairness" by appraises, as a key factor in facilitating an effective process. It highlights the importance of procedural justice in achieving feeling fairly treating, this relates to the manner in which appraisal is conducted. Primarily, ensuring adequate warning is provided, allowing staff to have a "fair hearing," in the form of a face to face meeting where conclusions can be discussed and explained is also cited as important, as is demonstrating that judgements are based on evidence. As well as procedural justice, interactional justice is cited by the authors as important in appraises' perception of fairness. Interactional justice refers to the absence of things such as: derogatory judgements, deception, invasion of privacy, and disrespect.

This paper concludes that feeling or being treated unfairly was prevalent amongst the participating nurses. This was mostly due to procedural injustices, but a large contributing factor was

also feeling deceived by managers who had promised them further training opportunities which were not delivered. The paper recommends that a greater formalisation be brought to the process, more evidence provided to support conclusions, and a more frequent provision of feedback on performance though a variety of means.

Guidance documents for current or recent practice

A number of documents recovered were intended for use during the appraisal process itself. All of these were published by local health authorities or by the Royal College of Nursing (RCN) and provide guidance for either the appraisee or the appraiser, (or both).

The RCN was found to be the most significant publisher of nurse appraisal guidance, with three documents published over a period of five years, aimed at supporting practice nurse appraisal. The first comes from the Northern Irish division of the RCN and is titled "Practice Nurse Appraisal" (RCNNI 2005). This 17 page document is laid out in workbook format for GPNs to fill out during the 4-5 weeks leading up to the date of appraisal meeting. It provides practice nurses with useful advice such as selecting a good meeting location, and gives the appraisee a number of questions to answer in a self-review format to prepare for the process. It also provides guidance on how to develop or gather evidence to support the conclusions they have reached in their self-review, and set up a professional development plan (PDP) for the coming year. While this document does not contain a great amount of detail, it does provide straightforward assistance for GPN's preparing for an appraisal.

The second RCN publication titled "Discussing and preparing evidence at your first professional development review" (RCN 2006) is a 12 page document for registered nurses. It explains the role of evidence in the "personal development review" process, providing examples of the type of evidence that is permitted and how best to record it.

Similarly, the third and final RCN publication is an extension of this work. Published in 2009, it is aimed at informing employees and employers working out with the NHS about the KSF and its link to the appraisal process. "The Knowledge and Skills Framework and appraisal guidance for members and employers outside of the NHS" (RCN 2009), is aimed at informing practice in environments such as private practice, where many GPNs are employed. The document provides background information on the role and importance of appraisal systems in healthcare, the importance of gathering evidence, and how this evidence is mapped on to the KSF to quantify performance.

Also published in 2009, NHS Education for Scotland provided GPNs with a highly detailed and informative handbook for the appraisal process. It is intended as a "*flexible resource*" to assist in the GPN appraisal for both parties involved as well as containing documentation required for the process. It is intended to facilitate appraisals which are "annual requirement" but are not officially formalised or monitored. As noted in previous documents there are a wide variety of individuals carrying out GPN appraisals from peers, to GPs to practice managers; this document states that it aims to give greater consistency between appraisers. It has been developed in a large part from the PIN Partnership Information Network (PIN) Guideline on Personal Development Planning and Review (PIN 2007). The document describes the model for appraisal; agreement of a date 1-3 months before appraisal date, conduction of self-assessment prior to this date, review last year's PDP and preparing a draft PDP for the coming year. Information about the timetabling of the process is provided, as are documents to facilitate and formalize the procedure. Similar to the RCN documents information is

also given regarding the importance and validity of supporting evidence, as well as signposts to further resources.

Most recently published "Guidelines for Practice Nurse Appraisals" (Kent and Medway NHS 2012), provides a comprehensive overview of the appraisal process, providing reference to the KSF as well as the newly introduced CQC. Information on who is best placed to carry out appraisal, how a GPN can develop their training goals, and the annual timetable from one appraisal to next, from the perspective of personal development planning. It also broaches the important and oft mentioned topic of providing appraisal feedback to the appraiser.

Development of new appraisal practices

The single largest category of literature found related to research aimed at improving existing methods of assessment or appraisal , or developing new forms of performance appraisal. Seven documents published between 2004 and 2011 were retrieved, these documents came from a broad range of different healthcare backgrounds; both quantitative and qualitative research methods.

Dugdall, Lamb and Carlisle (2004) aimed to improve nursing standards and by association patient experience, by creating a review panel of experienced nurses to carry out assessments of wards and departments, categories assessed were:

- *Personal and oral hygiene*
- *Food and nutrition*
- *Continence, bladder and bowel care*
- *Privacy and dignity*
- *Pressure ulcers*
- *Safety of people with mental health problems and the vulnerable patient*
- *Record keeping*
- *Customer care*
- *Environment*
- *Leadership*
- *Risk management*

These categories were initially adapted from the "Essence of Care" (Department of Health, 2001) and used as criteria by the Review Team to define basic nursing care delivery. The authors specified that the review would not be targeting specific nurses or nursing practices but rather the team and department as a whole. Evidence supporting conclusions would take the written form in: audit reports, policy documents, customer complaints and commendations, critical incident reports and procedures. Other evidence considered was observational from the review panel and from interviews with staff members. The review was delivered in report form detailing findings and supporting evidence, this was followed by a recommendations section at the end. Six weeks after report dissemination the team reviewed are invited back to discuss the report and to feedback on their experience of the review process.

The study concludes by asserting the success of the project, reporting that: "*From a personal and professional perspective each member of the team has found the opportunity to be a positive and rewarding experience. Each individual has been afforded the chance to develop themselves and function at a higher and broader service level within the organisation."* However there is no evidence provided to support this conclusion other than the anecdotal report of the authors.

In a similar vein to this study, Rice, Slobbe, Danny and Rathgeber (2007) used an "expert panel" to address clinical standards (and patient experience) at the Royal Melbourne Hospital in Australia. Citing the previous paper by Dugdall et al (2004), Rice et al (2007) provide extensive detail about what they intend to survey and how the process progresses. They conclude by highlighting both areas for improvement, as well as good practice which should be disseminated further throughout the organisation. One significant shortcoming of this paper is the failure to consider or justify the method of using an expert panel to assess an entire department, rather than an individualised approach which involves the parties being appraised contributing.

Kalib et al (2006) approached the subject of nurse appraisal from a different perspective, combining the facets of nursing competencies with population requirements. Stating that current methods do not consider the health needs of the local population: "*One of the major goals of the review committee was to develop an appraisal tool that not only reflected a population-based practice, but that would also give meaningful performance feedback and address common performance concerns."* Drawing on various competency documents from 1989- 2004, they devised a grid which details all the relevant competencies for a broad range of different nursing disciplines, as well as a general document detailing the expectations of that nurse; regarding things such as appearance, reliability etc. Also included was a consideration of productivity. A pilot of the tool was positively reviewed, citing that the new "specific nature" of the tool allowed the reviewer to reinforce the role of the nurse within the organisation. The authors anecdotal reporting states that the pilot study was successful and was well received by appraisers and senior nurses, however no empirical evidence gathering had been undertaken at the time of publication to support this.

Writing from a the perspective of a Nurse Manager working in the UK, Graeme Redhsaw's 2008 article "Improving the performance appraisal system for Nurses," details what he sees as the current shortcomings of the NHS nurse appraisal system, described through a small study (n=8) investigating attitudes towards current appraisal practice. Findings reported that participants were generally nervous prior the appraisal process. Most had had negative experiences relating to cancelations and the lack of consistency between agreed action plans and lack of follow up training, and all participants reported feeling uncomfortable with self-assessment practices. Redshaw proposes that existing practice should be reviewed, specifically with regard to: consistency in procedure, timing, and follow up.

Zaher, Zaghloul and AlSokair (2008) describe the problems with diversity in the current Nurse Appraisal practices in Saudi Arabia, noting that there is no single appraisal form which is in use across the entire country. This study uses a Delphi Technique to repeatedly distil the opinions of a large number of head nurses (n=42) over the course of a month, resulting in the formation of a final form which is reached via group consensus. The final form consisted of measures of the following:

- Quality Standards
- Work Habits
- Supervision/Leadership
- Staff Relations and
- Interpersonal Skills
- Attendance and Punctuality
- Problem Solving
- Oral Communication
- Productivity Results
- Coordination

- Innovation
- Record Keeping

Authors report that the final form has now been distributed throughout the country for development by trial.

Similar work in the UK by Murie, Wilson and Cerinus (2009) aims to progress current methods of GPN appraisal by modelling the process used by General Practitioners (GP). Noting that GPNs are taking on increasing numbers of jobs which previously were carried out by GPs, the authors propose that adapting the current materials and methodology of peer appraisal could be used to advance the existing GPN appraisal process which is viewed unfavourably. Eight GPN's adapted materials which were trialled by a group of 8 experienced GP appraisers on 11 GPN's. A good amount of detail is provided by the authors regarding material adaption and appraisal process. Findings reported that GPNs felt the new materials better helped them plan future objectives, and feedback about the process was mostly positive. Criticisms of the procedure related to GP's not feeling best equipped to appraise the role of GPN, this was echoed by GPN's who did not feel GP's were the most appropriate, despite these reservations the authors reported that they hope to develop the project further.

The final and most recently published document in this category proposes a nurse appraisal system which uses more quantitative and modern methods. Osman et al (2011) describe development of a data envelopment analysis (DEA) model to measure the performance of Nurses relative to their peers across a number of domains. 32 nurses working in a leading hospital in Lebanon took part, the report provides in depth detail relating to the systemisation of the measurement process and the nursing domains measured. Authors describe how the system allows not only for managers to gain a great deal of insight into in the strengths and weaknesses of individuals in their teams; it allows them to assess a team's performance as a whole. It allows for the identification of good practice in individuals and the dissemination of such methods, it is also claimed it can remove ambiguity or bias which may have affected earlier appraisal tools whilst also being favourable to Nurses themselves as it provides measureable evidence of the conclusions reached.

Discussion

The current literature review uncovered 15 documents which fitted our inclusion criterion, these fell into a number of different categories depending on their content and intended audience:

- Research into current or recent practices
- Guidance documents
- Development of new methods

The search process uncovered documents relating to appraisal going back as far as the 1970's (not included due to lack of contemporary relevance) which demonstrate that this is a topic has been prominent in nursing research for a number of decades. Development of the search strategy for the current review revealed that there is still a lack of clarity within the field relating to terminology used, with terms such as; "appraisal," "audit" and "review," being used interchangeably. Additionally there is a lack of clarity in what type of process these terms were describing. Clinical Supervision frequently was mentioned in related documents, these publications were not included as while this process was aimed at measuring nursing performance. It described

an on-going (rather than annual) process which tended to exclude the nurses themselves, rather than an annual inclusive process, aimed at helping the organisation as well as the individual.

It is important to note that while this review has focused specifically on gathering literature related to nursing appraisal, the appraisal process is inextricably linked to personal development and furthering professional abilities. This can be clearly seen in the Guidance Documents literature, in which appraises are informed that they must find supporting evidence demonstrating they are able to fulfil the requirements of the KSF (RCN 2009). Current proposals put forward by the NMC could make it mandatory for nurses to be "revalidated" annually, with their appraisal mapping directly on the KSF tool (NMC 2013). Despite this marriage between the two systems, it is noted in the literature that one of the biggest problems to the process (as seen by nurses) is the lack of follow up regarding personal development plans and training opportunities (Redshaw 2008, Metcalf 2001), leading to a disenchantment with the appraisal process.

Guidance documents recovered are consistent in their content, advising both appraisers and appraise to mutually agree a convenient date well in advance, ensure an appropriate environment is selected, complete assessments prior to meeting, and gather of evidence to support claims made (RCN, 2005, 2006, 2009, NHS education for Scotland 2009, Flasse, 2012). Much of the guidance provides documentation and advice aimed at formalizing the process. A lack of consistency can lead to perceptions of unfairness (Spence and Wood 2007, Clark, Harcourt and Flynn, 2012), however in the case of GPS's, under current provisions it can be hard to facilitate such a process when they are often working in more isolated environments rather than a busy hospital setting with many suitable appraisers. The potential difficulties of allocating the job to GP's or practice managers is highlighted in Murie et al (2009), with both parties feeling that they were not best suited to carrying out the role.

Whilst there is a high degree of consistency between the papers retrieved, especially regarding procedural guidance and perceived problems with current practice (both internationally and domestically), there is also a large amount of diversity in the content regarding development of new practices. Differences in the belief behind what appraisal should be used for, with Spence and Wood (2007) and Clark et al (2012), both noting that they thought appraisal should be used for personal development, affirming job roles and providing satisfaction, this need to provide praise and encouragement where possible is also noted in Metcalf (2001). Both Dugdall et al (2004) and Rice et al (2007) considered appraising entire wards or departments rather than individuals, both authors claimed their methods were positively received, but did not consider the implications for individual training and assessment needs. The importance of which is noted by Borrill et al, *(2002):*

"the further we use an individual based approach to reviewing staff and their development the more we are going to impact on patient mortality. This research takes us to the heart of why health and social care organisations and structures exist – to provide safe and effective care. If we can see from research how individual review processes can so significantly impact on the outcomes of our patients, we must fully engage with them. A hospital which appraises around 20% more staff, and trains appraisers, is likely to have 1,090 fewer deaths per 100,000 admissions."*

Other novel concepts relating to appraisal are raised by Kalib et al (2006) who highlight potential problems with having a general (national) appraisal framework for all healthcare environments. While an important role of nurse appraisal is to inform and develop the nursing staff themselves it is also important for maintaining and progressing healthcare services for the

population it serves. Diversity in population can create differences in healthcare requirements between areas, the authors propose that an appraisal system should take this into account, for example areas with a greater number of older individuals might require a greater degree of geriatric care services. This diversity in population is more likely in countries with large populations.

One of the most unique appraisal systems proposed is described in Osman et al (2011), who piloted the use of a highly technical computerised system of appraisal based on the measurement of a range of different categories. The individual data is analyzed comparatively within the department comparing the performance of one individual to the group average, allowing for the identification of more and less efficient practices. Such a system could potentially allow for accurate identification of areas for improvement as well as identification of those who demonstrate good practice which can be disseminated throughout the organisation. The authors claim the use of DEA rather than traditional appraisal practices can reduce appraiser bias and create a much fairer system based on real world results.

Conclusion

Despite appraisal being an annual necessity in the NHS, there is currently no formalised process or monitoring of its conduction or quality. Under current measures nurses may gain some feedback on their performance and help developing a plan for future goals, but there is no established procedure for ensuring that goals are followed up. There are a range of different ways appraisal can be conducted and often it aims to serve a number of different parties, namely; the public, the organisation, and the nurses themselves. For all to gain from the process; a greater degree of importance needs to be placed on the process and a greater degree of provision and formalization is needed to facilitate its conduction. Additional to this, there is a need for more reliable quantitative research needs to be carried out to assess the strengths and weaknesses of any new appraisal systems implemented.

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