



General
Practice
Foundation



Royal College
of Nursing

RCGP General Practice Foundation / RCN

General Practice Nurse competencies

DECEMBER 2012 UPDATED MAY 2015

This document has been developed and up dated by the original team
and is led by nurses currently working General Practice



Acknowledgments

Recognising there have been, over the years, a number of competence models for General Practice Nursing, this particular framework represents a continuation of the work commenced in 2001 as an output from an Educational Advisory Group comprising of experienced General Practice Nurses (GPNs) from the South West of England. In 2003, Avon Gloucestershire and Wiltshire Strategic Health Authority established a project group of personnel drawn from general practice, higher education institutes and the South West Deanery. They developed the work further, incorporating the job descriptions produced by Charnwood and North Leicestershire PCT, and aligning it with the Knowledge and Skills Framework (Version 6) of the NHS. In 2004, a Toolkit was completed and piloted. It is this Toolkit (called the AGS/SWD Toolkit) in 2006 that was further developed and incorporated into the NHS Working in Partnerships Programme (WiPP) General Practice Nursing Project and in 2009 was hosted within the GPN Toolkit on the Royal College of Nursing (RCN) website.

This current framework has been updated and expanded by the development team below three of whom were members of the original working party. They would like to acknowledge the work of all individuals and organisations involved in previous versions of the framework. They would also like to thank the Royal College of General Practitioners (RCGP) for providing the structure and facility to further publish this framework through the General Practice Foundation.



RCGP Competence Framework Development Team

Dorf Ruscoe, Honorary Associate Professor, Plymouth University:
formerly General Practice Lead, Plymouth University

Fiona Cook, Senior General Practice Nurse, Okehampton Medical
Centre and General Practice Lead, Plymouth University

Jacque Phare, Formerly Advanced Nurse Practitioner and currently
Interim Director of Nursing and Professional Practice, Torbay and
Southern Devon Health and Care NHS Trust

Gerry Hinton, Consultant in Management and Leadership and
Formerly RCGP Leadership Programme, University of Exeter

Tricia Smith, Practice Nurse Lead for Sentinel Health Care CIC and
Lecturer, General Practice Unit, Plymouth University

Our thanks also go to the following leading GPNs and Advanced Practitioners
who have peer reviewed this framework and provided valuable comment and
feedback much of which has been incorporated into this final version.

Jenny Aston, Former Chair, APN Forum, Chair RCGP Nursing Group,
General Practice Foundation

Susan Kennedy, National Co-ordinator for General Practice Nursing
NHS Education for Scotland

Marina Lupari, Lead Primary Care Nurse, Public Health Agency,
Nursing & Allied Health Professionals (Northern Ireland)

Eileen Munson, Chair of the Welsh Practice Nurses Association

Marie Therese, Chair of the RCN Practice Nurse Association

December 2012 updated 2015



Introduction

This competency framework addresses the common core competencies and the wider range of skills, knowledge and behaviours a nurse needs in order to be a fully proficient GPN. It is important to recognise that these competencies may take time to fully develop and consolidate; progress will vary according to working context and the individual. It is recognised that novice GPN's may already have a significant level of nursing capability in other fields, however the wide remit of the GPN role encompasses many areas of care provision not previously encountered by the new entrant. It is also acknowledged that some nurses may become expert in a more specialist area of care in their practice. However all should ensure they achieve and maintain a minimum level of competency across all areas of the generalist role.

The document is presented in a format that aligns the competencies with the Knowledge and Skills Framework of the National Health Service. (DoH 2004). This has at times resulted in certain competencies seeming to overlap with or be equally appropriate to dimensions other than the one in which they are included. The document assumes an entry point to level 5 (newly registered nurse) progressing to level 6 and in some instances level 7 as expert specialist proficiency is achieved.

The document is written for use in the four countries of the United Kingdom and users will need to ensure that the local context is applied where appropriate.



How can the framework be used?

- It provides a detailed picture of the role of the GPN. As already stated this role is wide ranging and it may take time for you to acquire all the competencies. This will depend on various factors including your existing level of experience, working hours and the nature of the employing organisation. We recommend that the competencies that are specifically related to your initial responsibilities are given priority. It is anticipated the full range of competencies will be achieved within 18 months of commencing employment.
- It is designed as an initial self-assessment tool to help individuals recognise their current level of competence and identify specific areas for further development. We recommend that this is completed at the outset of an individuals' employment within the domain of general practice nursing to ensure that individuals new to the role recognise gaps in their knowledge and work within the scope of professional practice (NMC 2008).
- During the preceptorship / training period it can be used to as a tool to review and demonstrate progress, recognise the acquisition of specific skills and knowledge and provide evidence of assessment of safe clinical practice. We suggest three and six monthly reviews are done jointly with senior practice nurse or educator. The final assessment of competence may be carried out by an educator or a suitably qualified health professional. On this occasion a record of how the evidence of competence was demonstrated and achieved should be included.
- It can form the foundation of a portfolio of continuing professional development to assist all practitioners regularly review their level of competence and ensure they continue work within their scope of their professional practice.
- It is recommended as a tool to support the process of appraisal and provide evidence for revalidation and the meeting of Care Quality Commission (CQC) fundamental standards.
www.nmc.org.uk/standards/revalidation/
www.cqc.org.uk/content/fundamental-standards
- The document can also inform and support commissioning process; the design and delivery of education and training; workforce planning as part of recruitment, retention and progression (for example, job design, benchmarking candidates and the framing of interview questions); practice revalidation and evidence of meeting national quality standards.

Assessment of Competence and Progression

- Reviews conclude that there is no generally accepted 'gold standard' for the assessment of competence. Therefore a multi method approach to assessment of self and of others is recommended. Examples of approaches include direct observation, video, written evidence including reflection, specific case analysis, and feedback from patients, colleagues and other sources. This optimises reliability and validity. Assessment of practice should combine the holistic approach with the need to achieve very specific clinical skills.
- The Nursing and Midwifery Council (NMC) uses competence to describe skills and ability to practice safely and effectively without the need for supervision (Dolan 2003).

A very well acknowledged and valuable concept is Benner's 'novice to expert model' (1984)

- 📎 Novice – stage in skill acquisition where no background understanding of the situation exists, so that context-free rules and attributes are required for safe entry and performance. Requires rigid protocols from which to work and can only work under supervision.
- 📎 Advanced beginner – can demonstrate a marginally acceptable performance. The advanced beginner has enough background experience to recognise aspects of the situation, and can vary the approach used according to the needs of individual patients, although still requires supervision.
- 📎 Competent – a stage in skill acquisition typified by considerable, conscious, deliberate planning. The competent stage is evidenced by an increased level of proficiency, the individual no longer requires supervision for routine tasks, but is aware of the limits of her/his knowledge and skills, and refers to others appropriately.
- 📎 Proficient – the proficient performer perceives situations as a whole rather than in terms of aspects, and performance is guided by maxims. The proficient performer has an intuitive grasp of the situation based upon a deep background of understanding, the individual is experienced in the field of work, competent to modify procedures appropriately to match differing circumstances, and able to advise others on how to perform tasks.

- 📎 Expert – developed only when theoretical and practical knowledge is tested and refined in real-life clinical situations. An expert has a deep background of understanding in clinical situations based upon many past cases, is very experienced, their work tested in difficult situations and has the ability to teach others,

The framework which now follows contains the overarching attitudinal competencies that are essential to meeting the GP Foundation standards for General Practice Nursing. These are aligned with the professional standards of practice for nurses and midwives set out in the NMC Code of March 2015 and underpinned by the philosophy of the Culture of Compassion Care: the 6Cs. (<http://www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf>).

This training curriculum is also informed by the 11 fundamental characteristics of General Practice as defined by WONCA* (2005); (see Appendix 1)

*World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, or World Organization of Family Doctors for short.



Contents

■ Communication	9	■ Immunisation of children and adults	34
■ Communication with Patients	9	■ Travel Health	35
■ Communication within teams	10	■ Mental Health and Well Being	36
■ Team Leadership	11	■ Men's Health	38
■ Personal and People Development	12	■ Women's Health	39
■ Health, Safety and Security	16	■ Family Planning and Sexual Health	40
■ Quality and Service Improvement	20	■ Care of Patients with Long Term Conditions: Diabetes	41
■ Equality and Diversity	23	■ Care of Patients with Long Term Conditions: Chronic Obstructive Pulmonary Disease (COPD) and Asthma	42
■ Health & Well-Being	25	■ Care of Patients with Long Term Conditions: Hypertension	43
■ Management of Emergency Situations	26	■ Care of Patients with Long Term Conditions: Cardiovascular Disease	44
■ Therapeutic Monitoring	26	■ Care of Patients with Long Term Conditions: Other Conditions	45
■ Ear Care	27	■ Information and Knowledge IK1, IK2, IK3	48
■ Wound Management	28	■ General – Learning and Development G1	51
■ Minor Surgery	29	■ General – Development and Innovation G2	53
■ Health Promotion	31		
■ Health Screening	32		
■ Cervical Sampling	33		



Contact Details

First name:

Surname:

Name of Practice:

Start Date:

Reviewer name:





Communication	Date and level Initial self assessment	Date and signatures 1 st review	Date and signatures 2 nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Communication with Patients</p> <p>Manage routine consultations with patients including:</p> <ul style="list-style-type: none"> • Initiating the session/time management • Using a holistic approach gather information and receive a history • Identifying problems appropriate for nurse management • Clinical reasoning: identifying possible courses of action for you to undertake or the level and speed of referral <p>Being able to assist the patient to make decisions in a style appropriate to their wishes</p> <ul style="list-style-type: none"> • Planning and exploration • Closing the session • Being aware of potential barriers to communication, being mindful of needs of specific groups 					
<p>Manage clinical risk within face to face and telephone patient communications including:</p> <ul style="list-style-type: none"> • Recognising signs and symptoms which may indicate the presence of serious medical conditions ('Red flags') and taking appropriate action • Working at all times within personal professional and clinical boundaries • If requested to undertake telephone triage, ensure that adequate training and support has been provided 					
<p>Respond appropriately and communicate effectively with patients who have specific needs including:</p> <ul style="list-style-type: none"> • Children and Adolescents • Learning Disability and Difficulty • Physical Disability • Mental Illness including those with memory loss • Bereavement • Terminal illness • Distressed or angry patients • Difficulty in communicating and understanding the English Language 					





Communication	Date and level Initial self assessment	Date and signatures 1 st review	Date and signatures 2 nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Have an understanding of the ethical issues and clinical audit that impinge on general practice including:</p> <ul style="list-style-type: none"> • The responsibilities and obligations of the Data Protection Act and the Caldicott Report (1997) regarding patient confidentiality • The requirements of Information Governance • Clearly representing the patient's viewpoint to others <p>Additional Resources: http://www.england.nhs.uk/ourwork/tsd/ig/</p>					
Communication within teams					
<p>Communicate effectively with other disciplines to enhance patient care</p>					
<p>Promote integrated working across organisational boundaries to enhance patient care.</p>					





Communication	Date and level Initial self assessment	Date and signatures 1 st review	Date and signatures 2 nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Work effectively in your team and support structures that are in place for the smooth running of the practice</p>					
<p>Be able to delegate clearly and appropriately including assessment of clinical risk and application of the principles that underpin delegation to unregulated health care support workers:</p> <p>Please see Royal College of Nursing (2011) "Principles of Accountability and Delegation"</p> <p>Additional Resources:</p> <p>www.rcn.org.uk/__data/assets/pdf_file/0003/381720/003942.pdf</p> <p>http://www.nmc.org.uk/standards/code/</p>					
Team Leadership					
<ul style="list-style-type: none"> Support the leadership of the team with suggestions based on your own clinical experience. Take the leadership of specific situations if appropriate Provide guidance, support and direction for more junior members of the team Contribute to and review the performance of more junior team members to help ensure they use and develop their skills effectively to provide quality patient care. <p>Additional Resources:</p> <p>http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Framework-LeadershipFramework-Summary.pdf</p>					





Personal and People Development	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Recognise and promote the wide remit of the General Practice Nurse					
Apply clinical governance principles and practice to your work					
Recognise and understand the roles of individuals working within the Primary Health Care team and understand how the roles of other practitioners and agencies interface with yours					





Personal and People Development	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Appreciate and work with the changing structures of health care provision and understand the key issues as they affect your practice such as:</p> <ul style="list-style-type: none"> • The role of organisations involved in commissioning and provision of services for patient care. • The contractual arrangements • How Quality and Outcomes are measured, monitored and rewarded • Local and National Quality improvement strategies and approaches including CQC standards • See NHS Employers and QOF http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework • NHS Five Year Forward View: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf 					
<p>Have an understanding of how the current National Service Frameworks, National Standards, NICE guidelines and other national and local policies impact on your work.</p> <p>Understand how these are communicated and implemented within the work place</p>					





Personal and People Development	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be aware of the Legal and Professional issues pertinent to working as a General Practice Nurse including:</p> <ul style="list-style-type: none"> • Duty to maintain effective registration and comply with the requirements for revalidation and fitness to practice. http://www.nmc.org.uk/standards/code & http://www.nmc.org.uk/registration/staying-on-the-register/ & http://www.nmc.org.uk/standards/revalidation/ • Ensure you meet the requirements for Professional Indemnity • Accountability and delegation • Consent including Young People's Competency to Consent • Mental Health and Capacity requirements. • Safeguarding children and vulnerable adults including statutory child health procedures and local guidance • Access to Health Records • Notification of Infectious Diseases (NOIDs) • Duty of care • Duty of Candour • Duty to raise concerns • Vicarious liability • Record keeping • Use of clinical guidelines/protocols/patient group directions/ patient specific directions 					
<p>Understand the benefits of clinical supervision for the individual, the organisation and the service: Identify sources of provision within your area and ensure you are involved in it</p>					





Personal and People Development	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Develop your personal management and leadership abilities by:</p> <ul style="list-style-type: none"> Gaining insight into yourself and your own behaviours by reflection on events obtaining, analysing and acting on feedback from a variety of sources accessing coaching if appropriate being able to identify and manage your own emotions and prejudices, understanding how these can affect your own judgment and behaviour and how they can impact on patients and colleagues being able to professionally manage the emotions of others upholding and being a good model of personal and professional ethics and values recognising and respecting the values and ethics of others <p>Additional guidelines and resources</p> <p>www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Framework-LeadershipFramework-Summary.pdf</p>					
<p>Use the principles of appraisal and reflective practice to support and maintain your own personal portfolio and professional development plan</p> <ul style="list-style-type: none"> With peers and senior colleagues, participate in team training and effective assessment of practice Maintain accurate records as evidence for revalidation and CQC purposes retain certificates as evidence of completion of formal training and education 					
<p>Identify specific training and support as required for your continuing professional development and work with the practice to access this</p> <p>Additional guidelines and resources</p> <p>www.nmc-uk.org/Documents/Standards/nmcStandardsToSupportLearningAndAssessmentInPractice.pdf</p> <p>Under direction, if qualified to do so, act as a mentor/teacher/assessor to others in a clinical situation.</p>					





Health, Safety and Security	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Have a working knowledge of Health & Safety requirements within the workplace, including fire procedures. Follow procedures to report any concerns identified					
Work with patients and colleagues in adopting sound infection control measures					
Be able to identify, and if appropriate take action on the risks to health of microbiological and chemical hazards within the working environment according to COSHH regulations (COSHH 2002)					





Health, Safety and Security	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Vaccine and Drugs</p> <ul style="list-style-type: none"> • Ensure cold chain, safe storage, vaccine stability, rotation and disposal of drugs • Where appropriate oversee the monitoring, stock control and documentation of controlled drug usage according to legal requirements <p>https://www.gov.uk/government/publications/vaccines-stored-outside-the-recommended-temperature-range-leaflet</p>					
<p>Emergency situations</p> <p>When appropriate, be able to manage the emergency response and treatment using local guidelines; see 'Management of Emergency Clinical Situations'.</p>					
<p>Infection control</p> <p>Apply infection control measures within the practice according to local and national guidelines including:</p> <ul style="list-style-type: none"> • Hand washing • Universal hygiene precautions • Collection and handling of laboratory specimens • Segregation and disposal of waste materials • Decontamination of instruments and clinical equipment • Reporting and treatment of sharps injuries • Dealing with blood and body fluid spillages <p>https://www.nice.org.uk/guidance/cg139</p>					





Health, Safety and Security	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Recognise and manage situations where specific training is a requirement in order to work within scope of practice					
Mandatory Training Be aware of and undertake mandatory training and updates in: <ul style="list-style-type: none"> • Anaphylaxis • Basic Life Support • Child Protection awareness • Manual Handling • Fire Safety • Infection control • Safeguarding • Clinical knowledge and skills as required by your role. 					
Know how to use the personal security systems within the workplace					





Health, Safety and Security	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Practice/Organisational Policies</p> <p>Be aware of and abide by:</p> <ul style="list-style-type: none"> • Procedures and systems • Health and safety documentation • The monitoring and reporting of the state of equipment and furniture • Current recommendations for the safe use of VDU screens 					





Quality and Service Improvement	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Work with others as appropriate on the development of current and new services and initiatives					
Audit: <ul style="list-style-type: none"> • Know the audit policies of local general practice (s) / organisations involved • Understand how they are developed • Contribute to the preparation of local guidelines, protocols and standards • Be involved in clinical audits 					
Be aware of and promote the current approaches to service redesign and delivery. This includes the integration of the work of social and voluntary agencies and patient groups					





Quality and Service Improvement	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be familiar with current national and local policies, procedures and initiatives relating to quality maintenance and improvement</p> <ul style="list-style-type: none"> Where appropriate take a lead role in the development of current or new service initiatives. 					
<p>Personal practice and development</p> <ul style="list-style-type: none"> Through reflective practice and training, ensure your work is aligned with current evidence based practice for General Practice Nursing Recognise and work within your own competence and current professional code as regulated by the Nursing and Midwifery Council Contribute to team development with suggestions based on your own clinical experience Give and receive useful feedback professionally Attempt to defuse challenging situations using problem resolution skills to reduce potential for formal complaints. Ensure these situations are reported to the appropriate individuals Be able to manage your own time effectively 					
<p>For areas within own responsibility:</p> <ul style="list-style-type: none"> Be aware and manage situations of potential risk using the principles of clinical governance Recognise and report any significant, adverse and seriously adverse events Facilitate access for patients to appropriate professionals in the practice team and beyond Know and implement practice policies: including the policy regarding 'whistle blowing' Ensure your working area is maintained and stocked appropriately for yourself and other colleagues using the area 					





Quality and Service Improvement	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be aware of and understand the cost implications of the work undertaken, ensuring compliance with local prescribing policies</p> <p>(See NMC Code 2015, page 13: Preserve Safety http://www.nmc.org.uk/standards/code)</p>					





Equality and Diversity	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Know the demographics of your practice population and locality in order to actively promote equality and diversity in your work (Please refer to latest Public Health Outcomes, http://www.phoutcomes.info/)</p>					
<p>Understand and implement with patients, patient’s relatives and colleagues the latest guidelines issued by professional bodies such as the NMC (2015) The Code, Professional Standards of practice and behaviour for nurses and midwives” http://www.nmc.org.uk/standards/code/ .</p> <p>Relevant areas include:</p> <ul style="list-style-type: none"> • Prioritise People • Practise Effectively • Preserve Safety • Promote Professionalism and Trust 					
<p>Ensure within your own clinical practice adherence to local and national chaperoning policies http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp</p>					





Equality and Diversity	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Recognise the signs of and adhere to local policies demonstrating the ability to effectively follow up concerns relating to:</p> <ul style="list-style-type: none"> • Family violence • Vulnerable adults • Substance abuse • Addictive behaviour • Child abuse • Female Genital Mutilation • Internet and Social Media abuse 					
<p>Know the local contact and access information for voluntary and statutory services that may be useful to patients. Guide and support patients in accessing these as appropriate.</p>					





Health & Well-Being	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Assessment: (please see Communications Dimension for the Consultation Process)</p>					
<p>Follow guidelines for, undertake and record the following tasks:</p> <ul style="list-style-type: none"> • Urinalysis and preparation of specimens for Path lab investigation • Blood pressure / ambulatory blood pressure • Pulse rate and rhythm • Respiratory rate • Temperature • Height and Weight • Waist Circumference • Visual acuity • Doppler Assessment • Legs prior to prescribing of support hosiery • ECGs and Cardiocal / ambulatory blood pressure monitoring (ABPM). • Blood glucose monitoring • Venepuncture • Identifying and using the Body Mass Index • Patients inhaler techniques and undertaking peak flow readings • Spirometry 					
<p>Obtaining samples and communication of results:</p> <p>Following recommended processes, be able to obtain samples and/or swabs from patients as a delegated task or based on clinical presentation (for example: ear, Chlamydia, high vaginal swabs)</p> <p>Taking into account communication and legal issues ensure that patient is fully informed and understands:</p> <ul style="list-style-type: none"> • The background and rationale for the test • The process for obtaining and communicating results 					





Management of Emergency Situations	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Following practice protocols and evidence based treatment be competent to assess the degree of urgency and take necessary action in the following situations</p> <ul style="list-style-type: none"> • Collapse • Asphyxia • Anaphylaxis • Vasovagal Syncope • Acute chest Pain • Cerebrovascular episode • Convulsions • Head Injury • Hyper and Hypoglycaemia • Acute respiratory problems • Haemorrhage • Poisoning • Burns • Fractures 					
Therapeutic Monitoring					
<p>Use a holistic patient approach to check concordance with and adherence to prescribed treatments</p> <p>Be able to identify abnormalities such as drug reactions, side effects and contraindications.</p> <p>Have knowledge of and work within local and practice guidelines to monitor and advise patients on the review processes for the following conditions:</p> <ul style="list-style-type: none"> • Hypothyroid • Hyperthyroid • Rheumatoid arthritis • Iron deficiency anaemia • Pernicious anaemia • Epilepsy • Mental health disorders • Anticoagulant therapy • Chronic Kidney Disease 					





	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Ear Care</p> <p>Have a working knowledge of anatomy and physiology of the ear</p> <p>Display an understanding of the need for preventative care including patient education and advice</p> <p>Demonstrate safe and proficient use of aural care instruments for the removal of cerumen, aural toilet and irrigation</p> <p>Undertake ear toilet based on knowledge of the latest evidence based practice in relation to ear care.</p> <p>Recognise the specific needs of patients with hearing loss including provision of advice for patients on safe ear care in accordance with national guidelines</p> <p>Additional guidelines and resources</p> <p>http://www.earcarecentre.com/HealthProfessionals/Protocols.aspx?id=8</p>					





Wound Management	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be able to:</p> <ul style="list-style-type: none"> • Undertake initial assessment of patients presenting with injuries • Demonstrate knowledge of wound classification • Demonstrate knowledge of your local formulary • Demonstrate knowledge and understanding of the healing process and factors that inhibit wound healing • Assess and care for uncomplicated wounds • Select appropriate treatments based on knowledge of dressing types and properties • Apply a range of dressings according to assessed need • Assess pain using an appropriate using a recognised tool and recommend self management or refer • Undertake clips and suture removal • Educate the patient in wound self care and monitor as appropriate • After having completed appropriate training undertake Doppler Assessment and compression bandaging for leg ulcer management • After further training, assess and care for more complex wounds <p>Additional Resources</p> <p>http://sign.ac.uk/guidelines/fulltext/120/index.html</p> <p>http://cks.nice.org.uk/leg-ulcer-venous</p>					





Minor Surgery	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>In relation to Minor Surgical Procedures recognise the role of the GPN in assisting with the provision of minor surgery</p> <p>Provide appropriate support for the Patient before during and after the procedure including dealing with emergencies</p> <p>Work within the medico legal and professional requirements relating to the provision of minor surgery in general practice</p>					
<p>Pre Operatively:</p> <p>Based on sound knowledge and understanding be able to prepare and check</p> <ul style="list-style-type: none"> • Documentation • Infection control procedures • Surgical instruments and appropriate suturing material • Personal protective equipment • The clinical environment including lighting and other equipment 					
<p>Intra operatively</p> <p>Support and assist practitioner and patient as appropriate</p>					





Minor Surgery	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Post operatively</p> <ul style="list-style-type: none"> • Undertake post operative care of patient and management of the wound • Provide verbally and where appropriate in writing after care instructions for the patient • Ensure safe decontamination of instruments and safe disposal of hazardous waste • Ensure histo-pathological specimens and paperwork are effectively managed in accordance with local procedures. • Ensure effective record keeping in accordance with local and national policies. 					





Health Promotion	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Demonstrate</p> <ul style="list-style-type: none"> • Assessment skills with regard to patients' readiness to change • Awareness of screening, its effectiveness and potential limitations, and the willingness to undertake training to perform cervical screening • Ability to deliver safely primary prevention interventions such as vaccination and immunisation • The ability to identify determinants of health in the local area • A knowledge of public health issues in the local area including health inequalities • An awareness of both local and national health policy • An insight into issues which have a bearing on the wider health economy • An ability to identify patients whose health could be at risk and offer brief, focused lifestyle advice including the 'Brief Intervention' and 'Motivational Interviewing' approaches 					
<p>Provide support or make referral and signpost where appropriate for</p> <ul style="list-style-type: none"> • Smoking cessation • Diet, eating disorders, overweight / obesity prevention • Exercise/activity • Alcohol use • Legal or illegal substance abuse • Sexual health • Gambling addiction 					
<p>Be familiar with sources of reliable information on health promotion topics, nationally and in your locality.</p> <p>Additional Resources</p> <p>http://www.bapen.org.uk/pdfs/must/must-full.pdf</p> <p>http://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx</p> <p>http://www.nhs.uk/Livewell/Sexualhealthtopics/Pages/Sexual-health-hub.aspx</p> <p>http://www.nhs.uk/Livewell/smoking/Pages/stopsmokingnewhome.aspx</p>					





Health Screening	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Undertake new patient checks recognising health promotion opportunities</p> <p>Be aware of the factors that may contribute to health inequalities particularly in relation to screening uptake</p> <p>Be sensitive to individual values and beliefs of all patients and possible additional needs of patients with</p> <ul style="list-style-type: none"> • learning difficulties • language and communication barriers including patients of other ethnicities • Dementia • Potentially vulnerable patients 					
<p>Be familiar with the National Health Cancer Screening Services including, Breast Cancer, Cervical Cancer, Bowel Cancer and Prostate Cancer Risk Management, Abdominal Aortic Aneurysm, especially regarding local implementation and the national and local call and recall system</p> <p>http://www.cancerscreening.nhs.uk/</p>					





Cervical Sampling	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Understand and be able to explain the rationale for Human Papilloma Virus (HPV) screening and the consequent recall and follow up processes. Perform, after undertaking appropriate training and updates, cervical smear taking according to NHSCSP standards including:</p> <p>Preparation of the patient, equipment and environment</p> <p>Management of the consultation including:</p> <ul style="list-style-type: none"> • Good communication skills • Appropriate history taking • Record keeping • Correct evidence based procedure for sample taking, including assessment of cervix and awareness of contraindications to procedure • Management of the sample • Explanation of procedure for obtaining results • Comply with requirements regarding personal and practice audit <p>Additional Resources</p> <p>www.rcn.org.uk/_data/assets/pdf_file/0007/78730/003105.pdf</p> <p>http://www.cancerscreening.nhs.uk/</p>					





Immunisation of children and adults	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<ul style="list-style-type: none"> • Be able to give accurate information regarding contra-indications and side effects and to address parents concerns appropriately • Be aware of up to date UK childhood immunisation schedule and know who to consult if there is any uncertainty about which vaccines are needed or timing of vaccines • Ensure correct handling and reconstitution of vaccines • Be aware of other national immunisation protocols and schedules as appropriate • Apply medico legal principles of informed consent • Ensure access to emergency equipment <p>Demonstrate :</p> <ul style="list-style-type: none"> • Understanding the importance of maintaining the cold chain and what to do if a breach is suspected • Knowledge of vaccine preventable diseases covered by UK immunisation schedule • Knowledge of management of anaphylaxis • Knowledge of differences between intramuscular and subcutaneous injections • Correct vaccination technique, including choice of needle, angle, and site of administration • Understanding of adverse events, knowledge of system for reporting adverse events • Assess and if appropriate, administer injections under an individualised prescription , Patient Specific Directions or Patient Group Direction (child and adult) • Dispose of sharps appropriately and safely • Recognise the importance of and apply principles of excellent record keeping to this situation • Contribute to the development of practice guidelines <p>Additional Resources</p> <p>https://www.gov.uk/government/collections/immunisation</p> <p>https://www.gov.uk/government/publications/immunisation-training-core-curriculum</p> <p>https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards</p> <p>http://www.rcn.org.uk/_data/assets/pdf_file/0005/553748/004479.pdf</p> <p>https://www.medicines.org.uk/emc/glossary</p> <p>http://apps.who.int/immunization_monitoring/globalsummary</p>					





Travel Health	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Supported by senior colleague, assess travel health needs of patients and provide a holistic approach and comprehensive advice for patients prior to travel. Where appropriate after training this will include:</p> <ul style="list-style-type: none"> • Vaccinations and medications • Malarial prophylaxis and bite avoidance • Safe sex/sexual health • Food hygiene • Sun protection • First aid and emergency medication • Risk of travel/need for health insurance • Appropriate written information • Self care measures <p>Provide guidance in accordance with guidelines and identify any potential problems for the patient. Administer injections as appropriate according to local guidelines and policies.</p> <p>Additional Resources National Travel Health Network and Centre (NaTHNaC) www.nathnac.org International Travel and Health WHO,2010 www.who.int/ith Competencies: RCN (2012) Travel Health: Career and Competence Development www.rcn.org.uk/_data/assets/pdf_file/0006/78747/003146.pdf http://www.travax.nhs.uk/</p>					





Mental Health and Well Being	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be aware of risk factors and recognise early signs of mental health problems for the following conditions and have a basic understanding of their management in General Practice:</p> <ul style="list-style-type: none"> • Depression • Generalised anxiety disorders • Suicide awareness • Self Harm • Bipolar disorder • Post –partum affective disorders • Schizophrenia • Dementia • Substance abuse • Eating disorders • Work related stress 					
<p>Demonstrate awareness of the importance of promoting mental health</p> <p>Recognise and if necessary take a proactive and appropriate approach to meeting the physical health needs of patients with mental health problems</p> <p>Provide care and support for patients in accordance the NICE guidelines</p> <p>Acknowledge and reflect on potential barriers that may impact on care provision in this area</p>					
<p>Administer appropriate prescribed therapies and monitor for side effects contraindications and adverse drug reactions.</p> <p>Understand the role of the key worker and communicate as required.</p>					





Mental Health and Well Being	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Recognise the valuable role of the unpaid carer: be alert to their needs and support them in the maintenance of their own health and well being</p> <p>Additional guidance and information</p> <p>https://www.gov.uk/government/collections/mental-capacity-act-making-decisions</p> <p>https://www.nice.org.uk/guidance/cg178</p> <p>https://www.nice.org.uk/guidance/cg185</p> <p>https://www.nice.org.uk/guidance/cg90</p> <p>http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf</p> <p>http://www.hscic.gov.uk/dols</p>					





Men's Health	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be aware of the morbidity and mortality statistics relevant to Men's Health. Provide support, advice and if appropriate manage or be involved in care for patients presenting with or for:</p> <ul style="list-style-type: none"> • Well man checks • Sexual health problems • Testicular cancer • Prostate disease, including cancer • Breast cancer • Libido • Erectile dysfunction <p>Additional Resources</p> <p>Men and Long Term Health Conditions www.menshealthforum.org.uk</p> <p>Best practices and services relating to men and boys www.workingwithmen.org</p> <p>NHS Choices Erectile Dysfunction www.nhs.uk/conditions/Erectile-dysfunction</p> <p>Testicular Cancer www.nhs.uk/Conditions/Cancer-of-the-testicle</p>					





Women's Health	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Provide support, advice and if appropriate be involved with care for patients presenting with:</p> <ul style="list-style-type: none"> • Vaginal discharge • Urinary incontinence <p>Make an initial assessment, referring as appropriate, patients presenting with:</p> <ul style="list-style-type: none"> • Abnormalities of menstruation, including pre-menstrual syndrome • The effects of the menopause, management of symptoms, HRT, osteoporosis • The effects of hysterectomy • Infertility and pre-conceptual issues <p>Teach and encourage patients to be 'breast aware'.</p> <p>Be aware of and, if appropriate, provide information about the early indications of ovarian cancer</p> <p>Additional Resources</p> <p>Women's Health Concern www.womens-health-concern.org</p> <p>The British Menopause Society www.thebms.org.uk</p> <p>Polycystic ovarian syndrome NHS Choices www.nhs.uk/conditions/Polycystic-ovarian-syndrome</p>					





Family Planning and Sexual Health	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Be aware of, implement and provide advice on:</p> <ul style="list-style-type: none"> • Protocols and policies for dispensing of emergency contraception • Local agencies providing advice for unwanted pregnancies • Referral for insertion of IUDs/IUS including emergency contraception • Local policies for reducing teenage pregnancies • Local infertility guidelines and referral pathways • STIs – local referral pathways and associate life style risk factors • Local HIV/AIDS policies and referral pathways • Local Genito Urinary medicine (GUM) clinical service provision 					
<p>Be able to advise on precautions and contraindications regarding:</p> <ul style="list-style-type: none"> • Oral contraception • Emergency contraception • Natural methods • Barrier Methods/condoms • Male and female sterilization • Long acting reversible contraception including hormone injections, implants, intrauterine devices and systems (IUDs /IUSs) <p>Additional Resources</p> <p>Faculty of Sexual and Reproductive Healthcare www.fsrh.org</p> <p>British Association for Sexual Health and HIV www.bashh.org</p> <p>Family Planning association www.fpa.org.uk</p>					





Care of Patients with Long Term Conditions: Diabetes	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Areas of knowledge and skills should include:</p> <ul style="list-style-type: none"> • Primary Prevention and screening • Signs and symptoms including differentiation between type 1 and type 2 • Diagnostic criteria • National and Local Guidelines • Recommendations for management in Primary Care including targets for metabolic control and reduction of CVD risk factors • Current treatments • Nutrition • Blood glucose monitoring • Hypoglycaemia • Hyperglycaemia • Microvascular and macrovascular complications • Other complications • Patient education and self care • Concordance and adherence to treatment <p>Additional Resources</p> <p>RCN Diabetes www.rcn.org.uk/development/practice/diabetes</p> <p>WHO/IDF reports www.who.int/diabetes/publications/en/</p> <p>https://www.nice.org.uk/guidance/cg10</p> <p>https://www.nice.org.uk/guidance/cg15</p> <p>http://www.sign.ac.uk/guidelines/fulltext/116/index.html</p> <p>https://www.nice.org.uk/guidance/cg87</p>					





Care of Patients with Long Term Conditions: Chronic Obstructive Pulmonary Disease (COPD) and Asthma	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Areas of knowledge and skills should include:</p> <ul style="list-style-type: none"> • Primary Prevention and Lung Health • Patient Education and self care • Concordance and adherence to treatment • National and Local Guidelines • Signs and symptoms • Asthma triggers • Diagnostic criteria • Recognition and management of acute exacerbations • Pharmacological and non - pharmacological management for current treatments • Inhaler devices and inhaler technique • Pulmonary rehabilitation • Complications <p>Additional Resources</p> <p>British Thoracic Society/Scottish Intercollegiate Guidelines Network Guideline on The Management of Asthma 2014 www.brit-thoracic.org.uk/guidelines-and-quality-standards/asthma-guideline/</p> <p>NICE Clinical Guideline CG101 Management of COPD www.nice.org.uk/guidance/cg101</p> <p>NICE guidelines pertinent to Asthma TA138,TA133, TA131, TA10, TA38, TA201, TA31, DG12 sign.ac.uk/guidelines/fulltext/141/index.html</p> <p>British Lung Foundation www.lunguk.org</p> <p>Global Initiative for Asthma www.ginasthma.org</p> <p>Global Initiative for COPD www.goldcopd.org</p>					





Care of Patients with Long Term Conditions: Hypertension	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Areas of knowledge and skills should include:</p> <ul style="list-style-type: none"> • Primary Prevention and lifestyle measures • Diagnostic criteria and classification • Monitoring Blood Pressure • Understanding targets • National and Local Guidelines • Current treatments • Patient education and self care • Concordance and adherence to treatment • Complications <p>Additional Resources</p> <p>NICE Clinical Guideline CG127 Hypertension :management of Hypertension in adults in primary care www.guidance.nice.org.uk/CG127</p> <p>British Hypertension Society www.bhsoc.org</p> <p>Blood Pressure Association www.bpassoc.org.uk</p>					





Care of Patients with Long Term Conditions: Cardiovascular Disease	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Areas of knowledge and skills should include:</p> <ul style="list-style-type: none"> • Primary and secondary prevention and modifiable and non modifiable risk Factors • Tools for risk assessment • Cardiac Arrhythmias including atrial fibrillation <p>Diagnoses within CVD including:</p> <ul style="list-style-type: none"> • Signs and symptoms • Investigative procedures • Current Treatments • Cardiac Rehabilitation • National and Local Guidelines • Patient education and self management • Concordance and adherence to treatment <p>Additional Resources</p> <p>NICE Cardiovascular Guidelines CG36, CG95, CG108, CG71, CG67, CG48, CG126, CG68, CG92 and CG94</p> <p>British Heart Foundation www.bhf.org.uk</p>					





Care of Patients with Long Term Conditions: Other Conditions	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>In addition have a working knowledge of the following conditions, their impact upon patients and carers and the ways in which they may manifest in Primary Care and assist in diagnosis monitoring and treatment as appropriate:</p> <p>Cancers</p> <p>NHS Cancer Screening www.cancerscreening.nhs.uk</p> <p>Cancer Research UK Health Professionals Page www.publications.cancerresearchuk.org/healthprofs</p> <p>Macmillan Cancer Support www.macmillan.org.uk/Aboutus/Healthprofessionals/Healthprofs.aspx</p>					
<p>Chronic Kidney Disease</p> <p>Liver Disease</p> <p>NICE guideline CG73 www.nice.org.uk/CG73</p> <p>British Liver Trust www.britishlivertrust.org.uk</p> <p>NICE Guidelines CG100 Alcohol-use disorders: physical complications www.nice.org.uk/CG100</p> <p>Information on Hepatitis from www.hepctrust.org.uk</p>					
<p>Epilepsy</p> <p>NICE Guideline CG20. The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care www.nice.org.uk/CG020</p> <p>Epilepsy Action www.epilepsy.org.uk</p> <p>Neurological conditions, e.g. multiple sclerosis</p> <p>NICE guidelines: CG8, (Multiple Sclerosis),CG35, (Parkinson's Disease), CG53 (Chronic Fatigue)</p> <p>Muscular Dystrophy Campaign www.muscular-dystrophy.org</p> <p>Motor Neuron Disease Association www.mndassociation.org</p>					





Care of Patients with Long Term Conditions: Other Conditions	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Rheumatoid Arthritis https://www.nice.org.uk/guidance/cg79 https://www.nice.org.uk/guidance/qs33</p>					
<p>Multiple Sclerosis https://www.nice.org.uk/guidance/cg186</p>					
<p>Osteoporosis The Assessment and Prevention of Falls in Older People CG21 www.nice.org.uk/CG21 National Osteoporosis Society www.nos.org.uk Osteoporosis – Primary Prevention NICE Guideline TA160 www.nice.org.uk/TA160 Osteoporosis – Secondary Prevention TA161 www.nice.org.uk/TA161</p>					





Care of Patients with Long Term Conditions: Other Conditions	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Rheumatoid Arthritis</p> <p>National Rheumatoid Arthritis Society www.nras.org.uk</p> <p>NICE guideline CG79 Rheumatoid Arthritis: The Management of rheumatoid arthritis in adults www.nice.org.uk/CG79</p>					
<p>Thyroid Disease</p> <p>British Thyroid Foundation www.btf-thyroid.org</p>					





Information and Knowledge IK1, IK2, IK3	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Ensure accurate documentation/record keeping procedures in line with practice policies and NMC guidelines				
Use a computer and manage files				
Record, retrieve and access information				





Information and Knowledge IK1, IK2, IK3	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Review and process data using accurate read codes about patients, in order to ensure easy and accurate retrieval for monitoring and audit purposes, for example Quality Management and Analysis System (QMAS) and Calculating Quality Reporting System (CQRS) including the appointment system</p>				
<p>Be able to access and send emails including attachments</p>				
<p>Manage information searches using the internet and local library databases for example the retrieval of relevant information for patients on their condition/diagnosis</p> <p>Understand the nature and hierarchy of medical evidence. www.patient.co.uk/doctor/Different-Levels-of-Evidence-(Critical-Reading).htm</p>				





Information and Knowledge IK1, IK2, IK3	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Understand and be able to describe role of the Caldicott Guardian / Personal Data Guardian, knowing the name of your local nominated health professional</p> <p>http://systems.hscic.gov.uk/infogov/caldicott</p>				





General – Learning and Development G1	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Contribute to the provision of learning opportunities for colleagues					
Act as a mentor/coach for more junior staff (e.g. pre-registration nurses or HCAs) if appropriately qualified assessing competency against set standards as requested					
Disseminate learning and information gained to other team members in order to share good practice and inform others about current and future developments (e.g. courses and conferences)					





General – Learning and Development G1	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
Demonstrate active and positive involvement in on going performance review of yourself and the team including participation in an annual appraisal process					
As requested undertake specific training exercises such as observed clinical practice and shadowing of role					



*under the self-care strategy, general practice may not be the first point of contact with the healthcare system



General – Development and Innovation G2	Date and level Initial self assessment	Date and signatures 1st review	Date and signatures 2nd review	Date and signatures Final assessment of competence	Type of Evidence <small>(Please list your evidence below)</small>
<p>Critically evaluate and review innovations and developments that are relevant to your own area of work</p>					
<p>Keep up to date with new developments locally and nationally identifying those that will enhance your team's work. Influence other team members to undertake trials of changes in care delivery</p>					



Appendix 1(WONCA 2005)

Characterising the discipline of general practice/family medicine

General practice/family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care. These 11 characteristics of the discipline relate to 11 abilities that every family doctor should master and should be the basis for developing the curriculum for training in general practice.

General practice

1. Is normally the point of first medical contact within the healthcare system,* providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex or any other characteristic of the person concerned
2. Makes efficient use of healthcare resources through coordinating care, working with other professionals in the primary care setting and by managing the interface with other specialties. It also means taking on an advocacy role for the patient when needed
3. Develops a person-centred approach, orientated to individuals, their family and their community
4. Has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient
5. Is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient
6. Has a specific decision-making process determined by the prevalence and incidence of illness in the community
7. Manages simultaneously both the acute and chronic health problems of individual patients
8. Manages illness that presents in an undifferentiated way at an early stage in its development, some of which may require urgent intervention
9. Promotes health and wellbeing both by appropriate and effective intervention
10. Has a specific responsibility for the health of the community
11. Deals with health problems in their physical, psychological, social, cultural and existential dimensions

References :

Benner, P (1984) From novice to expert: excellence and power in clinical nursing practice Munao Park: Addison –Wesley

Department of Health, (2004). The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Process

Dolan, G (2003) Assessing student competency: will we ever get it right? Journal of Clinical Nursing 31: 288-297

The code: standards of conduct, performance and ethics for nurses and midwives 39 page 6 www.nmc-uk.org

The General Practice Nursing Career Framework Working in Partnership Programme

WONCA Europe. The European Definition of General Practice/Family Medicine London: WONCA Europe, 2005