

SNAPshot

(Supporting Nurses and Practice)

Survey



Section 1 About you and your practice

1. What is your job title?

- Practice nurse
 - Treatment room nurse
 - Nurse practitioner
 - Specialist nurse
 - Other, please state
-

2. How many hours do you work?

- Less than 10
- Between 10 and 20
- Between 21 and 30
- More than 30

3. How many GPs are there in your practice?

- 1
- 2
- 3
- 4
- 5
- 6-10
- More than 10

4. How many nurses work at your practice?

- Just you
- 2
- 3
- 4
- 5
- 6-10
- More than 10

5. How old are you?

- Under 30
- Between 31 and 40
- Between 41 and 50
- Between 51 and 60
- Over 60

6. How long have you worked in general practice?

- Less than a year
- Between 1 and 3 years
- Between 3 and 5 years
- Between 5 and 10 years
- More than 10 years

7. Does your role involve (you may tick more than one option)

- 'Treatment room' work
 - Chronic disease management
 - Triage
 - Minor illness management
 - Minor injury management
 - Women's' health
 - Immunisation
 - Health Promotion
 - Nurse prescribing
 - Managing other staff
 - Other, please state
-
-

Section 2 Employment conditions

1. In the practice where you work do you have: (tick any that apply)

- A contract of employment
- A comprehensive job description
- Annual appraisal
- Protected time for study
- Help in compiling a professional development plan (PDP)
- Support to achieve the goals in your PDP
- Mandatory annual training in anaphylaxis and Basic Life Support
- Regular team meetings with the GPs
- Pay scales linked to Agenda for Change
- A clear line of managerial responsibility
- Protected time for administrative work

Section 3 Training and Education

1. What professional qualifications do you hold?

- RGN/RN EN DN HV
 - Nurse Practitioner
 - Specialist Community Practitioner
 - Dip N BSc
 - Other, please state
-

2. What post-registration courses have you completed? (tick any that apply)

- Cervical cytology screening certificate
 - Family planning certificate
 - Asthma diploma
 - Diabetes diploma/equivalent
 - Tissue viability/wound care
 - Travel health diploma/equivalent
 - Coronary vascular disease and hypertension
 - Nurse Prescribing
 - Ear care
 - Childhood immunisation
 - Other, please state
-
-
-

3. When you were first employed at this practice, did you :(tick for yes)

- Complete a formal in-house induction programme
- Have access to an identified mentor to support you in the role
- Complete a foundation practice nurse course within a year
- Have an assessment of your competence in the tasks you were allocated

4. If you manage other staff, what managerial training have you had?

- None
 - Appraising staff
 - Mentorship (assessing student nurses)
 - IT skills
 - Audit
 - Clinical Governance
 - Other, please state
-
-
-

Section 3 Training and Education (continued)

5. What courses does your local university provide for practice nurses?

- Practice nurse induction/foundation programme
- Clinically focused study days
- Accredited modules on clinical topics
- Specialist community practitioner
- Nurse practitioner
- Nurse prescribing
- Don't know
- None

6. Who else provides training for you?

- PCT
 - Pharmaceutical companies
 - Private training companies
 - GPs
 - Local practice nurse group/forum
 - Other, please state
-

7. Is there any training you still require to carry out your current role?

- Yes
- No

8. If yes, please specify

9. Are there any obstacles to you accessing training?

- Yes
- No

10. If yes, are these:

- Funding
 - Availability of courses
 - Location of courses
 - Being released to attend
 - Getting cover for your clinics
 - Other, please state
-

11. Are you clear about whom to approach for funding for training?

- Yes
- No

Section 4 Professional Support

1. Do you have access to: (tick any that apply)

- A PCT facilitator/manager who supports practice nurses
- Mentorship (support from a more experienced practice nurse)
- Formal, regular clinical supervision
- A local practice nurse forum/group

2. Do you belong to a union or professional organisation?

- Yes
- No

3. Have you ever been asked to undertake a task you did not feel competent to perform?

- Never
- Rarely
- A few times
- On many occasions

Section 4 Professional Support (continued)

**4. If this has happened to you, did you:
(tick any that apply)**

- Refuse to do the task
- Ask to be supervised
- Request further training
- Seek advice from a mentor/PCT
- Other, please explain

**5. What, if any, were the consequences of
your actions?**

**6. How is your role development
determined?**

- According to the needs of the practice
- Around your professional development needs
- A combination of both
- Neither
- Don't know

**7. How do you usually resolve problems to
do with your work?**

- Ask your nurse manager or practice manager to deal with it
- Speak to the senior partner
- Arrange a team meeting to discuss the issue
- Avoidance
- Not sure who to approach
- Other, please state

8. Are problems ever left unresolved?

- Often Sometimes Never

**9. How involved in decision-making about
matters affecting nursing are the nurses
in your practice?**

- Very Quite a lot Fairly
 Not much Not at all

Please make any other comments related to support and preparation for the work that you do:

Thank you for completing this survey

**Please return to: WiPP, Regal Place,
Maxwell Road, London SW6 2HD**