

General Practice Nursing
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Working in Partnership Programme: General Practice Nursing Education Summit

Goodenough College, London

Autumn 2007

Executive Summary

- General practice nursing is a “serious career option” that needs to be supported by a recognised, mandatory career framework, according to Chief Nursing Officer of England Chris Beasley.
- Delegates said that access to funding for education is a widespread problem for nurses, and the government should release the training funds that were frozen during recent cutbacks.
- The current lack of mandatory national standards in general practice nursing needs to be addressed, so the sector can “get out of cottage industry mode”, Ms. Beasley said.

- The government through consultation commenced consultation from 1st November 2007 on aspects of pre- and post-registration nursing, and all stakeholders are encouraged to contribute their views. The NMC has been very encouraged to read within the recent White paper, Trust, Assurance & Safety - the Regulation of HPs in the 21st C (2007) that where appropriate, common standards and systems should be developed across professional groups where this would benefit patient safety. This will encompass the development of standards for higher levels of practice, particularly for advanced practice in nursing, AHPs and healthcare scientists. The NMC are therefore awaiting the White paper implementation plan before further debate on progression of this work can be undertaken”.
- Delegates concluded that the right people should get around the table at a national and local level, to ensure that training and development is embedded within contracts with the right emphasis and priority.
- Commissioners should set contracts that include rigorous standards for education and training, and the commissioning of education should be integrated with the commissioning of services.
- Any standard for education and training should include clinical placements. The GP Training practices & VTS model for GPs could be utilised for training other clinicians. Delegates recommended that a regulatory framework for the training and standards of health care assistants (HCAs) and assistant practitioners be established by June 2008, along with a code of conduct.
- To help establish role boundaries, a general practice delegation framework should be developed, building on existing models but to include HCAs and assistant practitioners.
- Training practices should become approved centres for multiprofessional learning with commensurate funding expanding from the current medical education fund”
- Some members suggested creating a Royal College of General Practice Nursing or an affiliated college with the Royal College of General Practitioners.



Introduction

Educational standards and opportunities for nurses working in general practice vary widely across the country. There are guidelines, but few mandatory national standards, leading to vast inconsistencies in educational attainment among nurses working at the same level and doing the same job. At the same time, access to funding is patchy, adding to the pattern of inconsistency, and role boundaries that might determine training needs are often unclear. This diverse picture is set against a context of changing patient needs and a changing NHS, as the emphasis shifts from secondary to primary care.

To explore the educational needs of general practice nurses and identify ways to improve opportunities, the NHS Working in Partnership Programme (WiPP) brought together practitioners, managers, policy makers and educators for a day's discussion and debate. Chief Nursing Officer of England Chris Beasley gave the keynote speech, highlighting the challenges facing practice nurses today. A "Question Time" session followed, with a panel of distinguished professionals answering – and debating – questions from the floor. The key issues to emerge from this session were then thrashed out in four workshops, the findings of which were fed back to all delegates later in the day.

Hundreds of thousands of flowers blooming

Chris Beasley almost became a practice nurse herself.

She told delegates: “About 20 or 30 years ago, my family GP said, ‘Hey Chris, why don’t you come and do a couple of evenings at the practice?’ I said, ‘I know nothing about it.’ And he said, ‘Oh, that won’t matter at all.’”

Using this anecdote to introduce her theme of “changing society, changing services”, Ms Beasley noted that the days when people thought anyone could be a practice nurse, with no training whatsoever, were not so long ago. Now, it’s widely recognised that the skills and competencies required by general practice need to be formalised – but without “making the whole thing so bureaucratic that people can hardly move.”

Voicing a view shared by many of the delegates, Ms Beasley identified the lack of mandatory national standards that grew out of that informal approach as the root of the issue.

“Somehow, we’ve got to think about what some of those standards look like. What is the core education that is needed?” Ms Beasley said. “It’s a very important journey in general practice, to get out of the cottage industry mode. We’ve got to start saying, ‘How are we judging, and how are we monitoring, general practice nursing?’”

Ms Beasley highlighted the many frameworks and models already available to general practice nurses, including Working in Partnership Programme (WiPP) General Practice Nursing Toolkit, and went on to outline briefly how the government policy document Modernising Nursing Careers might contribute.

“The Nursing and Midwifery Council are looking at pre-registration nursing, consulting on issues around pre-reg. At the same time, I’m leading the consultation on post-registration and post-graduate careers, which will follow the same consultation period,” she told delegates.

“There are hundreds of thousands of flowers blooming, and it’s very difficult for nurses themselves to say, ‘What does the journey look like?’ We need pathways that are much more easily seen, that nurses can more easily follow, and that patients can much more easily understand. And we’ve got to get the levels right along that pathway.”

The Chief Nursing Officer invited delegates to contribute to these consultation exercises. She also mentioned ongoing policy work on revalidation and accreditation, and the need to move forward on multi-professional education, a theme that would recur throughout the day.

Ms Beasley concluded with an assertion that general practice is a “serious career option” that needed to be supported by a recognised, mandatory career framework. She urged delegates to address the question, “What next?” because there was a great opportunity to act now, while there was “movement” in the system.

A growing industry

The lively question time session, chaired by former BBC health correspondent Sharon Alcock, exposed the range of opinions vying to be heard in this education debate. On the panel were Mayur Lakhani, Past Chairman of the Royal College of General Practitioners; David Colin-Thomé, medical Director for the Commissioning and System Management Directorate of the NHS at the Department of Health; Katrina MacLaine, Faculty of Health and Social Care, London Southbank University; Paul Vaughan, National Project Manager for the WiPP Health Care Assistant (HCA) Initiative; Maureen Morgan, Nursing Officer, Policy and Planning for Primary Care at the Department of Health; Jan Goldsmith, Professional Adviser for Education at the Nursing and Midwifery Council; and Lynn Karstadt, Member of Executive Team of the Council of Deans for Health

The first question from the floor dived straight into the issue of continuing professional development (CPD). Should GP and nursing organisations support CPD for practice nurses through mandatory mentors, practice teachers and practice placements? Jan Goldsmith pointed out that the Nursing and Midwifery Council already had an established framework for CPD as part of its post-registration education and practice standard. The code of conduct requires nurses to keep their skills and knowledge up to date, and to undertake “appropriate learning” with the necessary support.

That “support” for training – in the shape of funding and time – was the subject of much debate during the session. Mayur Lakhani was asked if it was realistic to expect GPs to prioritize training for their practice nurses. He conceded that all

employers should be committed to the proper development of their staff, but that should be driven by the needs of patients. He advocated the use of “practice professional development plans”, based on the needs of the practice population. In his opinion, this would enable multi-professionalism to replace the “tribalism” of the current uni-professionalism approach, to the benefit of patients.

Presenting the perspective of the Department of Health, Maureen Morgan said that the new GMS contract obliges practices to employ only people who have the skills, knowledge, and competence to do the job. “So the framework is there to be used,” she said. “It’s just a question of how you make it happen.” Additionally, Modernising Nursing Careers is looking at how “post-basic training in all settings” can be standardized. Ms. Morgan pointed out that nurses themselves have a responsibility to ask questions about their contract before going to work in general practice, not a year down the line, when it is much harder to do so.

“Health care is a growing industry. This is not the mines,” she said. “There’s work out there for all of us to do and we need to be thinking about how best we can do that.”



David Colin-Thomé added that the NHS is now over its debt problem, so funding is not as restricted as it has been. He said that, in his view, training should not be funded by SHAs and PCTs, but rather by each individual practice. He also said that element calculated into GP remuneration for practice employed staff training when GMS contract revised recently

In response, Lynn Karstadt pointed out that there was no consistency in this area: some practices are excellent at supporting their staff's training needs, others aren't. She suggested a "mandatory fallback situation" be established, to make sure the necessary training actually takes place.

These concerns were echoed by Katrina MacLaine, who highlighted the "vulnerability" of the current situation. With PCTs no longer paying 70 percent of the costs of university nursing courses, many practice nurses and nurse



practitioners are now funding their own training. She warned that this was unsustainable, and asked, "Where are nurses going to get their training from in the future?"

The discussion then turned to the demise of practice nurse advisers, facilitators and trainers within PCTs, and the impact this might have on practice nurse development. David Colin-Thomé suggested that PCTs needed to have a more

flexible approach, assessing each situation on patient need, rather than automatically employing a practice nurse adviser. He conceded that advisers were necessary from time to time, but said that this function could be subcontracted out.

Paul Vaughan stressed how important practice nurse advisers were in developing the role of the health care assistant. “[The practice nurse adviser] is an enormously beneficial role,” he said. “In my opinion it is not good enough to get rid of the role and not replace it with something else.”

Highlighting a recurrent theme of the day, a question was raised about the lack of national standards in the training and regulation of health care assistants and assistant practitioners. Jan Goldsmith told delegates that the Nursing and Midwifery Council was currently debating this issue. She acknowledged that there was pressure to take action fast, but pointed out that the complexity of the issue required a considered approach that would inevitably take time.

Paul Vaughan confirmed that standards for health care assistants varied widely across the country.

“My concern is that the wheels are turning so slowly. People are undertaking roles that perhaps they should not be undertaking. Who is leading on it? There’s a real issue about when it’s going to happen,” he said. He reminded delegates



that WiPP has developed a range of resources that show what the standards might look like in this area.

Other topics touched upon during this session included the status of nurses compared to that of GPs and how it might be improved, and the need for a strategic education plan as primary care moves from a centralised model to one based on independent service providers.

The way ahead

After the Question Time session, the delegates broke away into four groups, to discuss some of the issues raised in the debate. In the afternoon, the group facilitators presented the outcomes of their workshops to all the delegates, leading to further questions and discussion.

Continuing Professional Development

The group discussing CPD identified a number of steps that could be taken to improve CPD among practice nurses. To break down traditional barriers, training should be across the primary and secondary care interface, they said.

Commissioners should be developed and their accountability increased, with the hope that transparent accountability will lead to transparent autonomy. The group decided that all key stakeholders in nursing leadership needed to be proactive, and should engage in the opportunities afforded by the upcoming review of pre- and post-registration training.

They recognised a need to make CPD fit for purpose – or “future proofed” – and believed the responsibility for this sat squarely with the funders, who needed to live up to this responsibility. Their final conclusion was two-fold. First, commissioners should set contracts that include rigorous standards for education and training – and the commissioning of education should be integrated with the commissioning of services. Second, any standard for education and training must include clinical placements.

No recognised mandatory standards

The lack of recognised mandatory standards of competencies and ongoing development provoked discussion around four key areas: pre-registration learning based in the general practice setting; the need for role definition for practice nurses; the lack of minimum national thresholds for translation at a local level, in terms of job responsibilities and skill sets; and patient safety, which delegates identified as the whole point of education and development in the first place.

While acknowledging that the prevailing culture of general practice was a stumbling block – with its perception that, with nurses, one size fits all – delegates presented their suggested next step: to get the right people around the table at a national and local level to ensure that training and development is embedded within contracts with the right emphasis and priority. In order to achieve this, the “real stakeholders” need to be identified, messages and rationale need to be packaged in a compelling way, and lobbying and campaigning must take place at all levels.

Regulation and training of HCAs and assistant practitioners

Delegates identified two key issues that need to be addressed, as the roles of HCAs and Assistant Practitioners develop. First, role boundaries need to be established, including around delegation, while somehow maintaining a degree of flexibility. Second, there need to be national standards for regulation and training for HCAs and assistant practitioners – and these need to be standards “with clout”.

The group was specific in its recommendations, suggesting that the regulation of training and standards for HCAs and assistant practitioners be established by June 2008, along with a code conduct. They recommended that a general practice delegation framework be developed, building on existing models but to include these two roles. Finally, they suggested that training practices should cover the whole team, and should lose their emphasis on GPs.

Access to funding

What money is available for training? Who is allocating it, and using what selection criteria? How do you balance the needs of individuals, organisations, and PCTs in allocating funding for education? These were some of the issues emerging from the fourth group's discussion, which in turn led to a plethora of suggested solutions.

Delegates agreed that transparency should be increased around how much money was available and how it was allocated. Additionally, there should be a



contractual obligation by practices and other employers to make training part of the practice nurse's contract. It would also be helpful for funders if training had some kind of "value for money" indicator, so they could assess where to invest. It was even suggested that each individual should have a "life-long learning" account, that followed them throughout their careers.

As next steps, delegates suggested lobbying the government to regain the money for training that was lost during recent budget cutbacks. There was a call for the government "to put their money where their mouth is and put more money into primary care", in light of the shift in focus from secondary to primary care. They also saw a need to influence the new structures and outputs of

deaneries, and asked for the WiPP General Practice Nursing Forum to continue. Dr Lakhani referred to Leicestershire GP Practice Staff Training Scheme that been running for 10 years almost wholly funded by local GPs (similar scheme in Kent & Medway)

Finally, the group suggested creating a Royal College of General Practice Nursing or, failing that, an integrated college with the Royal College of General Practitioners. This idea was not completely ruled out by Mayur Lakhani, who said his college might look at establishing a special interest group or faculty for general practice nurses.

Conclusion

The aim of the General Practice Nursing Education Summit was to bring together practitioners, educators, and policy makers to highlight the importance of education for nurses working in general practice and debate how the current situation might be improved. What emerged at the end of the day was a set of concrete next steps that could make training and development opportunities more available to more nurses nationwide, ultimately leading to better patient care. The outcomes of the day's discussions will be developed into briefing document to be published at a later date.



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