General Practice Nursing

"Now and the Future"

A Framework for Northern Ireland

September 2016

Royal College of General Practitioners NI

Public Health Agency

Health and Social Care Board

BMA Northern Ireland

Royal College of Nursing
Shaping nursing since 1916

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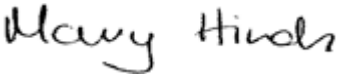
FOREWARD

We are pleased to introduce **"Now and the Future,"** a consensus view of the Framework required for developing and sustaining the General Practice Nursing workforce in Northern Ireland. The Framework aims to provide guidance to support systems and processes that are required for the development of General Practice Nurses. The Framework is a reference tool for General Practices to highlight the key nursing issues, the roles, competencies, working within teams and the professional governance arrangements that are required to support nursing registration and practice in Primary Care.
The recommendations of this Framework has contributed to the DHSSPSNI key recommendations for GP-led services across Northern Ireland in respect of the development of structures and nursing teams to support GPs (2016).

We would like to express our sincere thanks to all of the key stakeholders across General Practice who took part in the surveys, workshops and various consultations during the development of the Framework. A particular thanks goes to the Steering Group and Working Group members who committed time, energy and expertise in the development of the Framework.



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ABBREVIATIONS

ANPs	Advanced Nurse Practitioners
ABPI	Association of the British Pharmaceutical Industry
BMA	British Medical Association
COPD	Chronic Obstructive Pulmonary Disease
CfWI	Centre for Workforce Intelligence
DHSSPSNI	Department of Health, Social Services, Public Safety Northern Ireland
GMS	General Medical Services
GPM	General Practice Manager
GPN	General Practice Nurse
GP	General Practitioners
HCA	Health Care Assistant
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCIC	Health and Social Care Information Centre
HSCT	Health and Social Care Trust
ICP	Integrated Care Partnership
LMC	Local Medical Council
NHS	National Health Service
NHS PMN	National Health Service Practice Management Network
NI	Northern Ireland
NIGPC	Northern Ireland General Practitioners Committee
NIPEC	Northern Ireland Practice Education Council
NISRA	Northern Ireland Statistics and Research Agency
NMC	Nursing and Midwifery Council
NP	Nurse Practitioner
PHA	Public Health Agency
QNI	Queens Nursing Institute
QOF	Quality and Outcomes Framework for general practice
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
WTE	Whole Time Equivalent

1. INTRODUCTION

1.1 This Framework has been produced by the Public Health Agency (PHA) and Health and Social Care Board (HSCB) including input from Northern Ireland General Practitioners Committee (NIGPC), Health and Social Care Trusts (HSCTs), Royal College of Nursing (RCN), General Practitioners (GPs), Royal College of GP (RCGP), General Practice Nurses (GPNs) and General Practice Managers (GPMs).

A number of key individuals have also contributed to the development of the Framework and provided valuable leadership in coordinating the project workstreams and developing the recommendations and proposed action plan.

1.2 This Framework focuses on General Practice Nursing (GPN) in Northern Ireland (NI) and provides an overview of:

- The changing service requirements within Primary Care settings.
- The scope and the developing role of GPNs within Primary Care.
- The workforce profile within GP practices across Northern Ireland.
- Recommendations on the proposed model for Nursing in Primary Care.
- The recommended structures and processes that need to be put in place to support revalidation for nurses following the new arrangements that have been set up by the Nursing and Midwifery Council (NMC).
- The range of nurse led activity that takes place within Primary Care.
- The requirements to ensure that an appropriate competency Framework exists to support practice development, educational requirements, career pathways, and skill mix.
- The role and scope of unregistered staff who support the Primary Care nursing team *ie* health care assistants and phlebotomists and outline the appropriate systems required to support delegation of care and assessment of core competencies for this group of staff.

1.3 The Framework supports the need for standardisation of the range of GPN roles across all GP practices and sets out the recommendations that are required to support the

implementation of the Framework across all GP practices in NI. GP Federations if planned, resourced and managed can revitalise a sustainable model of General Practice for NI and in addition can act as a catalyst for delivery on public health initiatives and supporting the developing role of General Practice Nurses. (The GP-led Working Group Report *"will be carefully considered as we take further steps to ensure the future of general practice."* Minister Simon Hamilton, DHSSPSNI, March 2016).

1.4 The methodology which has been used to inform the various workstreams has included regional GPM and GPN surveys, expert reference groups, Working Group and Steering Group meetings. The project Framework has been developed in partnership with key stakeholders and has reflected the views of frontline practitioners on the ground.

1.5 The Framework is focused on the development of key recommendations within the following 4 workstreams:

- **Workforce Review** based on core general practice nursing activities/skill mix.
- **Core Competency Framework** based on agreed core activities for GPNs.
- **Education** and development planning informed by robust needs analysis.
- **Professional Governance** requirements including systems and support structures for revalidation and appraisal.

1.6 The outcome of this Framework has resulted in an agreed set of recommendations that will be taken forward over the next two years in partnership with key stakeholders throughout General Practice in NI [***Appendix 1***].

2. PROJECT AIM

2.1 The project was initiated in November 2015 as a joint initiative between the HSCB and PHA following discussions with the Royal College of General Practitioners and Royal College of Nursing. The aim was to complete a Framework for GPNs in NI which provides a clear direction and mechanism to support this important group of staff and in turn would inform the work carried out by the DHSSPSNI on GP-led services in NI.

3. PROJECT STRUCTURE

3.1 The project structure, scope, terms of reference and timeframe for the development of this Framework has been agreed in partnership with a regional steering group and working group representing all of the key stakeholders. The membership of the Steering Group and Working Group members can be found in ***Appendix 2***.

3.2 During the course of the development of the Framework, a number of Working Group and Steering Group meetings took place alongside sub group work on each of the themes. Expert reference groups and focus groups with GPNs were also held to facilitate feedback and discussion on the key workstreams.

A series of regional events were held to facilitate the participation and engagement of GPNs across NI to provide responses on the key issues and suggest areas for improvement across each of the workstreams.

The Working Group reported progress into the Steering Group on a monthly basis.

3.3 The findings and recommendations of this Framework will be shared with the DHSSPSNI group reviewing GP-led services.

4. PROJECT SCOPE

4.1 The scope of the project is reflected in the key deliverables outlined within the terms of reference. Over the period of the Framework a number of workstreams were progressed and led by members of the Working Group. The final draft Framework was shared with the Steering Group in April 2016 for endorsement.

4.2 The information collected and analysed to inform the development of the Framework document has included:

- Regional surveys for GPMs and GPNs
- Feedback from expert reference groups of practice nurses across NI
- Feedback from senior nurse leaders
- Feedback from UK colleagues
- Participative workshops across NI
- Working Group meetings
- Steering Group meetings
- Sub-group meetings

4.3 A wide approach was undertaken to engage with all GP practices in NI. The Project Working Group utilised the following resources to gather the evidence required to inform the Framework and shape the deliverables within each workstream:

i. Feedback and analysis from stakeholder events
ii. Data information and analysis from regional surveys carried out by the PHA over a 6 week period in January/February 2016
iii. Analysis of workforce metrics
iv. Analysis of core activities with GPN teams
v. Feedback from GPNs
vi. A review of competency Frameworks
vii. Literature reviews
viii. Critical friends in the area of practice development.

Data collected as part of **ii / iii/ iv & v** are compiled in a separate workforce survey report which has been included as a reference paper for this Framework (NI General Practice Nurse Survey report PHA, 2016). Key headline findings are detailed in ***Appendix 3*.**

5. TERMS OF REFERENCE

The terms of reference for this Framework were agreed with the Steering Group and Working Group members at the outset of the project:

1 To review the current provision of nursing services in the Primary Care setting, including workforce profile.

2 To consider international evidence and best practice in nursing in Primary Care.

3 Make recommendations on the Framework and future model for nursing in Primary Care to include:

3a The range and type of nursing services required to meet current workforce and future anticipated needs;

3b Educational requirements, skill mix and support to deliver services;

3c Make recommendations to develop systems to support clinical and professional nurse leadership;

3d Recommend robust professional governance arrangements are in place to support general practice nurses;

3e Structures and processes to support revalidation / supervision;

3f Strengthening closer integrated working with nursing colleagues in HSC Trusts;

3g Potential impact/opportunities afforded through collaborative initiatives;

3h Links to strategic and other developments in NI which could potentially expand or extend the role of nurses in Primary Care.

4 Explore the potential for placement of pre-registration nursing students in Primary Care settings.

5 Working Group meetings will be held monthly and regional workshops will be co-ordinated to facilitate engagement with general practice nurses.

6 The Working Group will report to the Steering Group as required via the Chair and Director of Nursing, PHA.

6. GUIDING PRINCIPLES

- The Framework for General Practice Nursing is set within the wider context of the Northern Ireland perspective for workforce, education and training, legislative, professional and practice issues, taking into account and reflecting evidence available at national, regional and local levels.
- The workforce and activity of General Practice Nurses is taken into account, including the numbers, skills and skill mix required.
- The Framework will take account of the demographics and health and care needs of the patient and client population in NI, the services for which there is expressed demand, the profile and dynamics of workforce supply and availability.
- The requirement to share data across organisational boundaries is essential.
- The education and training agenda is focused on the knowledge, skills, values and competencies required.
- A person-centred approach is central to health and care delivery, treatment, outcomes and patient and client experience.
- The key partner organisations and stakeholders are central to supporting the service delivery and planning agenda.
- Stakeholder engagement should be employed throughout the whole process of the development and implementation of the recommendations within the Framework.
- The plan will include recommendations to ensure integration within the overall approach to service planning within the wider health and social care system and inform the work led by the DHSSPSNI on GP-led Primary Care services.

7. STRATEGIC CONTEXT

7.1 Primary Care and adult community services play a critical role in the assessment, treatment and ongoing management of our general population health. Primary Care practitioners, including GPNs, play an important public health role supporting people to stay well for as long as possible in the community and avoiding unnecessary hospital attendances and admissions where possible. General Practice is the primary contact point for most patients seeking advice from a GP or practice nurse. The number of consultations per person per year in NI in GP practices, including nurse consultations, rose from 4.04 in 2003/04 to 6.6 in 2013/14, an overall increase of 63%. The estimated total consultations increased from 7.22 million to 12.71 million over the same period, an increase of 76% (DHSSPSNI, 2005).

The development of Primary Care services is in line with the Transformation agenda across all HSC organisations and is seen as a significant factor to reduce pressures on existing resources within hospital services.

It is recognised that GP practices are under huge workload pressures combined with the additional workforce challenges for medical and nursing workforce to deliver the future provision of Primary Care services for the NI population. While the Department's Primary Care Strategic Framework – *Caring for People Beyond Tomorrow* – sets out the approach to Primary Care provision from 2005 to 2025, the challenges we now face mean it is necessary to consider the strategic approach and opportunities for reform, particularly in GP-led services and the role of GPNs. This regional work is currently being progressed by the DHSSPSNI. The model proposed for GP Federations will complement the current role of Integrated Care Partnerships (ICPs) to make care closer to home. There has been Ministerial commitment to provide Integrated Care solutions in Primary Care as set out in the Ministerial statement. (DHSSPS, March 2016).

The principle focus of this Framework will be on the nursing workforce requirements for General Practice in NI, however it will be important to take cognisance of the wider

contextual issues in relation to the clinical skill mix, the quality of education provision and incentives to aid recruitment and retention in General Practice Nursing.

GPs play a pivotal role in delivering quality patient services and acting as gatekeepers to the rest of the health care system. Even though GPs are a small part of the NHS workforce at 3%, Primary Care provides 90% of all patient contact with the NHS (PHA, 2012). Accessible and well-resourced General Practices including appropriate General Practice Nursing teams to support the demand are essential if the NHS is to deliver good patient outcomes.

7.2 The demand for GP services over the last few decades is driven by a range of factors:

- Accelerating population growth
- Ageing population, increased numbers of vulnerable elderly
- Increased prevalence of chronic conditions (eg diabetes, obesity, dementia) and multi-morbidity
- Changes in diagnostics and treatment that allow more people to be managed in the community rather than hospital settings
- A growing number of very ill and or/disabled people in the community
- Better informed patients with higher expectations
- Policy initiatives for better quality care delivered closer to home
- The challenges for the GP workforce in meeting the current demand and the signs that the specialty is now under significant and growing pressure (HSCB, 2014).

7.3 General Medical Practitioner services are delivered within contractual arrangements with the HSCB by 348 general medical practices across NI (*as of 1/2/2016)*.

The GMS contract covers three main areas:

- The global sum covering the essential services to treat patients who are, or believe themselves to be, ill or suffering from chronic disease and specified additional services as agreed in their contract.
- The Quality and Outcomes Framework (QOF) which aims to promote the use of evidence based practice and a systematic approach to long term care, thereby reducing inequalities and improving health outcomes. Practices can choose whether to deliver these standards.
- Enhanced services which practices can choose to provide. These can be commissioned regionally or locally to meet the population's health care needs (HSCB, 2015).

7.4 There is a significant need to expand enhanced services within general practice to meet the needs of the increased complexities in demographics. Enhanced Services are dependent on the availability of appropriately skilled practitioners to assess, treat, recall and review patients *eg* in shared care services for diabetes.
The imbalance where the demand currently experienced in general practice outweighs the supply of clinical capacity during day time hours ultimately can impact on the ability to accommodate acutely unwell patients.

7.5 Northern Ireland currently allocates 85 GP places per year. While this was increased from 65 places earlier this year there is currently no confirmed funding to allow progression to the 111 training places recommended in the workforce review by 2019/20.Workforce shortages for GPs and GPNs are now a significant problem. Current workforce pressures, particularly in rural areas, combined with prospect of a significant number of retirements in the next few years mean workload pressures will ultimately increase the demands on nursing services to support GP-led services, which is compounded by planned GPN retirements in the next five years (28%) (PHA, 2016). Previous reviews of the medical workforce in NI have recommended a significant increase in GP training numbers.

The CfWI in England have made recommendation for a significant increase in GP training numbers in England, based on determinants of health need and changing

nature of work undertaken in Primary Care. The data indicates that the same factors are operating in NI, and that health needs are higher in NI.

The evidence from England indicates that change in the workforce gender balance is having a significant effect, since women's average lifetime participation rate is lower than that of men. The workforce gender balance in NI mirrors that observed in England. A shortage of GPs is making the delivery of GMS in NI challenging. This also makes it more difficult to move services from a secondary care setting into a primary care and community setting.

7.6 It is recognised within the HSCB Commissioning Plan (2015/16) that further work is required on comprehensive demand management and enhanced services which improve the management of workload capacity and responsiveness within primary care. Much of this work will involve the input from GPNs in terms of delivering annual reviews of patients with chronic conditions and encourage self-care among many other patients. The British Medical Association has recently highlighted the key pressures facing General Practices in a report published in February 2015 and has suggested that additional resources are needed which will include resources for additional practice nurses, nurse practitioners and support the need for appropriate skill mix (BMA, 2015). It is also suggested that GP Federations will function to provide:

- Collaborative Primary Care Networks
- Care closer to home
- Continuing professional development

7.7 The success of Transforming Your Care (DHSSPS, 2011) particularly in respect of the delivery of new service models is significantly dependent on the development of an appropriately trained and competent nursing workforce. The challenges facing General Practice Nurses during this period of transition include a growing number of older people, and other vulnerable groups; the rise in the number of people with long-term conditions requiring on-going assessment, review and treatment and the associated drive to reduce hospital admissions and prioritise care in the community.

The development of eHealth technologies, including tele-monitoring and the requirement for advanced physical assessments, increased non-medical prescribing are additional challenges that will impact on the capacity of the existing General Practice Nursing workforce.

7.8 The demands for General Practice Nursing services will become greater as the health and social care landscape in NI continues to evolve. This will also be evident in the in the required policy reform to shift services from acute to community based services and given the onus on quality and patient safety highlighted in a range of recent regional and national strategies, reviews and public inquiries including:

- Quality 2020 Strategy (*DHSSPS, 2011*)
- Mid-Staffordshire NHS Foundation Trust Public Inquiry (*Francis, 2013*)
- Independent Review into Healthcare Assistants and Support Workers *(Cavendish, 2013)*
- Winterbourne View Report (*DH, 2013*)
- Review into the Quality of Care (*Keogh, 2013*)
- Improving the Safety of Patients (*Berwick, 2013*)
- Management of Unscheduled Care Report (*RQIA, 2014*)

It is therefore important that consideration is given to ensuring that Northern Ireland has the appropriate General Practice Nursing workforce requirements to achieve the quality goals set by health and social care organisations. To enable this we need to ensure that effective education and continuous professional development is available and ongoing to support the way forward for General Practice Nurses.

7.9 A range of professional standards and guidance will have a significant impact on the General Practice Nursing workforce, including the following:

- A Revised NMC Code for Nurses and Midwives (2015)
- A new NMC Model of Revalidation (2015)
- Development of Advanced and Specialist Practice roles and implementation of the Advanced Nursing Practice Framework (DHSSPS, 2014)
- Implementation of Standards for Supervision for Nursing (DHSSPS, 2007)

- Implementation of a Career Pathway for Nursing and Midwifery (NIPEC, 2014)
- Queens Nursing Institute (QNI, 2015) planned work to develop voluntary standards for Specialist Practice General Practice Nursing
- Competency Frameworks, e.g. Respiratory Competency Assessment Tool (NIPEC 2012)

It is important to understand the impact of the changes from the "Francis and Berwick Inquiries" in relation to the standards for nursing practice. Robert Francis was very clear in his report that a system for revalidating all nurses needs to be introduced and it is important to reflect the changes that have taken place with the professional organisations and Nursing and Midwifery Council (Francis, 2013). This should ensure that within Primary Care, systems and processes are in place to support professional governance arrangements for General Practice Nurses and their employers.

8. PUBLIC HEALTH AND POPULATION HEALTH IN NORTHERN IRELAND

8.1 The ten year Public Health Strategy "Making Life Better" (DHSSPS 2014) provides direction for policies and actions to improve the health and well-being of the people in Northern Ireland. The vision and aim of the strategy is to develop strengthened coordination and partnership working in a whole system approach.

The Public Health Framework for Northern Ireland will seek to create the conditions for individuals and local communities to take control of their own lives. It aims towards a vision for NI where all people are supported in achieving their full health and well-being potential and to reduce health inequalities. The Public Health Framework for Northern Ireland proposes a life course approach within the following themes:

- Giving Every Child the Best Start in Life
- Equipped Throughout Life
- Empowering Healthy Living
- Creating Conditions
- Empowering Communities
- Developing Collaboration Thematic

The Public Health Framework recognises the key role of the DHSSPS and wider Health and Social Care system including Primary Care and the need for collaboration across all sectors.

The Framework for Public Health seeks to create a whole system approach across the various levels of the system at which work needs to be progressed to achieve and deliver on an agreed set of shared priorities.

It is important that General Practice Nurses have the opportunity to develop and enhance their public health roles to promote the key messages within the Public Health Framework for the benefit of patients in general practice settings.

The development of 17 GP Federations across Northern Ireland will allow practices to work together at scale, increasing collaboration and presenting new opportunities for those working in surgeries to organise and provide care.

8.2 In Northern Ireland we have the fastest growing population of any country within the UK (DHSSPS, 2013). The Northern Ireland Statistics and Research Agency (NISRA, 2014) reported that births in Northern Ireland have remained stable over the last 5 years with 24,394 live births registered during 2014. They also projected the population to rise from 1.84 million in 2014 to nearly 2 million in 2025 (an increase of almost 6 %).
In 2014 there were 435,175 children and young people under the age of 18 in Northern Ireland. The number of people aged 65 and over is forecast to increase by 29%, from 286,000 to 369,000 between 2014 and 2025. Notably the number of people of working age is only projected to increase by one per cent, from 1,115,000 to 1,126,000, by 2025. Over the same period the number of people aged 85 and over will increase by 16,000 to 50,000. It is therefore important to anticipate the shift in demand for General Practice services which will result from this.

8.3 In 2014, there were 14,678 deaths registered in Northern Ireland, an increase of 474 deaths (3.3%) compared to 2011. Of the 14,678 deaths registered in 2014, just under half (49%) of deaths occurred in an NHS hospital. A further 29% died in their own home or other place, followed by 23% in a nursing home or other hospital.
The average age at death was 73.0 years for males and 79.2 years for females, an increase of 5 years for both males (67.9 years) and females (74.2 years) since 1984. This reflects the increased survival of males and females over the period and the consequential ageing of the population.
Life expectancy across the region has improved by 5 years for females and 7 years for males since 1984/86. In 2011/13 males can expect to live to the age of 78.0 years and females to the age of 82.3 years. As overall life expectancy in Northern Ireland has continued to rise over the past 30 years, so has the likelihood of developing a long-term condition or experiencing co-morbidities (more than one long-term condition). A report by the Institute of Public Health in Ireland (2010) predicted that between 2007 and 2020 the prevalence of long term conditions amongst adults in Northern Ireland, namely Hypertension, Coronary Heart Disease, Stroke and Diabetes, is expected to increase by 30%.

A high proportion of clinical activity for GPNs relates to providing assessment, treatment, review and recall of patients with long term conditions. The implementation of service Frameworks for long term conditions will also be influenced by the potential roles of GPNs.

8.4 The prevalence of long-term conditions such as COPD, stroke, diabetes, and hypertension has increased, and for many of these conditions there is a link between prevalence and deprivation. At March 2015 across NI the most prevalent long-term conditions were hypertension (255,386 people – 131.89 per 1000 patients), asthma (116,817 people – 60.33 per 1000 patients) and diabetes (84,836 – 43.81 per 1000 patients). Many of these patients are largely managed by GPNs.

8.5 The Health Survey Northern Ireland 2014/15 indicated that under three-quarters of children aged 2-10 years old (71%) were either underweight or normal weight, while a fifth (21%) were overweight and 7% were classed as obese. Overall, a quarter of adults (25%) were measured as obese with a further thirty-five percent classed as overweight. Males (66%) were more likely than females (56%) to be overweight or obese.

8.6 In NI between 2001 and 2014, 46,983 people died prematurely of conditions which were regarded as potentially preventable. An additional 10,674 people died prematurely of conditions which, if diagnosed and treated early enough, might have been avoidable (PHA, 2015).

The Dementia Strategy (DHSSPS, 2011) indicates that levels of dementia are projected to increase to 60,000 by 2051 from 19,000 in 2010. Between 17-21% of the population have a physical disability, and around 37% of households include at least one person with a disability (NISRA, 2014).

8.7 From 2012/13 Health Survey NI:

Nearly half of respondents (45%) had seen a GP or health care professional within the past 3 months, while over one-third (36%) had not seen a GP or health care professional for more than six months.

Over two-thirds of respondents (69%) had taken a medicine prescribed to them in the last twelve months. The likelihood of this increased with age from 55% of those aged 16-24 to 92% of those aged 75 and over.

8.8 The 2012 National Audit Office publication "Health Care across the UK : A comparison of the NHS England, Scotland, Wales and Northern Ireland "*suggested that there was a substantial difference in health needs between each of the regions*". On the basis of the available data, Northern Ireland was estimated as having the highest average need per person with England at the lowest.

ESTIMATION OF RELATIVE HEALTH NEED PER PERSON

	England	Scotland	Wales	Northern Ireland
Average Need	0.91	0.98	1.07	1.11
Minimum-Maximum Need	0.63	0.8-1.16	0.92-1.24	1.00-1.26

source: Deloitte analysis for National Audit Office(2012)

Notes

1. The figures are relative scores with higher numbers representing higher estimated health needs per person based on data from 2007-08 to 2009-10
2. Population weighted mean average - UK average 0.93
3. Minimum and maximum relative need for local health areas within each region for the period in question.
4. The size of the local health areas vary.

Northern Ireland has a population of approximately 1.8 million; it has the fastest growing population and continues to grow (HSCB, 2014).

9. KEY CHALLENGES WITHIN GENERAL PRACTICE NURSING

It has been acknowledged from discussions with GPs and GPNs that there are emerging challenges across Primary Care that impact on GPNs as a frontline experienced nursing workforce these include:

- Resource capacity requirements to support a consistent process for GPN education and professional development.
- GPNs require a great breath of knowledge and need access to appropriate structured education and training (QNI, 2015).
- The need to develop a Northern Ireland wide competency Framework and GPN appraisal Framework to support decision making and education requirements that will meet the requirements to the changing service needs for patients in Primary Care settings.
- Financial challenges across the HSC system.
- To have the GP Federation model of Primary Care supporting the role and function of GPNs.
- Demographic changes and meeting the demand of the ageing populations with complex conditions and the wider Public Health agenda.
- Reducing the reliance on secondary care and delivering care closer to patients' homes.
- The development of roles for Advanced Nurse Practitioners to complement the work of GPs by undertaking a number of tasks such as interpreting results, undertaking comprehensive and physical assessments and prescribing. Advanced Nurse Practitioners can work independently but also as part of the multidisciplinary team (BMA, 2015).

- Limits on Workforce information and intelligence systems for Primary Care nursing.
- The demand for 24 hour Urgent Care services which has created additional demand on GP services including General Practice Nursing services.
- Adequate provision of cover for GPNs to attend training and education events.
- Developing and encouraging nurse leaders within Primary Care.
- Improving patient satisfaction and managing patient expectations.
- Consistent GPN/peer support networks to reduce isolation.
- The development of consistent and appropriate NMC processes and support systems to ensure the requirements of revalidation of nurses are met in General Practice settings.

10. OBJECTIVES OF THE FRAMEWORK

- To support the development of standardised roles and career pathways for GPNs in NI and consider a regionally agreed approach to develop a competency Framework and career pathway for GPNs.

- To consider the challenges for GP-led services in the shift of care delivery and the impact of this on GPNs.

- To review the education needs and requirements for GPNs to reflect the core activity within their roles.

- To review the range of nurse-led activity to ascertain the role and scope of registered staff and the role of unregistered staff in Primary Care.

- To consider the explicit and valued role of Nurse Practitioners and Advanced Nurse Practitioners working in GP practices in parallel with the Advanced Nursing Practice Framework for nurses working in Northern Ireland (DHSSPSNI, 2014).

- To support the introduction of the process of revalidation for nurses that has been put in place by the NMC. This will ensure that nurses in Primary Care have the appropriate systems in place within their workplace to support the new arrangements.

- To consider the future model for nursing (GPNs) in NI.

11. WORKSTREAMS

This Section of the Framework highlights the work completed on each workstream and outlines the recommendations required. These recommendations have been developed in consultation with key stakeholders and will be drawn upon to oversee the implementation of this Framework for Northern Ireland.

All of the recommendations relating to the four workstream areas are set out in ***Appendix 1***.

This approach has been agreed with the Steering Group members and will link to the out-working and implementation of the recommendations for GP-led services for specific areas relating to GPNs (DHSSPS, 2016).

The key recommendations within this Framework relate to each of the following workstreams:

1. **Workforce Review**
2. **Core Competency Framework**
3. **Education**
4. **Professional Governance**

WORKSTREAM 1

11.1 WORKFORCE REVIEW

Workforce development includes profiling the current workforce and projecting the future roles and competency requirements and establishing measures to achieve these. GPNs are defined as registered nurses with knowledge in expertise in General Practice. GPNs work autonomously and collaborate to promote, improve and restore health. General practice nursing encompasses practice population health, health promotion, disease prevention, wellness care, first point of contact care and disease management across the lifespan.

Effective implementation of a Framework for GPNs requires a thorough understanding of the requirements and composition of the GPN workforce.

Future workforce planning and development needs to be based on accurate and reliable statistics to plan and forecast the nursing workforce needs in Primary Care in NI.

In a time of significant shifts in care delivery, under the current HSC reform, the need for workforce development and planning within Primary Care is paramount.

Following a review of the available literature on predicting staff ratios from the Centre of Workforce Intelligence UK (GP Workforce Review, 2014), the Health and Social Care Information Centre (HSCIC) now trading as "NHS Digital," and analysis of current workforce in GP practices and reviewing the information received from the NI General Practice Nurse Survey report (PHA, 2016), the following staffing principles have been included in the Framework as a guideline.

These will be further refined as part of the recommendations within the Framework.

11.2 STAFFING PRINCIPLES

Workforce planning happens at different levels locally, regionally and nationally. The result of regional and local agreement on the way forward will form the basis for planning appropriate models of nursing for Primary Care. Ensuring that GPs have adequate nursing staff to support the delivery of services to the practice patients relies on having the correct nursing establishment and skill mix in each practice.

Safe staffing levels rely on good management so that posts are filled in a timely manner and that staff are deployed effectively.

Making any judgments about the numbers of staff required to meet the needs of patients requires insight into the roles, competencies and responsibilities required for GPNs and quantifying the volumes of clinical activity that can be provided by both registered and unregistered staff.

In developing the appropriate model of care for Primary Care nursing the following staffing principles need to be considered:

11.2(i) Quality and Patient Safety

- Promoting the protection of the public and promoting the delivery of high quality safe and effective care to patients.
- Ensuring that the staff employed in the practice are equipped with the essential competencies and access to educational opportunities to enable them to carry out the roles and responsibilities of the post.
- Ensuring that key indicators are in place where appropriate to review impact of workforce issues on assessment of risk, quality, safety and patient experience.

11.2(ii) Workload Activity

- Reviewing the level of seasonal activity and demand for nursing services including the proportion of allocated nursing skill mix within GP practices.
- Setting up systems in each GP practice to ensure that planned and unplanned leave and absences are covered appropriately.
- Ensuring that accountability arrangements are in place for health care assistants and phlebotomy staff is a key requirement.
- In addition the other influencing factors that need to be considered when reviewing staffing levels for GP practices are:
  - The practice population
  - Patient attendances per day/year
  - Accountability issues
  - Competencies of Advanced Nurse Practitioners
  - Nurse Practitioners
  - Employment of Treatment Room /Specialist / Practice Nurses/Advanced Nurse Practitioners
  - Patient attendances
  - Complexities of patients
  - Delegation functions
  - Required consultation times
  - Clinical interventions
  - Access to Trust treatment room services.

- The RCGP suggest that individual patient contacts with GPs will increase to over 6.9 contacts/patient/year.
- The majority of Nurse consultations in NI last 10-15 minutes, as indicated by 46% of respondents in the NI General Practice Nurse Survey (PHA, 2016), and 28% of respondents indicated that consultations lasted 15-20 minutes.

11.2(iii) Environment

- Ensuring that the appropriate arrangements are in place to provide optimal clinical environments for GPNs and teams with supportive technology, storage, infection control, patient access and health & safety. Technology must play an important part of the systems required to support Primary Care services.
- Provision of a supportive staff infrastructure including skill mix and access to admin staff.

11.2(iv) Professional Regulatory Activity

- Provision of support to provide indirect care, eg. multidisciplinary meetings.
- Provision of support to ensure the compliance with the accountability requirements and professional governance arrangements through audit, service improvement and meeting the requirements of NMC revalidation.

11.2(v) Nursing Requirements

- GPNs are providing a wide range of services within General Practice (See Table 4, Page 47).
- The levels of responsibility, models of practice and access to skill mix needs to be maximised to match the demand and capacity gaps within General Practice settings.
- The provision and access of treatment room services will determine the additional requirements for GPNs employed by GPs to provide these services.

- The terms and conditions of employment need to be factored into allowances for sick leave, study leave and annual leave.
- Combined with the influencing factors, the nursing model for GP practices can be fully described and understood.

11.2(vi) Various workforce surveys have been carried out across the UK to identify Nurse staffing ratios across GP practices. These have included UK Practice Index, 2015; the Health and Social Care Information Centre (HSCIC, 2015) now trading as "NHS Digital, "providing information and technology for better health care; The General and Personal Medical Services, England (2015) and the Centre for Workforce Intelligence (2014). These resources were used as a touchstone to benchmark ratios for General Practice Nurses in NI. The levels of staffing ratios in general practice are dependent on a number of factors that need to be considered:

- The practice population
- Patient attendances per day/year
- Accountability issues
- Competencies of Advanced Nurse Practitioners
- Availability of Nurse Practitioners / Treatment Room Nurses /Specialist Nurses /Practice Nurses and Advanced Nurse Practitioners
- Patient attendances
- Complexities of patients
- Delegation functions
- Required consultation times
- Clinical interventions
- Access to Trust Treatment room services.

Since the introduction of the GMS contract information is no longer available on the WTE GPNs per GP. However, the information collected as part of the survey would indicate a variety of ranges of allocated staff to each practice, with little consistency across NI.

As part of the NI Practice Manager Survey (PHA, 2016) respondents were asked to indicate the number of WTE Nursing and GP staff in the practice. Analysis of this data received from 189 GP practices (representing a 54% practice response rate) established the volume of GPNs to GPs. This has been presented in **Figure A** and **Table 1**, using 4

categories. The figures show the percentile distribution with the dark box showing the middle 50% of practices and the lines show the ranges from 10-90% of practices.

GPN WTE per GP WTE

1. All Nurses (registered) **excluding** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.25 and 0.53 percentile range).
2. All Nurses (registered) **excluding** HCA and Phlebotomist and **excluding** access to HSC Trust Treatment Rooms (50% between 0.36 and 0.6 percentile range).
3. All Nurses **including** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.27 and 0.58 percentile range).
4. All Nurses **including** HCA and Phlebotomist and **excluding** access to HSC Trust Treat (50% between 0.4 and 0.67 percentile range).

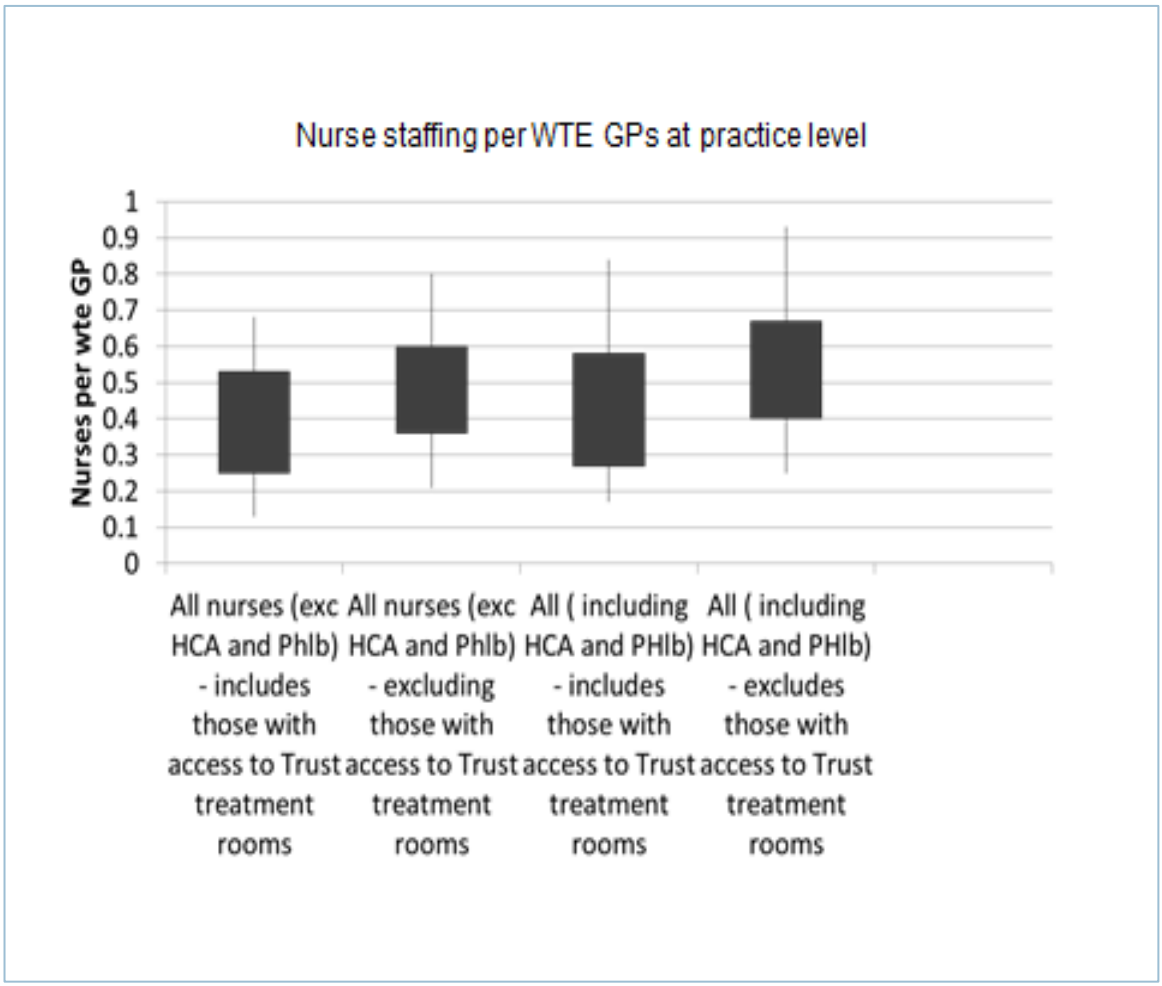

Table 1

	General Practice Nurse wte per wte GP				
		Percentile distribution			
Category	**10%**	**25%**	**50%**	**75%**	**90%**
All nurses (excluding HCA and phlebotomist)- **includes** access to trust treatment room	0.13	0.25	0.38	0.53	0.68
All nurses (excluding HCA and phlebotomist)- **excludes** access to trust treatment room	0.21	0.36	0.47	0.6	0.8
All nurses (including HCA and phlebotomist)- **includes** access to trust treatment room	0.17	0.27	0.4	0.58	0.84
All nurses (including HCA and phlebotomist)- **excludes** access to trust treatment room	0.25	0.4	0.52	0.67	0.93

Using the same 4 categories, further analysis of the number of GPN WTE per 1000 practice population was carried out. This is presented in **Figure B** and **Table 2.**

GPN WTE per 100 practice population

1. All Nurses (registered) **excluding** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.14 and 0.29 percentile range)
2. All Nurses (registered) **excluding** HCA and Phlebotomist and **excluding** access to HSC Trust Treatment Rooms (50% between 0.19 and 0.33 percentile range)
3. All Nurses **including** HCA and Phlebotomist and **including** access to HSC Trust Treatment Rooms (50% between 0.17 and 0.35 percentile range)
4. All Nurses **including** HCA and Phlebotomist and **excluding** access to HSC Trust Treat (50% between 0.27 and 0.39 percentile range)

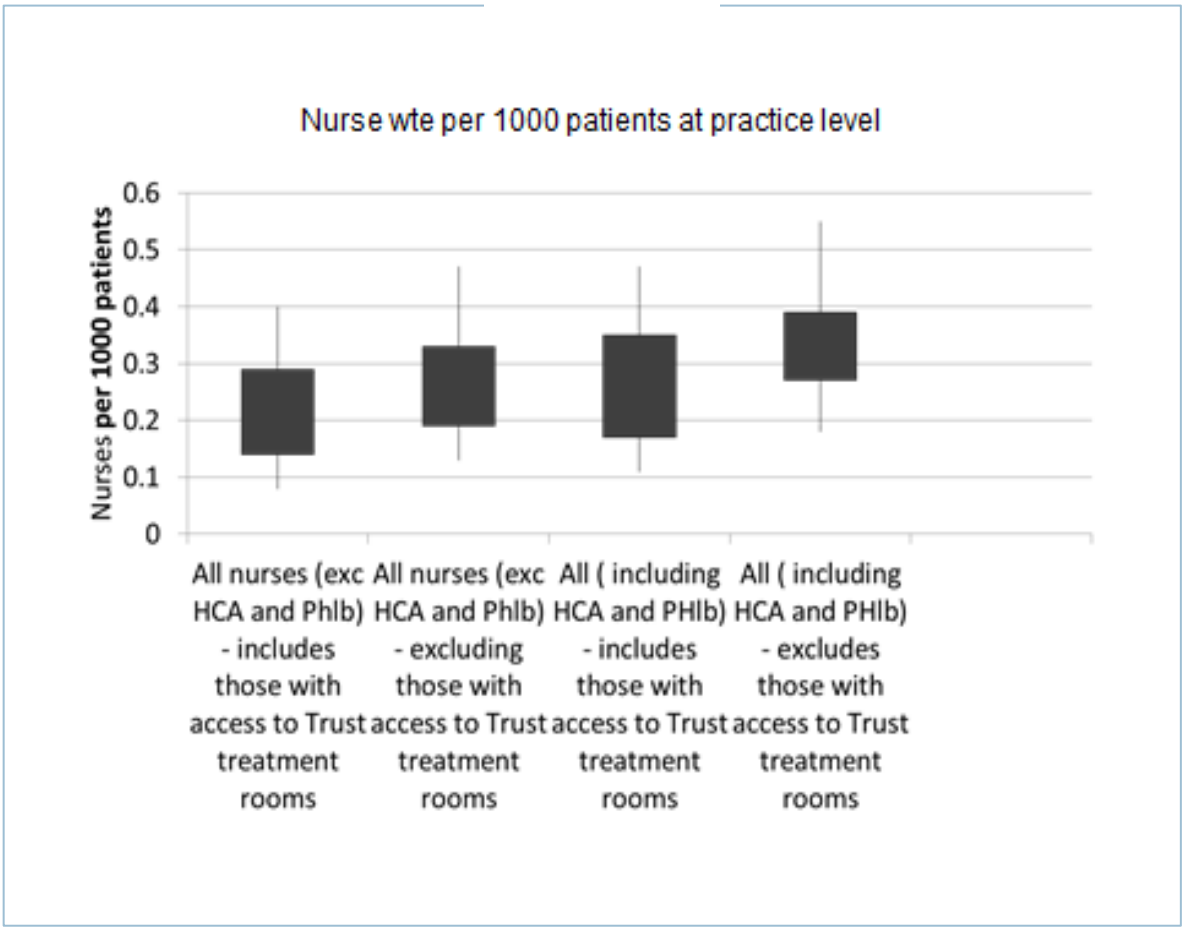

Table 2

	General Practice Nurse wte per 1000 practice population				
	Percentile distribution				
Category	**10%**	**25%**	**50%**	**75%**	**90%**
All nurses (excluding HCA and phlebotomist)- **includes** access to trust treatment room	0.08	0.14	0.20	0.29	0.40
All nurses (excluding HCA and phlebotomist)- **excludes** access to trust treatment room	0.13	0.19	0.26	0.33	0.487
All nurses (including HCA and phlebotomist)- **includes** access to trust treatment room	0.11	0.17	0.27	0.35	0.47
All nurses (including HCA and phlebotomist)- **excludes** access to trust treatment room	0.18	0.27	0.33	0.39	0.55

11.3 Following consultation and application of the staffing principles within this section and reviewing clinical activity across the submissions received from GPN respondents and reviewing the UK benchmarks against the mean percentile averages for wte, the following recommendation has been suggested:

NI Proposed Staffing Model

General Practice Nurse Average wte per wte GP	
Category	**wte**
All nurses (including HCA and phlebotomist)-**includes** access to trust treatment room	0.58 or above.
All nurses (including HCA and phlebotomist)-**excludes** access to trust treatment room	0.67 or above.

11.4 A number of workshops, focus groups and surveys were co-ordinated as part of the development of this Framework for GPNs. The discussions and survey analysis from participants focused on the 4 workstreams. The key messages and views of the GPNs who participated and provided responses on the workstreams as discussed in relation to **Workforce Review** are illustrated in **Figure C.**

Figure C. Key Messages, "Direct Quotes" from GPNs on Workforce Review

Workforce Review	• "Skill mix required (HCA and phlebotomy) where treatment room services are provided." • "Patients should be able to access 'Hubs' for diagnostic tests in local communities to address capacity and waiting times." • "Issues re accountability and delegation arrangements for unregistered staff who provide services as part of the nursing team including vaccinations." • "Demands for services require more nurse-led activities." • "Need for a model to agree roles and responsibilities and activities for nurses in GP practices to have consistency across NI including job roles and job descriptions."

	• "Issues with non-return of surveys are a concern as we will not get the regional profile." • "Agenda for Change issues raised re job profiles and scope of practice including the role of ANPs." • "Agreement on the need to develop influencing factors for workforce solutions ie. Mandatory training allowance." • "Pre-reg students should have opportunities for placements in Primary Care as some Nurses currently provide support for medical students on placement**."**

11.5 Predicting future demand for Primary Care nursing is currently difficult due to the significant gaps in knowledge data and up-to-date workforce metrics across the region in relation to GPN workforce.

There is a need to clarify the workforce requirements in Primary Care settings to meet the demands and core activities of the nursing roles at post registration entry through to specialist and advanced level practice.

There is also a need to consider the activities carried out by unregistered staff and the employment and governance requirements to support this workforce as part of the General Practice team.

11.6 The conclusions from the evidence reviewed, current drivers for NI GP-led services and the analysis of the responses from GP practices and GP Nursing staff have informed the development of a GPN model for NI *[**Appendix 4**]* which is underpinned with clear regional recommendations to implement this Framework across NI.

RECOMMENDATION 1

11.7 WORKFORCE REVIEW

During 2017, develop a system for workforce planning at strategic level for General Practice Nursing that is linked to population needs and meets the requirements of patients in Primary Care. This will include:

1.1 Develop and agree a robust system regionally to collect workforce statistics relating to General Practice Nurses (GPNs) from each GP practice on an annual basis.

1.2 Further develop the set of staffing principles that can be applied to General Practice as a guideline to assist with determining the numbers of WTE General Practice Nurses including additional nursing posts that will be required incorporating skill mix recommendations.
The posts will work at scale in GP Practices within Primary Care with a close alignment to GP Federations, providing Nurse led services and leadership to assist with the implementation of this framework.

1.3 Forecast planning for planned retirements (given early indications *that there will be a significant number in the next 3-5 years*). Consider new ways of working for retired GPNs to return to practice.

1.4 Complete further analysis of GPN workload. Review job roles and scope of practice/responsibilities and set clear parameters including the development of a career pathway for GPNs, incorporating the role and development of ANPs in Primary Care.

1.5 Identify and review the technology resource and interfaces available to the GPN workforce in keeping with eHealth Strategy to improve system management and telemonitoring.

11.8 CORE COMPETENCY FRAMEWORK

The continued enhancement of the GPN role is impeded further by the lack of information available regarding the skills, competencies and expertise of the workforce.

Nurses in General Practice are now being recognised as an important and valuable resource for increasing access to Primary Care and to provide alternative models of health care delivery that can relieve the pressure on General Practice.

Policy developments in Northern Ireland driving the changes of care delivery require the General Practice nursing workforce to be a core component of the reform.

The GPN role is essentially envisaged as a complement to GPs in part, to extend the activities of general practitioners through nurse-led services. The evidence suggests that in the future GPNs will undertake enhanced roles in clinical integration and public health interventions with a particular focus on patients with long term conditions. GPNs undertake a wide range of clinical activity in different dimensions of responsibility that are constant, irrespective of geographical location. (NI General Practice Nurse Survey report PHA, 2016).

Indications from the NI General Practice Nurse Survey report PHA (2016) carried out would suggest that there is an opportunity to review professional capacity and skill mix within some GP practices to ensure that registered nurses are involved in carrying out activities that are commensurate with their level of knowledge and experience. Appropriate skill mix could be considered to carry out activities and tasks that can be done by un-registered nursing support staff where appropriate.

The PHA Practice Manager survey (2016) indicated the range of tasks that Healthcare Assistants are involved in, and feedback from the focus groups, would support the availability of HCAs to carry out specific activities and tasks in GP practices such as basic observations bloods, samples and administrative duties. The guidelines developed for

HCA in Northern Ireland (DHSSPS, 2014)[1] were viewed as a useful resource and guidelines for all GP practices who employ non-registered staff to support nursing teams.

In Northern Ireland there is a view among a number of nurses working across Primary Care that there is no career pathway for GPNs and limited incentives to improve skills and enhance roles for nursing in Primary Care. Similarly, remuneration is variable. (NI General Practice Nurse Survey report PHA, 2016).

Across the UK and beyond, career trajectories have been developed to progress and support GPNs. The development of Advanced and Specialist Nurse Practitioners roles in Primary Care is viewed as a plausible strategy to improve service capacity through a range of nurse-led initiatives and services in Primary Care settings. If Northern Ireland is to progress to develop these roles, the skills, knowledge and competencies of GPNs at all levels need to be developed within a career pathway for GPNs.
http://www.nursingandmidwiferycareersni.hscni.net

A number of workshops, focus groups and surveys were co-ordinated as part of the development of this Framework for GPNs. The discussions and survey analysis from participants focused on the 4 workstreams. The key messages and views of the GPNs who participated and provided responses on the workstreams as discussed in relation to **Core Competency Framework** are illustrated in ***Figure D*.**

Figure D.Key Messages "Direct Quotes" from GPNs on Core Competency

Core Competency Framework	• "There is a need for standardisation across NI." • "Levels of education programmes need to be matched to levels of competencies required." • "GPNs need a career pathway as with other nursing groups." • "Funding for chronic disease management programmes is increasingly problematic and needs to be facilitated." • "An agreed 3 level Framework would be foundation to specialist." • "NI Advanced Practice Framework needs to be recognised by

[1] The DHSSPSNI HCA Guidelines (2014) are to be used informally as guidance until formally adopted by CNO Office.

	employers." • "GP workforce shortages / consider role of ANPs." • "Agenda For Change Terms & Conditions need to be implemented across NI." • "Nurses have in some cases paid for their own programmes." • "Need accredited foundation practice nurse programme."

11.9 Northern Ireland GP Nurse Competencies

The need for competencies as part of NI Framework has been identified and examples of competency Frameworks are already in circulation. Following the focus groups held with GPNs it was unanimously agreed that the Framework by the University of Derby (2014) was a preferred model, although the RCGP General Practice Foundation/RCN General Practice Nurse Competencies Framework (2012, revised 2015) was also considered.

The University of Derby Framework was felt to be user-friendly and understandable; it supports continued professional and practice development and facilitates the appraisal process. It guides a career pathway for GPNs, gives an understanding of the role and skills required to be a GPN and thus will aid recruitment and retention of GPNs in Primary Care.

http://www.derbyshirelmc.org.uk/Practice_Nurse.php

The University of Derby Framework lists the skills, knowledge and behaviours required to be an effective GPN from A-Z in alphabetical order. Some of the competencies such as Accountability, Health and Safety and Infection Prevention and Control are core competencies. However, the GPN role requires a wide-ranging level of knowledge and ability, particularly in provision of care for patients with long-term conditions. The Derby Framework lists relevant competencies such as Asthma, Hypertension and Immunisations; they are identified at level 1, 2 and 3. The general view of GPNs was that they liked the fact that they can assess which level they are working at and determine any gaps in their knowledge and skills. Through feedback and focus group sessions they saw value in the ability to identify how they may fill these gaps and proceed towards working at a higher level. This assessment of competency can then inform the GPNs competency

development plan which will link with their appraisal and revalidation processes. The levels of competency may also be cross referenced to the DHSSPSNI (2014) Advanced Practice Framework.

11.10 How Can the Core Competency Framework be used?

It depicts the role of the GPN, identifies the current level of competence and demonstrates the gaps in knowledge and skills which need to be achieved or desirable to work towards to develop further knowledge and skills.

Competencies which are needed as part of the GPN's initial responsibilities can be given priority. It can be used as a tool during the preceptorship / induction training period to review and demonstrate progress. Reviews may be done with the GPN's appraiser or assessor of competency to identify skills and knowledge which need to be acquired and evidence the practice nurses ability to be a safe and effective practitioner.

It can be used as a record of evidence that the practice nurse has demonstrated competence and how it was demonstrated.

It can support the appraisal process and can form the foundation of a portfolio for continuing professional/practice development to ensure all practitioners are working within NMC revalidation requirements and may be cross-referenced to the NMCs Priorities for Practice in the NMC Code (2015).

There is no generally agreed gold standard for assessment of competence. A multi method approach was recommended by the GPNs attending the focus groups; they identified potential assessment by nurses with specialist expertise, completion of relevant accredited courses at the appropriate level, GP colleagues and Practice Educators with education experience. Some examples are direct observation, written evidence (particularly reflection), case analysis, audits and feedback from patients, relatives and colleagues.

The NMC describes competence as having the skills and ability to practice safely and effectively without the need for supervision.

The conclusions from the evidence reviewed, current drivers for GP-led services and the analysis of the responses from GP practices and GP Nursing staff have informed the development of a GPN model for NI. [***Appendix 3***] which is underpinned with clear regional recommendations and key actions required to implement this Framework across Northern Ireland.

RECOMMENDATION 2

11.11 CORE COMPETENCY FRAMEWORK

During 2017/18, develop an agreed competency based Framework and access to appropriate educational programmes to support the development of a career pathways in General Practice nursing with clear guidelines for employment of Health Care Assistants. This approach is consistent with other nursing specialties. This will include:

2.1 Develop a competency Framework for GPNs based on the key findings of the report.

2.2 Adopt the regional DHSSPSNI principles for HCA in Primary Care.

2.3 Develop and agree appropriate programmes with local education providers, PHA and GP Federations that are fit for purpose for GPNs to be included as part of the Core Competency Framework.

WORKSTREAM 3

11.12 EDUCATION

The attraction and retention of a new generation of nurses into Primary Care is dependent on the quality of their educational preparation as well as the attractiveness and the availability of career pathways.

Post registration programmes of study for GPNs need to be underpinned by the core professional competencies required to carry out their role. In Northern Ireland there is no pre-requisite educational programme or preparation for nurses who wish to practice as a GPN.

The GPN role encompasses a wide range of work areas. Recognising the breadth of knowledge that GPNs require and the need to access appropriate structured education the QNI has just commenced a national project to develop new voluntary standards for the core components of the Specialist General Practice Nurse Education programmes. (Queen's Nursing Institute, 2015). This work is due to complete in December 2016. Specialist Practitioner General Practice Nursing is a NMC recordable qualification. This education programme is currently not available in NI. Instead, some General Practice Nurses have availed of the Specialist Practitioner Adult Nursing programme offered by one local University, however accessing a 'sign-off' mentor, which is a NMC requirement, has been a real challenge. The workforce profile (NI General Practice Nurse Survey report PHA, 2016) indicated that approximately one third (12 out of 34) of GPNs who hold a Specialist Practice Qualification in General Practice Nursing plan to retire in the next 5 years.

An effective initial preparation is important for newly-appointed GPNs as they come from a range of nursing backgrounds. This is particularly important as many experienced GPNs are approaching retirement age and newly-appointed GPNs will need to have specific knowledge, skills and competencies to undertake the role and meet the future challenge of how Health and Social care is delivered in General Practice. In parts of the UK

structured accredited education programmes have been developed to support new GPNs. For example, Plymouth University offers an Integrated Working in Community and Primary Care programme, funded by Health Education South West (which has superseded the Foundations of General Practice Nursing programme). This is a 3 module programme designed for health and social care professionals, and includes a clinical skills module which aims to equip students with the knowledge, understanding and capability to undertake the core clinical competences to fulfill the role of the GPN.

NHS Education for Scotland (NES) delivers a funded 15-month practice based learning programme for GPNs employed within the last 12 months, and applicants are supported by a GP sponsor and Practice Preceptor. The knowledge and clinical skills required to provide health promotion activities, health screening and long term condition management are included in the programme.

University of Bradford offer a 6-month funded Postgraduate Certificate in Advanced Practice (Practice Nursing) for recently qualified UK nursing degree students, or those who wish to change their area of specialism. The course is designed to enhance knowledge, skill and competence as a practice nurse.

There is no similar type education programme available to GPNs in NI that prepares them to work in Primary Care or equip them with the necessary clinical skills. The attraction and retention of a new generation of nurses into Primary Care is dependent on the quality of their educational preparation as well as the attractiveness and the availability of career pathways. There, therefore, needs to be a clear pathway and standardisation of education from foundation level through to specialist and advanced practice, which is future-proofed to 2017/18 and beyond.

The wide range of services provided by GPNs reflects the broad spectrum of education needs identified, often by small numbers. This in turn presents a challenge for GPNs and GP Practices in terms of education provision and access to appropriate programmes. Many GPNs have acquired additional qualification, usually at diploma level, in specific clinical areas, such as long-term conditions, women's health and travel. The majority of

education has been sourced from education providers outside NI, which has implications in terms of standardisation, accessibility and cost.

In addition to an initial GPN programme and Specialist Practitioner General Practice Nursing programme being considered, update programmes to meet CPD requirements are needed which require recurrent funding, rather than the current arrangements. Initial education refers to training in a new work area where you have not received any previous training. Update education refers to refresher training in a work area you have previously received training in.

A Regional Education forum is recommended to include GP Federations, education providers, ICPs, GPs, GPNs and ABPI representation. This should reduce duplication and over-provision in some clinical areas and under provision in others. Education needs that should be considered as part of the NI analysis are detailed in **Table 3**.

Mandatory education standards need to be agreed and consideration should be given to the list detailed in the 2012 RCGP/RCN standards for General Practice Nursing. This includes anaphylaxis, life support, infection control, safeguarding children and vulnerable adults, and Mental Health Capacity Act.

Table 3

Education Needs by Clinical Area	Initial Education	Update Education
	No. of Nurses requiring training	
Diabetes, inc insulin initiation & titration	19	72
Cervical screening	3	46
Asthma, inc inhaler devices and allergy	14	44
Travel Health, inc malaria	18	34
Cardiovascular, inc CHD, HF, CKD, hypertension	26	31
Anaphylaxis & BLS/ CPR	4	30
COPD, inc Pul rehab	16	24
Spirometry	12	24
Family Planning	20	19
Atrial Fib, INR, Anticoagulation	12	18
Wound management, inc dressings & compression bandaging	4	16
Womens health, inc HRT & menopause and osteoporosis	13	13
Immuns & Vaccinations, inc childhood, flu	5	10

Smoking cessation, inc ecigarettes	3	9
Nurse Prescribing	12	7
Triage & clinical assessment, inc minor illness, injury & ailments	8	5
Computer skills	3	4
Infection control	5	4
Leg ulcer management, inc doppler	3	4
Sexual Health, inc STIs	12	4
Ear syringing/irrigation	0	3
Moving and handling	0	3
Obesity Management	2	3
Medicines administration, inc IVs	0	2
New referral pathways	0	2
Safeguarding vulnerable adults	1	3
Dermatology, inc Cryotherapy	2	1
Drug & alcohol	0	1
ECG training, inc interpretation	2	1
ENT & Eye	2	1
Management skills, inc staff mgt, time mgt	2	1
Mental health, inc CAMH, dementia, depression, counselling, CBT, pathways	13	1
Motivational interviewing	3	1
Phlebotomy, difficult veins, venesection	2	1
Prof issues, inc clinical governance, record keeping, Supervision & revalidation	8	1
Advanced Nurse Practitioner programme	3	0
Blood results, interpretation & monitoring	2	0
Catheter training	1	0
Chest auscultation	3	0
Communication skills	2	0
Interview technique training	1	0
Men's health	2	0
Neurological conditions, inc Epilepsy, stroke, TIA	5	0
Palliative care	1	0
Rheumatology & DMARDs	5	0
Coil fitting, Insertion/removal nexplanon	3	0
Minor surgery & suturing	3	0

There is limited exposure for undergraduate nursing student placements in Primary Care in NI. It has been highlighted by GPNs that they are frequently asked to mentor medical

students on placements in GP practices and that they would welcome additional nursing students on placement in their area of work. The QNI UK national GPN survey (2016) found that only 25% of respondents provide pre-registration placements for student nurses, and indicated that if students are to be introduced to the challenge and diversity of working in GP practice it is important that they have pre-registration placements, especially when faced with retention and replacement issues. In NI 83% of GP practices have never provided student nurse placements (NI General Practice Nurse Survey report PHA, 2016), which is lower than the national average of 73% (QNI, 2015). This is also something that GP colleagues felt needs fully resourced and should include backfill allowances to let GPNs to attend training events

The NI General Practice Nurse Survey (PHA, 2016) indicated the clinical work areas that GPNs were involved in, which has been ranked by areas most commonly undertaken by GPNs and is presented in **Table 4**. One of the most significant areas of clinical practice is the management of long-term conditions. Other common areas included immunisations, venepuncture, medicines administration, women's health, travel health, and wound care.

Table 4

Clinical Work Areas	Number of Respondents
Immunisations and vaccinations (adult)	186
Hypertension	183
Venepuncture	180
Cervical screening	167
Health, well-being and screening	165
Diabetes	164
Injections including administration of drugs	163
Asthma	162
Cardiovascular disease	159
Making patient referrals including telephone referrals	158
COPD	147
Travel health and vaccination	146
Immunisations and vaccinations (children)	145
Nebulisers	143
Spirometry	140

Anticoagulation	135
Chronic kidney disease	135
DMARDs and rheumatoid arthritis and therapeutic monitoring	125
Contraception and sexual health	123
Wound care minor	110
Ear care, including ear syrining	106
Indirect patient care admin/filing etc	106
Women's health including menopause	106
Common infections	101
Minor ailments	98
Minor injury	96
Heart Failure	93
Wound care average	90
Minor illness	86
Telephone triage	86
Emergency care/life support	76
Minor surgery	68
Osteoporosis/falls	65
Wound care complex	62
Depression	61
Dementia	55
Cancer	50
Epilepsy	49
Dermatology	46
Neurological e.g Parkinsons, MS	40
Drug/alcohol monitoring	33
Mental health (to include behavioural conditions, capacity, consent and the law)	33
Gastro-intestinal	30
Other (please specify)	30
Pain management/musculoskeletal	29
Catheter care	23
End of life, palliative care and terminal illness	15

Key **Education** messages and views of the GPNs emerging from the GPN workshops have been outlined in **Figure E**. From the workforce survey and GPN engagement events it is clear that there is unanimous support for a planned, structured and standardised

approach for the provision of funded education programmes for GPNs. This includes an education programme for nurses new to Primary Care, Specialist programmes, annual updates, and mandatory education. The role and scope of GPNs working at different levels needs to be underpinned by robust competencies, and linked to the NI Advanced Practice Framework (2014).

Figure E. Key Messages "Direct Quotes," from GPNs on Education

Education	• "A list of mandatory training (and delivery model) is needed, eg. set days per year." • "Education needs to be standardised regardless of education provider or method of delivery." • "Ring-fenced budget for GPN education needed, linked to nurse education universities/providers." • "Time out for education - cover is required to enable staff to attend." • "A regional education group should be established to include education providers, GPs, Nurses, pharmacy, ICPs etc." • "Annual plan produced which is service focused." • "Specialist practice courses needed." • "The need to make best use of Practice Based Learning (PBL) sessions and enable nurses to attend."

The conclusions from the evidence reviewed, current drivers for GP-led services and the analysis of the responses from GP practices and GP Nursing staff have informed the development of a GPN model for NI [***Appendix 4***] which is underpinned with clear regional recommendations and key actions required to implement this Framework across Northern Ireland.

RECOMMENDATION 3

11.13 EDUCATION

During 2017/18, review General Practice Nurses access to education programmes to ensure that opportunities are available to develop and enhance the skills and competencies required to work in Primary Care. This will include:

3.1 Consider a regional forum to discuss General Practice Nurse education provision to plan, structure and standardise education provision across NI, taking account of different learning methods, and develop a business case for the annual GPN training plans and recurring resource with HSCB and GP Federations.

3.2 Liaise with universities in NI to support Pre -reg student placements in Primary Care.

3.3 Consider the development of GPN education programmes, including Specialist Practitioner General Practice Nursing programme, and other specialist training.

3.4 Continue to work with QNI to develop national voluntary standards for Specialist Practitioner General Practice Nursing.

3.5 Continue to Increase numbers of Nurse Independent Supplementary Prescribers.

3.6 Develop a regional leadership programme for GPNs.

3.7 Maximise the opportunities to provide education locally, e.g. Practice Based Learning Days, GPN networks/forums with GP Federations.

WORKSTREAM 4

11.14 PROFESSIONAL GOVERNANCE

Within Primary Care it is important that robust professional governance guidance and practice is in place to assist employers and practitioners to carry out their professional roles and responsibilities.

This section of the Framework aims to provide GP practices and GPNs with the information and set of standards that are required to ensure that effective Governance systems and arrangements are in place to support practice, employment, competency and revalidation for GPNs.

All nurses are professionally and legally accountable for their actions and the Code (NMC 2015) contains the professional standards that registered nurses and midwives must uphold. Nurses and midwives in the UK must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research. While you can interpret the values and principles set out in the Code in a range of different practice settings, they are not negotiable or discretionary. The NMCs role is to set the standards in the Code; but these are not just their standards. They are the standards that patients and members of the public tell us they expect from healthcare professionals. They are the standards shown every day by good nurses and midwives across the UK (The Code, NMC 2015).

The NMC agreed the introduction of Revalidation for Nurses and Midwives in October 2015.

From April 2016 all nurses and midwives will have to revalidate to maintain their registration with the NMC.

Revalidation will help nurses and midwives demonstrate that they practise safely and effectively. The new process replaces the current Prep requirements and nurses and midwives will have to revalidate every three years when they renew their place on the register.

Revalidation builds on existing renewal requirements by introducing new elements which encourage nurses and midwives to reflect on the role of the Code in their Practice and demonstrate that they are 'living' the standards set out within it.

Revalidation is about promoting good practice across the whole population of nurses and midwives. It is not an assessment of a nurse or midwife's fitness to practice.

During the period of preparation for the new requirements for NMC revalidation, the Public Health Agency has:

- Contacted all General Practices to raise awareness of the requirement for revalidation for nurses and midwives.
- Updated the Primary Care Intranet with the current documents / templates.
- Undertaken workshops on 'Revalidation' in conjunction with the RCN for practice nurses and practice managers (on-going).
- Offered to deliver sessions to GP practices and GP Federation meetings.

11.15 Employment and Good Practice Considerations

The information referenced in ***Appendix 5*** should be considered as good practice guidance to support both the practice and the nurse working in General Practice.

Having an effective employment process and robust professional governance strengthens the recruitment and development of the 'right person' with the 'right skills' for the Practice.

A number of workshops, focus groups and surveys were co-ordinated as part of the development of this Framework for GPNs. The discussions and survey analysis from participants focused on the 4 workstreams. The key messages and views of the GPNs who participated and provided responses on the workstreams as discussed in relation to **Professional Governance** are illustrated in ***Figure F***.

Figure F. Key Messages "Direct Quotes," from GPNs on Professional Governance

Professional Governance	• "Very positive messages re awareness for revalidation from PHA/RCN." • "Significant discrepancy re appraisals. Consistency is required for appraisal timings /standards across NI (some nurses do not have regular appraisals)." • "NI appraisal & competency Framework should be recommended as an action from the Framework." • "Regional local professional forums need to be established."

Throughout the process of engagement with Primary Care staff the importance of having professional governance support systems in place was welcomed, particularly in light of the NMC requirements for revalidation. General Practice Nurses welcome the opportunity to have a system of support to ensure that they can develop annual appraisals that will meet regulatory requirements.

The conclusions from the evidence reviewed, current drivers for GP-led services and the analysis of the responses from GP practices and GP Nursing staff have informed the development of a GPN model for NI. [***Appendix 4***] which is underpinned with clear regional recommendations and key actions required to implement this Framework across NI.

RECOMMENDATION 4

11.16 PROFESSIONAL GOVERNANCE

During 2016/17, ensure that appropriate professional governance systems are set in place to support practice and professional development of GPNs including revalidation and appraisal.

4.1 Review and support the governance arrangements in place for HCAs in Primary Care following the publication of the Regional report on Delegation.

4.2 Adopt regional guidelines regarding recommendations and support required for the completion of appraisal and revalidation of all GPNs.

4.3 Encourage the development of regular professional support forums at local and regional level and agree professional leadership roles to oversee the professional governance issues for GPNs with GP Federations.

12. POSSIBILITY FOR DELIVERY

GP-led care is a vital element of a fully integrated health and social care system. GPs and other professionals working in Primary Care are essential partners in promoting population health and social wellbeing, developing new care pathways aimed at actively managing patients in Primary Care and treating people closer to home and avoiding hospital admissions.

It is clear that GP-led services are essential to the delivery of the strategic vision for health and social care in NI. There is a need to increase funding for Primary Care to meet the challenges ahead for the GP nursing workforce. Technological advances must play an important part in supporting the integrated services in Primary Care.

Embedding the GP Federation model will be a key factor to assist in delivering on the recommendations within this Framework in conjunction with the key actions outlined in the DHSSPS GP-led Services document.

13. CONCLUSION

It is clear that General Practice Nursing is valued and is seen as an essential support to the delivery of a strategic vision for GP-led services and Health and Social Care across Northern Ireland.

General Practice Nurses play an important role in population health, public health practice, education and disease management across the lifespan of individuals.

As the scale and the demand for additional capacity within Primary Care increases, it is widely accepted that appropriately educated, skilled and supported General Practice Nurses and support staff can make a valuable contribution to preventative health outcomes for patients including those with long-term conditions.

General Practice Nurses are regarded as core members of General Practice teams and can impact on Primary Care delivery to ensure that GP-led services in Primary Care have nursing staff with the right skills, in the right place to ensure the right outcomes for patients.

It will be important for all General Practice Nurses, managers and employers to consider the professional guidance within this Framework. It is each GP practice's responsibility to ensure that they have systems in place to meet these requirements. All nurses working in General Practice Nursing have a responsibility to ensure they are meeting the requirements of the NMC Code including revalidation to carry out their professional roles and responsibilities.

Workforce planning requirements, professional and practice development needs with planned educational programmes and professional governance arrangements for General Practice Nurses need to be effectively visible and implemented.

The recommendations relating to each of the workstreams will provide an opportunity to improve and set up regional systems across NI to support workforce planning information for General Practice Nurses supported by GP Federations across NI. Consistent

approaches to planning education, practice standards, ensuring that appropriate professional governance systems are in place to support general practice nurses, their managers and their employers are required.

Effective delivery of the recommendations identified within this Framework for General Practice Nurses for **"Now and the Future"** should be a priority vision for Northern Ireland.

14. APPENDICES

RECOMMENDATIONS

RECOMMENDATION 1 : WORKFORCE REVIEW	
During 2017, develop a system for workforce planning at strategic level for General Practice Nursing that is linked to population needs and meets the requirements of patients in Primary Care. This will include:	
	Lead Organisation(s)
1.1 Develop and agree a robust system regionally to collect workforce statistics relating to General Practice Nurses (GPNs) from each GP practice on an annual basis.	PHA
1.2 Further develop the set of staffing principles that can be applied to General Practice as a guideline to assist with determining the numbers of WTE General Practice Nurses including additional nursing posts that will be required incorporating skill mix recommendations. The posts will work at scale in GP Practices within Primary Care with a close alignment to GP Federations, providing Nurse led services and leadership to assist with the implementation of this framework.	DoH/PHA through Delivering Care
1.3 Forecast planning for planned retirements (given early indications *that there will be a significant number in the next 3-5 years*). Consider new ways of working for retired GPNs to return to practice.	PHA

1.4 Complete further analysis of GPN workload. Review job roles and scope of practice/responsibilities and set clear parameters including the development of a career pathway for GPNs, incorporating the role and development of ANPs in Primary Care.	NIPEC and PHA
1.5 Identify and review the technology resource and interfaces available to the GPN workforce in keeping with eHealth Strategy to improve system management and telemonitoring.	PHA

RECOMMENDATION 2: CORE COMPETENCY FRAMEWORK	
During 2017/18, develop an agreed competency based Framework and access to appropriate educational programmes to support the development of a career pathways in General Practice nursing with clear guidelines for employment of Health Care Assistants. This approach is consistent with other nursing specialties. This will include:	
	Lead Organisation(s)
2.1 Develop a competency Framework for GPNs based on the key findings of the report.	NIPEC to develop competency framework PHA to agree and deliver a priority schedule for action.
2.2 Adopt the regional DHSSPSNI principles for HCA in Primary Care.	HSCB and All GPN employers
2.3 Develop and agree appropriate programmes with local education providers, PHA and GP Federations that are fit for purpose for GPNs to be included as part of the Core Competency Framework.	NIPEC to develop competency framework as at 2.1 DoH/PHA to agree and deliver a priority schedule for action.

RECOMMENDATION 3 : EDUCATION	
During 2017/18, review General Practice Nurses access to education programmes to ensure that opportunities are available to develop and enhance the skills and competencies required to work in Primary Care. This will include:	
	Lead Organisation(s)
3.1 Consider a regional forum to discuss General Practice Nurse education provision to plan, structure and standardise education provision across NI, taking account of different learning methods, and develop a business case for the annual GPN training plans and recurring resource with HSCB and GP Federations.	PHA
3.2 Liaise with universities in NI to support Pre -reg student placements in Primary Care.	DoH
3.3 Consider the development of GPN education programmes, including Specialist Practitioner General Practice Nursing programme, and other specialist training.	DoH
3.4 Continue to work with QNI to develop national voluntary standards for Specialist Practitioner General Practice Nursing.	PHA/DoH/RCN/GPN
3.5 Continue to Increase numbers of Nurse Independent Supplementary	HSCB/GPN

Prescribers.	
3.6 Develop a regional leadership programme for GPNs.	DoH
3.7 Maximise the opportunities to provide education locally, e.g. Practice Based Learning Days, GPN networks/forums with GP Federations.	PHA/HSCB

RECOMMENDATION 4 : PROFESSIONAL GOVERNANCE	
During 2016/17, ensure that appropriate professional governance systems are set in place to support practice and professional development of GPNs including revalidation and appraisal.	
	Lead Organisation(s)
4.1 Review and support the governance arrangements in place for HCAs in Primary Care following the publication of the Regional report on Delegation.	HSCB/PHA
4.2 Adopt regional guidelines regarding recommendations and support required for the completion of appraisal and revalidation of all GPNs.	HSCB/PHA
4.3 Encourage the development of regular professional support forums at local and regional level and agree professional leadership roles to oversee the professional governance issues for GPNs with GP Federations.	PHA

General Practice Nursing *"Now and the Future"* – A Framework for Northern Ireland

Project Membership

PROJECT STEERING GROUP	
ORGANISATION	**NAME**
PHA	Ms M Hinds (Chair), Executive Director of Nursing, Midwifery and Allied Health Professionals
HSCB	Dr S Harper, Director of Integrated Care
NIGPC	Dr D Ross, GP
BMA	Dr T Black, GP
RCGP	Dr G Doran, GP
HSCB	Dr M O'Brien, AD Integrated Care, Head of GMS, Integrated Care
RCN	Ms L McIlroy, Senior Professional Development Officer
PHA	Ms S McIntyre, Regional Lead Nurse Consultant

PROJECT WORKING GROUP	
ORGANISATION	**NAME**
PHA	Ms S McIntyre (Chair), Regional Lead Nurse Consultant
PHA	Ms O Brown, Nurse Consultant
PHA	Ms R McHugh, Nurse Consultant
PHA	Ms A Graham and Dr Andrew Gamble, Health Intelligence
PHA	Ms S Curry, Project Support
HSCB	Dr K Cosgrove, GP Advisor
GP	Dr H McKee, GP
RCN	Ms L McIlroy, Senior Professional Development Officer
WHSCT	Ms J Vance, Locality Services Manager
Western Area	Ms A Pennick, Practice Nurse
Northern Area	Ms C Lagan, Practice Nurse

EXPERT REFERENCE GROUP
NI Practice Nurses / Treatment Room Nurses

HEADLINE FINDINGS FROM THE PHA GPN (2016) SURVEY

The PHA workforce survey (2016) provides information regarding workforce, education and employment, the headline finding are presented below.

WORKFORCE

- 63% of General Practice Nurses are aged 50 years or over.
- 28% of General Practice Nurses are due to retire by 2020.
- Men are under-represented, comprising only 1% of the General Practice Nurse workforce.
- 73% of GP Practices have been provided with the General Practice Nurses revalidation date.
- 76% of General Practice Nurses indicated that they had an annual appraisal. This was higher in the Western LCG area (89%). The Practice Manager survey indicated that in 98% of practices all Nurses received an appraisal.
- 45% of General Practices have access to HSC Trust Treatment Room service.

EDUCATION

- 16% hold an NMC recordable specialist practice qualification in General Practice Nursing.
- 22% of General Practice Nurses are Nurse Independent Supplementary Prescribers.
- 17% of employers are offering or have offered placements in the past for pre-registration nursing students.
- The majority with 35%specialist training, e.g. asthma, diabetes above diploma level is low.
- 44% of General Practice Nurses are given paid study leave and 39% are given time in lieu for attending training. A variance was noted in the number of hours paid study leave provided.
- 82% of General Practice Nurses strongly agreed/agreed that workload pressure was the main challenge to accessing education for professional development. This was followed by no available cover (65%).

EMPLOYMENT

- 17% of General Practice Nurses have worked in General practice for less than 5 years.
- 11% of General practice Nurses work full-time, 36% work 20 hours or less. The average hours worked was 24 hours per week.
- 46% of General Practice Nurses work additional hours outside contracted hours. The number working additional hours is higher in the Southern LCG area.
- A variance in pay scales was observed. 30% are on Agenda for Change pay scales.
- 55% of General Practice Nurses indicated that no cover was provided for planned/ unplanned sickness and annual leave. This was a higher percentage than indicated in the Practice Manager survey (35%).
- 46% of face to face consultations with General Practice Nurses last 10-15 minutes. A higher than average percentage of consultations lasting 15-20 minutes occurs in the Northern LCG area.
- 35% of General Practices employ Healthcare Assistants, and 74% of the Healthcare Assistants employed have an NVQ or equivalent qualification.

GENERAL PRACTICE NURSING MODEL FOR NORTHERN IRELAND

Appendix 4

Appendix 5

EMPLOYMENT AND GOOD PRACTICE GUIDANCE

Confidentiality

Nurses are obliged through their code of conduct to respect the confidentiality of patient health information. It is a fundamental part of the nurse and patient relationship.

A breach of confidence by a nurse may render them liable to legal action and disciplinary proceedings by the NMC.

Every practice should have a policy covering confidentiality of health information and patient records, including maintaining security. (Nurses employed by GPs RCN guidance on good employment practice, RCN 2004)

Maintaining Registration

All nurses/midwives working in the UK are required to be registered with the NMC. It is their responsibility to maintain this registration and the employers responsibility to check that the staff they employ are registered as required with their professional body.

Revalidation

This is the process that allows Nurses/Midwives to maintain their registration with the NMC. It demonstrates their continued ability to practice safely and effectively, and is a continuous process that they will engage with throughout their career.

http://revalidation.nmc.org.uk/what-you-need-to-do/

The requirements for revalidation include:

- 450 practice hours or 900 if revalidating as both a nurse and midwife
- 35 hours CPD including 20 hours participatory learning
- Five pieces of practice related feedback
- Five written reflective accounts
- Reflective discussion
- Health and character declaration
- Professional indemnity arrangements
- Confirmation

Revalidation will help to encourage a culture of sharing, reflection and improvement amongst nurses and midwives and will be a continuous process that nurses and midwives will have to engage with throughout their career. It will allow nurses and midwives to demonstrate that they practice safely and effectively, strengthening public confidence in the nursing and midwifery professions.

Revalidation is not:

- An assessment of a nurse or midwife's fitness to practice;
- A new way to raise fitness to practice concerns (any concerns about a nurse or midwife's practice will continue to be raised through the existing fitness to practice process), or
- An assessment against the requirements of your current/former employment

The NMC have introduced Revalidation to:

- Raise awareness of the Code and professional standards expected of nurses and midwives
- Provide nurses/midwives with an opportunity to reflect on the role of the Code in practice as a nurse/midwife and to demonstrate that you are 'living' these standards

- Encourage nurses/midwives to stay up to date in their professional practice by developing new skills and understanding the changing needs of the public and fellow healthcare professionals
- Encourage a culture of sharing, reflection and improvement
- Encourage nurses/midwives to engage in professional networks and discussions about practice
- Strengthen public confidence in the nursing and midwifery professions

Revalidation and the Code

One of the main strengths of revalidation is that it reinforces the Code by asking nurses/midwives to use it as the reference point for all the requirements, including their written reflective accounts and reflective discussion.

This should highlight the Code's central role in the nursing and midwifery professions and encourages nurses and midwives to consider how it applies in their everyday practice.

Recruitment

- The nursing /midwifery post should be advertised as widely as possible;
- provide a job description and
- contact point within the practice for additional information
- All Nursing posts should be recruited to following an interview.
- It is good practice to have a nurse at a higher grade than the job advertised as a member of the interview panel to provide nursing expertise.
- Nurses should be asked at interview to:
    - ✓ confirm that they are on the 'live NMC register'
    - ✓ disclose any cautions/convictions
    - ✓ disclose any on-going NMC hearings
    - ✓ disclose NMC restrictions to practice

- As an employing organisation, employers should always undertake comprehensive pre-employment checks:
  - References should be requested and reviewed before offering the post.
  - Gain confirmation from the NMC register: https://www.nmc.org.uk/registration/search-the-register/
    - ✓ That the nurse is on the live register
    - ✓ qualifications
    - ✓ restrictions to practice
    - ✓ Undertake an Access NI check http://www.nidirect.gov.uk/accessni-checks
- If the practice is not registered with Access NI to make applications they should identify an Access NI umbrella body. (An Umbrella Body is an organisation which has registered with Access NI to make applications for Standard and Enhanced Disclosures on behalf of other organisations).
- Occupational health checks should be carried out as appropriate in accordance with normal recruitment policies.

Alert Notifications

If there is an alert the practice will be provided with a copy of the letter in the strictest confidence so that the practice, as the employing body, can contact the referring organisation listed on the letter and can then review the information provided to them and take appropriate action

- The Alert system is intended to cover situations where an HSC employer considers that a member of their healthcare staff may pose a risk to patient safety if they worked in a professional capacity
- The alert notification process is intended as a means of alerting prospective employers to check that the applicant's employment record is complete and appropriate references are obtained, and that information relevant to safe employment is known in advance of an appointment being made.
- Alert letters are issued by the Chief Professional Officers of DHSSPS

- The alert system is not part of either the HSC employees' disciplinary process or statutory regulatory Framework

Employment

Nurses should receive a written contract of employment and job description which identifies the activities, skills and expertise required to undertake the post.

It should include:

- ✓ line manager
- ✓ Salary
- ✓ Sickness absence
- ✓ Indemnity : all nurses should be informed of their indemnity arrangements (NMC requires that nurses declare that they are indemnified to practice as a nurse)
- ✓ CPD and Training requirements for the post.
- ✓ Allocation of time for continuing professional development.

The contract of employment starts as soon as the nurse begins work. The employer may verbally discuss the terms and conditions at interview.

However, by law an employee must receive a written statement of the main terms of employment – including disciplinary and grievance procedures – within two months of starting work.

This is relevant to full and part time nurses.

(Nurses employed by GPs – see RCN guidance on good employment practice, RCN 2004)

Appraisal

Nurse should have an annual appraisal with the General Practitioner/line manager

This provides the opportunity to reflect on:

- ✓ The nurse/midwifes performance against the requirements of their role and to identify areas for development and improvement
- ✓ CPD requirements to support the nurse/midwife's clinical practice
- ✓ GP practice organisational requirements
- ✓ Personal Development Plan.

This can contribute to the NMC revalidation process.

The revalidation process is designed so that it can be undertaken as part of a regular appraisal.

- ✓ *NMC recommend that, where possible, the confirmation discussion for revalidation forms part of an annual appraisal*
- ✓ *If the line manager is an NMC registered nurse/midwife the reflective discussion and confirmation discussion can be part of the annual appraisal*
- ✓ *The NMC consider that it would be helpful to have a discussion with the confirmer as part of the appraisal, so that the employer/line manager can be kept updated on the nurse/midwifes revalidation.*

Induction process

An effective induction process will improve working relationships and should include:

- ✓ introduction to the wider healthcare team,
- ✓ Employers policies and processes
- ✓ GP practice technology
- ✓ system for recording accidents and incidents involving staff/patients, including verbal and other abuse

While members of staff have a responsibility to perform their duties in a safe manner, ultimately it is the employer who is liable for their employees' actions.

Employers must therefore ensure that staff are competent to carry out their roles safely, based on what is expected from an average practitioner in that role.

Portfolio

The NMC advises that nurses and midwives develop and keep a portfolio to evidence that they have met the requirements of revalidation (this can be in manual/hard copy or electronically).

Good practice suggests that if the portfolio is kept electronically it should be 'saved' on a system which has a backup i.e. GP practice 'server' folder, NIPEC, RCN etc

The portfolio will be helpful for the discussion with the confirmer. Nurses/midwives will also need to have this information available to verify the declarations made as part of their application.

NMC recommends that the portfolio is kept until after the next revalidation.

For example if a nurse/midwife revalidates in 2016, the NMC suggest that the portfolio should be retained until after the nurse/midwife revalidates again in 2019.

The Application Process

Nurses/midwives will need to:

- ✓ set up a NMC Online account www.nms.org.uk/registraiton/nmc-online
- ✓ keep the contact details up to date so that the NMC can notify you when your revalidation application is due.
- ✓ Make sure you know when your revalidation application is due
- ✓ Make sure your employer understands revalidation

- ✓ Make sure that you have all your supporting evidence to hand when you start your online application.

Return to Practice Programme

If nurses/midwives have not met the requirements for revalidation they are required to undertake a return to practice programme to re-enter the register.

For further details: https://www.nmc.org.uk/registration/returning-to-the-register/

Further information for Nurses and Employers is available on the NMC website:

Nurses responsibilities in revalidation http://revalidation.nmc.org.uk/what-you-need-to-do

Employer responsibilities http://revalidation.nmc.org.uk/information-for-employers

How to Revalidate with the NMC, NMC 2015

http://revalidation.nmc.org.uk/what-you-need-to-do/

	Revalidation	Revalidation requirements
	**Practice hours**	You must practise a minimum of 450 hours (900 hours for those with dual registration) over the three years prior to the renewal of your registration.
	**Continuing professional development**	You must undertake 35 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse or midwife, over the three years prior to the renewal of your registration. 20 hours of CPD must be through participatory learning.
	**Practice-related feedback**	You must obtain five pieces of practice-related feedback over the three years prior to the renewal of your registration.
	**Written reflective accounts**	You must prepare five written reflective accounts on what you learnt from your CPD, practice-related feedback or an event or experience in your practice, and explain how this is relevant to the Code.
	**Reflective discussion**	You must discuss these reflective accounts with another NMC-registered nurse or midwife as part of a reflective discussion.
	**Health and character**	You must provide a health and character declaration, including declaring any cautions or convictions.
	**Professional indemnity arrangement**	You must declare that you have, or will have when practising, appropriate cover under an indemnity arrangement.
	**Confirmation**	You will need to demonstrate to an appropriate person that you have met the revalidation requirements.
	**Keeping a portfolio**	We strongly recommend that you keep evidence that you have met these requirements in a portfolio. This does not have to be an e-portfolio.

How to Revalidate with the NMC, NMC 2015

The Online Application

- Opens 60 days before revalidation application date
- During the 60 day period nurses/midwives need to log into the application via NMC Online and address each of the requirements

Contacting your employer or any other relevant third party

- NMC may contact your employer or any other relevant third party who can verify that you have provided in your application

Paying your Fee

- You will need to pay your annual fee as part of your revalidation application. Your registration will not be renewed until the NMC have received payment
- Please note that you must still pay your annual fee every year to retain your registration with the NMC.

Nurses/midwives must provide the required information to the NMC before the 1st of the month of their renewal date or they will lapse from the register. (the 'month' of renewal is used by the NMC to process the information).

Verification of application

- Each year a number of applications will be selected for verification. This does not mean that there are any concerns about the application and you can continue to practice while the NMC review the information provided.
- Where possible the NMC will notify you immediately after you submit your application and made your payment. If this is not possible they will email you within 24hours.
- NMC will contact your confirmer to request further information.
- The verification process will be completed within three months of your renewal date.

How to Revalidate with the NMC, NMC 2015

Failure to revalidate

- If you fail to submit your revalidation application before the end of your three year renewal period, your registration will lapse (automatically expire).
- If you want to come back onto the register, you will need to apply for readmission
- If you submit an application for revalidation, but fail to meet the revalidation requirements and your application is refused – you may appeal within 28days. (appeal must be made in writing (see NMC website & ragsupport@nmc-uk.org)
- If you failed to pay the registration fee or to submit an application form at all within the required timescale and your application to renew your registration is refused s a result, you do not have a right of appeal.
- If you do not renew your registration and lapse from the register, you are no longer a registered nurse or midwife.
- It is an offence to falsely represent yourself as being on the register or use a title to which you are not entitled to use.

Remember: If a nurse /midwife lapses from the register it may take up to 6 weeks to re-enter the register (during this time they cannot undertake a nursing role).

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