

## Agenda

10:00 - 10:15

15 min

### 1. PRELIMINARY MATTERS

00 - ECQC - Agenda September 2021 (Open) (F).pdf (2 pages)

#### 1.1. Welcome and Introductions

*Presenter: Chair/Oral*

#### 1.2. Apologies for Absence

*Presenter: Chair/Oral*

#### 1.3. Declarations of Interest

*Presenter: Chair/Oral*

#### 1.4. Draft Minutes of the Education, Commissioning and Quality Committee meeting held on 25 June 2021

*Presenter: Chair/Attachment*

1.4 - Unconfirmed Minutes (Open) ECQC 250621 (RH).pdf (10 pages)

#### 1.5. Action Log from the Education, Commissioning and Quality Committee meeting held on 25 June 2021

*Presenter: Chair - Attachment*

1.5 - Action Log (Open) ECQC 250621(RH).pdf (5 pages)

#### 1.6. Matters Arising

*Presenter: Chair - Attachment*

10:15 - 12:00

105 min

### 2. EDUCATION PERFORMANCE AND QUALITY

#### 2.1. Multi-Professional Education and Training Performance Assurance Framework

##### 2.1.1. Update on Strategic Objective 2.9 (Proposed Quality Framework for HEIW)

*Presenter: Medical Director/Attachment*

2.1.1 Quality Framework ECQC (Final)(27.8.21) (1) (003).pdf (7 pages)

##### 2.1.2. Annual Quality Statement - Briefing on National Quality and Safety Framework

*Presenter: Medical Director/Attachments*

2.1.2a Briefing on National QS framework ECQC.pdf (8 pages)

2.1.2b - Appendix 1 - QS Framework Final (English).pdf (19 pages)

2.1.2c - Appendix 2 - NHS Input into Quality Engagement Act Implementation.pdf (5 pages)

### 2.1.3. Student Training and Experience

*Presenter: Director of Nursing and Health Professional Education/Oral*

## 2.2. Multi-Professional Education and Training Quality Assurance Updates

*Presenter: Medical Director/Director of Nursing and Health Professional Education - Oral/Attachments*

### 2.2.1. Medicine

*Attachment*

 2.2.1 - PGMDE Quality Report ET ECQC Update report August 2021.pdf (8 pages)

### 2.2.2. Dentistry

*Oral*

### 2.2.3. Pharmacy

*Oral*

### 2.2.4. Nursing

*Oral*

### 2.2.5. Health Professionals

*Oral*

## 2.3. Progress Report on Memorandum of Understanding between HEIW, Regulators and Professional Bodies

*Presenter: Medical Director/Director of Nursing and Health Professional Education - Attachments*

### 2.3.1. Development of Memorandum of Understanding between HEIW and Key Partners

 2.3.1 - ECQC Paper on MoUs.docx(F).pdf (3 pages)

### 2.3.2. Memorandum of Understanding (MOU) and Information Sharing Agreement (ISA) between HEIW and GPhC

 2.3.2a - Pharmacy MoU for ECQC Sep 2021.pdf (3 pages)

 2.3.2b - Appendix 1 - GPhC HEIW MoU v2.0 signed (002).pdf (9 pages)

 2.3.2c - Appendix 2 - GPhC HEIW ISA v3.0 signed (003).pdf (12 pages)

***BREAK - 15 minutes***

12:00 - 12:30  
30 min

## 3. STRATEGIC MATTERS

### 3.1. Update on Phase 2 of the Strategic Review

*Presenter: Director of Nursing and Health Professional Education - Attachment*

 3.1 - SRP Phase 1and2 update ECQ Committee (003)(clean).pdf (6 pages)

### 3.2. Equality and Diversity

*Presenter: Medical Director/Director of Nursing and Health Professional Education - Oral*


English Catherine  
09/01/2021 12:44:44

### 3.2.1. Differential Attainment

### 3.2.2. Refugee Training Programme

### 3.3. North Wales Dental Academy

*Presenter: Medical Director/Attachment*



 3.3 - NW Academy update ECQC Sep 2021 V3\_(F).docx.pdf (8 pages)

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## 12:30 - 12:35 4. GOVERNANCE MATTERS 5 min



### 4.1. Review of Terms of Reference

*Presenter: Board Secretary - Attachment*

 4.1a - Review of Committees Terms of Reference (020921)(F).pdf (3 pages)  
 4.1b - ECQC Terms of Reference.pdf (4 pages)

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## 12:35 - 12:40 5. FOR INFORMATION/NOTING 5 min

 5.1a - GPN Framework ECQ Framework.(tracked).docx (F).pdf (6 pages)  
 5.1b - GPN Framework Final V2.pdf (178 pages)

### 5.1. General Practice Nurse Framework

*Presenter: Director of Nursing and Health Professional Education - Attachment*

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## 12:40 - 12:45 6. CLOSE 5 min

### 6.1. Any Other Business

*Presenter: Chair - Oral*

#### 6.1.1. Correspondence from Professor Chris Burton

### 6.2. Date of Next Meeting:

6.2.1. Tuesday 7 December at 10am via Microsoft Teams/Meeting Room 1 Ty Dysgu

## EDUCATION, COMMISSIONING AND QUALITY COMMITTEE

**Thursday 2 September 2021**  
**Via Microsoft Teams/Teleconference**  
**10:00-12:45**  
**AGENDA**

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10:00-10:15</b>
1.1	Welcome and Introductions	Chair/ Oral
1.2	Apologies for Absence	Chair/ Oral
1.3	Declarations of Interest	Chair/ Oral
1.4	Draft Minutes of the Education, Commissioning and Quality Committee meeting held on 25 June 2021	Chair/ Attachment
1.5	Action Log from the Education, Commissioning and Quality Committee meeting held on 25 June 2021	Chair/ Attachment
1.6	Matters Arising	Chair/ Attachment
<b>PART 2</b>	<b>EDUCATION, PERFORMANCE AND QUALITY</b>	<b>10:15-11:45</b>
2.1	Multi-Professional Education and Training Performance Assurance Framework <ul style="list-style-type: none"> <li>2.1.1 Update on Strategic Objective 2.9 (Proposed Quality Framework for HEIW)</li> <li>2.1.2 Annual Quality Statement - Briefing On National Quality And Safety Framework</li> <li>2.1.3 Student and Training Experience</li> </ul>	Medical Director/Director of Nurse and Health Professional Education Attachment Attachment /Oral
2.2	Multi-Professional Education and Training Quality Assurance Updates <ul style="list-style-type: none"> <li>2.2.1 - Medicine</li> <li>2.2.2 - Dentistry</li> <li>2.2.3 – Pharmacy</li> <li>2.2.4 – Nursing</li> <li>2.2.5 – Health Professionals</li> </ul>	Medical Director/Director of Nurse and Health Professional Education Attachment /Verbal
2.3	Progress Report on Memorandum of Understanding between HEIW, Regulators and Professional Bodies <ul style="list-style-type: none"> <li>2.3.1 - Development of Memorandums of Understanding (MoUs) between HEIW and key partners</li> <li>2.3.2 - Memorandum of Understanding (MOU) and Information Sharing Agreement (ISA) between HEIW and GPhC</li> </ul>	Medical Director/Director of Nurse and Health Professional Education Attachments/Verbal
<b>BREAK 15 mins</b>		
<b>PART 3</b>	<b>STRATEGIC MATTERS</b>	<b>12:00-12:30</b>

English Catherine  
09/01/2021 12:44:58

3.1	Strategic Review of Health Professional Education: Update on Phases 1 and 2	Director of Nurse and Health Professional Education/Attachment
3.2	Equality and Diversity <ul style="list-style-type: none"> <li>Differential Attainment</li> <li>Refugee Training Programme</li> </ul>	Medical Director/ Director of Nurse and Health Professional Education/ Verbal
3.3	North Wales Dental Academy	Medical Director/ Attachment
<b>PART 4</b>	<b>GOVERNANCE MATTERS</b>	<b>12:30-12:35</b>
4.1	Review of Terms of Reference	Board Secretary/ Attachment
<b>PART 5</b>	<b>FOR INFORMATION/NOTING</b>	<b>12:35-12:40</b>
5.1	General Practice Nurse Framework	Director of Nurse and Health Professional Education/Attachment
<b>PART 6</b>	<b>CLOSE</b>	<b>12:40-12:45</b>
6.1	Any Other Business <ul style="list-style-type: none"> <li>Correspondence from Professor Chris Burton</li> </ul>	Chair/ Oral
6.3	Date of Next Meeting: <ul style="list-style-type: none"> <li>Tuesday 7 December at 10am via Microsoft Teams/Meeting Room 1 Ty Dysgu</li> </ul>	

In accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960 it shall be resolved that representatives of the press and other members of the public be excluded from the latter part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.

English Catherine  
09/01/2021 12:44:48

**UNCONFIRMED**

**Minutes of the Education, Commissioning and Quality Committee  
held on 25 June 2021  
Via Microsoft Teams/Teleconference**

**Present:**

Dr Ruth Hall Chair and Independent Member  
Tina Donnelly Vice Chair and Independent Member

**In Attendance:**

Prof. Pushpinder Mangat Medical Director  
Dr Angela Parry Interim Director of Nursing  
Tom Lawson Postgraduate Medical Dean  
Kirstie Moons Dental Dean  
Martin Riley Deputy Director of Education, Commissioning and Quality  
Kate Richards Welsh Clinical Leadership Training Fellow (Observer)  
Dafydd Bebb Board Secretary  
Chris Jones Board Chairman  
Elizabeth Tomkinson Welsh Language and Corporate Governance Admin Officer  
Catherine English Corporate Governance Manager (Secretariat)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>ECQC: 25/06/1.1</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed everyone to the meeting and a quorum was confirmed present.	
<b>ECQC: 25/06/1.2</b>	<b>Apologies for Absence</b>	
	Apologies were received from Margaret Allan, Eifion Williams, Gill Lewis and Lisa Llewelyn.	
<b>ECQC: 25/06/1.3</b>	<b>Declarations of Interest</b>	
	<p>The following declaration of interest was noted in relation to agenda items 3.1.1 'Correspondence from Royal college of Nursing' and 3.2 'Update on Strategic Review Phase 2':</p> <ul style="list-style-type: none"> <li>• Dr Ruth Hall, Chair, Centre for Public Policy Wales, Cardiff University.</li> <li>• Tina Donnelly – Fellow of the University of South Wales and Royal College of Nursing.</li> <li>• Dr Angela Parry – Honorary Senior Lecturer at Cardiff University and Member of the Royal College of Nursing.</li> </ul>	

English Catherine  
09/01/2021 12:44:48

	<ul style="list-style-type: none"> <li>• Tom Lawson – Honorary Chair, Cardiff University</li> <li>• Professor Pushpinder Mangat – Honorary Professor, Swansea University Medical School</li> </ul>	
<b>ECQC: 25/06/1.4</b>	<b>Draft Minutes of the Education Commissioning and Quality Committee meeting held on 9 February 2021</b>	
	The Committee <b>received</b> the minutes of the meeting held on 9 February 2021 and <b>confirmed</b> they were an accurate record.	
<b>ECQC: 25/06/1.5</b>	<b>Draft Action Log from the Education Commissioning and Quality Committee meeting held on 9 February 2021</b>	
	<p>The Committee <b>received</b> the Action Log and <b>noted</b> the actions were either complete; deferred or matters for consideration on today's agenda. Those items that remained outstanding would be kept on the Action Log until they had been completed. The following verbal updates were received:</p> <ul style="list-style-type: none"> <li>• <b>ECQC 09/01/5.2 Simulation Team Report and Guidance:</b> Angela Parry confirmed work continued at pace and the Committee would receive a further update towards the end of the year.</li> <li>• <b>ECQC 16/01/3.1 Performance Report of Education Contracts:</b> The Committee considered the possibility of holding a virtual event and agreed to raise it with the Board.</li> <li>• <b>ECQC 09/01/2.3 Multi Professional Quality Assurance Architecture:</b> Pushpinder Mangat confirmed that Pharmacy and Dental were looking at quality assurance and elements of the multi professional quality assurance architecture were included in items 2.1 and 2.2 of today's agenda.</li> </ul>	
<b>Resolved</b>	The Committee <b>noted</b> the updates and that both actions were completed.	
<b>ECQC: 25/06/1.6</b>	<b>Matters Arising</b>	
	<p><b>ECQC 09/01/1.5 - ECQC 02/07/1.5 KPMG Review of Health Professional Education – Welsh Language Resources:</b> Dafydd Bebb to confirm whether the newly agreed Welsh terms had been added into the National Portal managed by Bangor University.</p> <p><b>ECQC 09/01/1.5 - ECQC 08/10/2.1 Quality Management Update – Impact on Surgical Trainees:</b> Pushpinder Mangat confirmed that the issues relating to surgical trainees remained and that it was being monitored via the Corporate Risk Register. It was confirmed HEIW are waiting for up to date Annual Reviews of Competence Progression (ARCP's) and that the position would be clearer once they had been received.</p>	<b>DB</b>
<b>Resolved</b>	The Committee <b>noted</b> the updates.	
<b>ECQC: 25/06/1.7</b>	<b>Draft Unconfirmed Minutes of the Education Advisory Group held on 8 June 2021</b>	

	<p>The Committee <b>received</b> the draft unconfirmed minutes of the meeting of the Education Advisory Group (EAG) meeting held on 8 June 2021.</p> <p>The Committee welcomed the setting up and operation of the advisory groups and explained how valuable their advice was in terms of the Committee's work. The Committee expressed its thanks to all those involved in training within the NHS for their invaluable contribution during the pandemic.</p> <p>The Committee considered the comments of the EAG and letter from the Director of the Royal College of Nursing which raised concerns in terms of HEIW's engagement and consultation on the drafting of the National Annual Education Training Plan 2022/23. It was confirmed that as part of the drafting process, HEIW had consulted with a wide range of individuals and groups, and the draft plan was reviewed by the Director of Nursing peer group twice before reaching the EAG. This process of consultation informed the drafting of the plan and the decision to maintain growth of students and trainees year on year. It was further confirmed that every group, which had been consulted, supported the direction of travel and recognised the current difficulties of conducting training in a practice environment.</p> <p>The Vice Chair explained it was important for the Committee to clarify for the EAG what is meant by 'advisory' role and confirm the consultation process and advisory process were two separate matters. The Committee agreed it would be helpful for the Chair/Vice Chair to attend the next EAG to confirm the role and remit of the EAG.</p> <p>The Committee noted the continuing development of the EAG and welcomed any suggestions around how it could be streamlined to make better use of stakeholder's contributions.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the draft unconfirmed minutes for assurance.</li> <li>• <b>recommended</b> the Vice Chair attend the next meeting of the EAG to confirm the advisory role of the group.</li> </ul>	<b>TD</b>
<b>PART 2</b>	<b>EDUCATION PERFORMANCE AND QUALITY</b>	
<b>ECQC: 25/06/2.1</b>	<b>Pharmacy Papers</b>	
English Catherine 09/01/2021 12:44:48	<p>The Committee <b>received</b> the reports and noted the Strategic Outline Case was missing from the papers.</p> <p>Introducing the report, Pushpinder Mangat explained the Strategic Outline Case would guide the implementation of the New Initial Education and Training of Pharmacists which was mandated by the</p>	



	<p>General Pharmaceutical Council. In recognition of increasing demands and expectations on pharmacy services, the implementation of the reformed initial education and training (IETP) standards for pharmacists would produce pharmacists with enhanced clinical skills and independent prescribing (IP) status, more quickly than at present. The changes would result in pharmacists being able to offer patient assessments, diagnoses, advice, referral as well as enhanced medication care from the point of registration as part of a wider multi-disciplinary team. It was confirmed that the project for delivering pharmacists as independent prescribers was a considerable undertaking with the first new cohort registering in August 2026.</p> <p>It was explained that as part of the Strategic Outline Case, a number of business cases had been developed which would need to be approved. It was confirmed the funding would come from the repurposing of the existing pharmacy budgets and not from the wider HEIW budget.</p> <p>The Committee considered the potential benefits of the programme to the health care systems in Wales and agreed it was important to ensure there were sufficient placements available to deliver on the aspirations of the programme. The Committee also considered the importance of embracing digital innovation and the scope for developing a single patient record.</p> <p>The Committee discussed the need to ensure there was a robust quality management framework in place for the Pharmacy programme and noted work was underway to align the current quality management framework in Medical with those in Dentistry and Pharmacy. The Committee felt more analysis of the risks was needed given the complexity and scope of the programme and it was agreed the Strategic Outline Case would be circulated to members for review and comment.</p> <p>The Committee thanked Pushpinder Mangat and Margaret Allen for their work on pulling the programme together.</p>	
<p><b>Resolved</b></p> <p>English Catherine 09/01/2021 12:44:48</p>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report; and</li> <li>• <b>requested</b> the pharmacy Strategic Outline Case be circulated to Committee Members.</li> <li>• subject to Committee members receiving a copy of the paper and the paper being reviewed at a Board Briefing ahead of Julys Board meeting, <b>recommend</b> that the Board approve the Initial Education and Training of Pharmacists Programme Strategic Outline Case.</li> </ul>	<p><b>DB</b></p> <p><b>PM/DB</b></p>

<b>ECQC: 25/06/2.2</b>	<b>Quality Assurance Updates</b>	
<b>ECQC: 25/06/2.2.1</b>	<b>Medicine Update</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the report, Pushpinder Mangat provided an overview of the activity undertaken and advised that since the last report, the number of areas which were in enhanced monitoring status with the GMC remained at five and that targeted visit activity had resumed</p> <p>It was confirmed that enhanced monitoring arrangements for paediatric surgery at the University Hospital of Wales would cease following considerable progress. Obstetrics and Gynaecology at the Prince Charles and Royal Glamorgan Hospitals remained in enhanced monitoring. A series of recommendations had been made and HEIW would continue to work with the Health Board in order to monitor progress against these. Obstetrics and Gynaecology at the Princess of Wales Hospital remained in enhanced monitoring but that, given effective progress has been made, HEIW would make a recommendation to the GMC that this issue be de-escalated from enhanced monitoring status.</p> <p>It was confirmed that further evidence was required of an appropriate and sustained balance between training and service provision for Medicine at Wrexham Maelor Hospital to be removed from enhanced monitoring. Emergency Medicine at Morriston Hospital to be formally reviewed during November 2021.</p> <p>It was noted that the Quality Unit had been monitoring the training experience within Aneurin Bevan following the reconfiguration of the service delivery model associated with the opening of The Grange University Hospital. Through this, training areas requiring focus had been identified both at The Grange and the other sites within the Health Board. it was confirmed that a joint oversight group was to be created to monitor and address concerns.</p> <p>The Committee were pleased to note the position with paediatric surgery at the University Hospital of Wales and welcomed the development of the joint oversight group.</p>	
<b>Resolved</b>	The Committee <b>noted</b> the report.	
<b>ECQC: 25/06/2.2.2</b>	<b>Dentistry Update</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the report, Kirstie Moons explained that the dental section provided three key training programmes for dentists in</p>	

	<p>Wales to progress through their careers: Dental Foundation Training (DFT), Dental Core Training (DCT) and Dental Specialty Training (DST). However, there was no overarching quality framework to bring all the aspects together for reporting or management. It was highlighted that DFT and DCT had no scrutiny at programme level. Fill rates, recruitment data including vacancy rates and attrition rates were reported on the performance dashboard, however these were not indicators of quality. Kirstie Moons explained there was a need for a more formal, systematic, and reportable framework aligned with the medical model, to enable quality monitoring and reporting of training.</p> <p>The Committee considered the importance of cross functional collaboration when developing the quality framework and were encouraged by the plans to capture trainee experience feedback in a meaningful and systematic way.</p>	
<b>Resolved</b>	The Committee <b>noted</b> the report.	
<b>RECQC: 25/06/2.2.3</b>	<b>Pharmacy Update</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the report Pushpinder Mangat gave the Committee a brief update on the arrangements currently in place for quality assurance of Pharmacy Pre-registration Foundation pharmacist and Pre-registration Pharmacy Technician training programmes.</p> <p>The Committee noted that over the course of the next twelve months the annual quality management framework would be refined and tested with the 2021/22 HEIW multi-sector programmes, with a view to being fully implemented for the 2022/23 pre-reg foundation pharmacist cohort.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report;</li> <li>• <b>consider</b> the Annual Quality Statement Framework at its next meeting.</li> </ul>	<b>LL/PM</b>
<b>Resolved</b>	The Committee <b>noted</b> the report.	
<b>ECQC: 25/06/2.2.4</b>	<b>Other Update</b>	
English Catherine 09/01/2021 12:44:48	<p>The Committee <b>received</b> a verbal update.</p> <p>Angela Parry explained that an update report on Health Professional Education would be presented to the Committee at its meeting in September and noted work was underway to develop HEIW's Memorandum of Understanding with regulators and other professional bodies.</p>	

<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the verbal update.</li> <li>• <b>receive</b> a quality assurance update on Health Professional Education at its meeting in September.</li> <li>• <b>receive</b> an update on the Memorandum of Understanding between HEIW, regulators and other professional bodies at its meeting in September.</li> </ul>	<p><b>AP</b></p> <p><b>AP</b></p>
<b>PART 3</b>	<b>STRATEGIC MATTERS</b>	
<b>ECQC: 25/06/3.1</b>	<b>National Annual Education Training Plan 2022/23</b>	
	<p>The Committee <b>received</b> the report.</p> <p>Angela Parry introduced HEIW's third Annual National Education and Training Plan for the health workforce explaining it built on the previous two plans developed by HEIW. It was confirmed the Plan continued the increased focus on responding to service challenges, especially in regard to the reset and restoration of services following the pandemic, as well as addressing the needs of individual professional and occupational groups. The Plan also built on previous plans to continue the growth in the number of students and trainees for the future workforce for Wales.</p> <p>It was noted HEIW had communicated its approach with the service through a series of presentations to the Chief Executives, Executive peer groups and other key stakeholder groups and that these discussions had been positively received.</p> <p>The Committee considered the letter and feedback received from the Royal College of Nursing on service priorities and education commissioning figures for nursing for 2022/23.</p> <p>The Committee discussed the deficit in paediatric nursing recruitment against the IMTP and considered the possibility of encouraging individuals who had left the register to return via a short return to practice programme and the introduction of a shortened programme for support workers meeting the level three requirements. The Committee acknowledged that in the last three years there had been an uplift across the board in health care professional commissioning in order to try and meet the service requirements and noted the pandemic had potentially affected the redesign of the services.</p> <p>Angela Parry confirmed that the feedback from the Royal College of Nursing hadn't been received previously but felt it was important to carefully consider and reflect on it. It was noted the feedback supported the direction of travel within the Plan which acknowledged the important contribution of nursing to the health and wellbeing of people in Wales.</p>	

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	<p>The Committee considered the limits on growth, in particular placement capacity, and some of the proposed changes in education and training which could result in a reduction in practice hours and greater opportunities for simulation. It was noted that service capacity was intrinsically linked to available placements and any reduction in service provision would inevitably result in a reduction in trainee placements.</p> <p>The Committee acknowledged that HEIW continued to make inroads into aligning the IMTP requests with commissioning numbers and thanked Angela Parry and her team for their work on drawing the plan together.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"><li>• <b>agreed</b> to acknowledge the new information/feedback provided by the RCN and ensure it is included in the work profile going forward into subsequent years.</li><li>• <b>agreed</b> to respond to the letter and submission received from the Royal College of Nursing dated the 23 June 2021.</li><li>• <b>recommended</b> the draft National Annual Education and Training Plan 2022/23 be submitted to the Board for approval subject to the comments made by the Committee being incorporated into the final plan.</li></ul>	<p><b>AP</b></p> <p><b>RH</b></p> <p><b>AP</b></p>
<b>ECQC: 25/06/3.2</b>	<b>Update on Strategic Review Phase 2</b>	
	<p>The Committee <b>received</b> a verbal update.</p> <p>In presenting the update, Angela Parry explained phase 2 of the Strategic Review comprised a number of individual projects which provided the opportunity to engage with a range of stakeholders to understand educational requirements going forward. Phase 2 was divided into three distinct phases, 2A, 2B and 2C. Phase 2A comprised ten different projects of work which were being prioritised due to the need to examine the service provision on an urgent basis. Phase 2A would also consider mental health and level 4 health care support worker education and assistant practitioners.</p> <p>The Committee considered the procurement process for phase 2 and noted it would be different to phase 1, consisting of a number of smaller procurements. It was noted that Phase 2 offered the opportunity to look at the growth of education outside of the traditional university sector and the possibility to developing qualifications accredited by Agored.</p>	

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	The Committee thanked Angela Parry for her update and requested an overview of the phase 2 process at its next meeting.	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the update.</li> <li>• <b>requested</b> an overview of the Phase 2 process at its meeting in September.</li> <li>• to <b>receive</b> regular updates on Phase 2 of the Strategic Review of Professional Education.</li> </ul>	<p><b>LL/MR</b></p> <p><b>LL/MR</b></p>
<b>ECQC: 25/06/3.3</b>	<b>New and Emerging Priorities and the FWP</b>	
	The Committee considered the Forward Work Programme and upcoming and emerging priorities.	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>receive</b> the Student and Training Experience Framework for consideration at its next meeting.</li> <li>• <b>requested</b> Student Training and Experience be added to the Forward Work Programme for regular monitoring.</li> <li>• <b>recommended</b> an induction guide for new members of the Committee be drafted.</li> <li>• <b>recommended</b> consideration be given to the development of a HEIW Code of Conduct for the Board, Committees and Advisory Groups.</li> <li>• <b>requested</b> that the Refugee Training Programme to be added to the agenda as a standing item under the heading 'Equality and Diversity' along with 1) Differential Attainment 2) Strategic Equality Plan and 3) Welsh Language.</li> <li>• <b>requested</b> that 'New and Emerging Priorities' to be included on the agenda as a standing item.</li> </ul>	<p><b>LL</b></p> <p><b>DB</b></p> <p><b>DB</b></p> <p><b>DB</b></p> <p><b>DB</b></p> <p><b>DB</b></p> <p><b>DB</b></p>
<b>PART 4</b>	<b>Governance Matters</b>	
<b>ECQC: 25/06/4.1</b>	<b>Committee Self-Assessment</b>	
	<p>The Committee <b>received</b> the draft Committee Self-Assessment Checklist.</p> <p>In presenting the draft Checklist, Dafydd Bebb advised that it was in line with good practice for the Committee to assess its effectiveness annually. The Checklist was proposed as a tool to help the Committee undertake a self-assessment of its effectiveness.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the draft Self-Assessment Checklist;</li> <li>• <b>agreed</b> that the Checklist be circulated to Committee Members for completion.</li> </ul>	<p><b>DB</b></p> <p><b>DB</b></p>

	<ul style="list-style-type: none"> <li><b>agreed</b> that the evaluation of the Self-Assessment Checklist be presented at the next Committee meeting in September 2021.</li> </ul>	
<b>ECQC: 25/06/3.2</b>	<b>Education Commissioning and Quality Committee Annual Report</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the Annual Report, Dafydd Bebb advised that the main purpose of the report was to assure the Board that the system of assurance was fit for purpose and operating effectively.</p> <p>The report summarised the key areas of business activity undertaken by the Committee during 2020/2021 and highlighted some of the key issues which the Committee intended to consider over the next 12 months.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li><b>approved</b> the draft Committee Annual Report</li> <li><b>recommended</b> that the Committee Annual Report 2020/21 be submitted to the Audit &amp; Assurance Committee for information; and</li> <li><b>recommended</b> that the Committee Annual Report 2020/21 be submitted to the July Board for assurance.</li> </ul>	<b>DB</b>  <b>DB</b>
<b>PART 5</b>	<b>FOR INFORMATION/NOTING</b>	
<b>PART 6</b>	<b>CLOSE</b>	
<b>ECQC: 25/06/6.1</b>	<b>Any Other Business</b>	
	None	
<b>ECQC: 25/06/6.2</b>	<b>Reflection on Today's Committee</b>	
	The Committee provided their reflections on the meeting and, in particular, commended the quality and detail contained within the reports. This had helped to understand the context and focus on the matters considered during the meeting.	
<b>ECQC: 25/06/6.3</b>	<b>Date of Next Meeting</b>	
	The date of the next meeting was confirmed for Thursday, 2 <sup>nd</sup> September 2021 at 10:00 via Microsoft Teams.	

.....  
**Dr Ruth Hall (Chair)**

.....  
**Date:**

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## Education, Commissioning and Quality Committee (Open)

25 June 2021

### Action Log

(The Action Sheet also includes actions agreed at previous meetings of the Education, Commissioning and Quality Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Education, Commissioning and Quality Committee these actions will be taken off the rolling action sheet.)

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>ECQC: 16/01/3.1</b>	<b>Performance Report of Education Contracts</b>			
	<ul style="list-style-type: none"> <li>Explore the potential for a celebratory event either annually or 6-monthly with service providers.</li> </ul>	<b>Director of Nurse and Health Professional Education/ Director of Workforce and OD</b>	December 2021	<p>Postponed. This will be picked up once the current emergency has passed.</p> <p>Aim to hold the event virtually in the Autumn to coincide with HEIW's third anniversary.</p>
	<ul style="list-style-type: none"> <li>Raise the possibility of holding a virtual event and agreed with the Board.</li> </ul>	<b>Chair</b>	July 2021	
<b>ECQC: 08/10/3.1</b>	<b>Evaluation of Committee Effectiveness</b>			
	<ul style="list-style-type: none"> <li>Explore the development of Committee Induction resources for new members.</li> </ul>	<b>Board Secretary</b>	September 2021	Board Secretary is currently working with the Chair to develop the induction resource.
<b>ECQC: 09/01/2.3</b>	<b>Multi-Professional Quality Assurance Architecture</b>			
	<ul style="list-style-type: none"> <li>The Proposal for the Multi-Professional Education and Training Quality Assurance Framework to be presented to the Committee at its meeting in June 2021.</li> </ul>	<b>Medical Director/ Director of Nurse and Health Professional Education</b>	September 2021	Completed on the agenda for 2 September.
<b>ECQC: 09/01/2.4</b>	<b>HEIW Plan for Differential Attainment</b>			





Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> <li>HEIW ascertain what data is collected by Universities regarding protected characteristics of ethnicity.</li> </ul>	<b>Director of Nurse and Health Professional Education / Deputy Director of Education, Commissioning &amp; Quality</b>	2021/22	Completed
<b>ECQC: 09/01/5.2</b>	<b>Simulation Team Report and Guidance</b>			
	<ul style="list-style-type: none"> <li>An update to be presented to the Committee at its meeting in June 2021.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	December 2021	Completed - This is deferred as the simulation team have provided an update in the current year. A further update to be provided to the Committee at its meeting in December.
<b>ECQC 2506/1.6</b>	<b>Matters Arising</b>			
	<ul style="list-style-type: none"> <li>Board Secretary to confirm whether the newly agreed Welsh terms has been added into the National Portal managed by Bangor University.</li> </ul>	<b>Board Secretary</b>	1 Month	Board Secretary to discuss with Director of Digital. Verbal update to be provided at the committee meeting on the 2 September.
<b>ECQC 2506/1.7</b>	<b>Draft Minutes of the Education and Advisory Group held on 8<sup>th</sup> June 2021.</b>			
	<ul style="list-style-type: none"> <li>Vice Chair to attend the next meeting of the EAG to confirm the advisory role of the group.</li> </ul>	<b>Vice Chair</b>	November 2021	Confirmed. Vice Chair to attend EAG in November 2021.
<b>ECQC: 2506/2.1</b>	<b>Strategic Outline Case</b>			
	<ul style="list-style-type: none"> <li>The Strategic Outline Case to be circulated to Members for review.</li> </ul>	<b>Board Secretary</b>	2 July 2021	Completed
	<ul style="list-style-type: none"> <li>The Initial Education and Training of Pharmacists Programme Strategic Outline Case to be submitted to the Board for</li> </ul>	<b>Director of Medical/Board Secretary</b>	July 2021	Completed.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	approval, subject to it being circulated to Committee and reviewed at a dedicated Board briefing session.			
<b>ECQC 2506/2.2</b>	<b>Quality Assurance Updates</b>			
	<ul style="list-style-type: none"> <li>Committee to consider the Annual Quality Statement Framework at its next meeting.</li> </ul>	<b>Director of Nurse and Health Professional Education/Medical Director</b>	September 2021	Completed on the agenda for 2 September.
	<ul style="list-style-type: none"> <li>The Committee to receive a quality assurance update for Health Professional Education at its meeting in September.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	September 2021	Completed on the agenda for 2 September.
	<ul style="list-style-type: none"> <li>Committee to receive an update on the Memorandum of Understanding between HEIW, regulators and professional bodies at its meeting in September.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	September 2021	Completed on the agenda for 2 September.
<b>ECQC 25/06/3.1</b>	<b>National Annual Education and Training Plan 2022/23</b>			
	<ul style="list-style-type: none"> <li>Acknowledge the new information/feedback provided by the RCN and ensure it is included in the work profile going forward into subsequent years.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	2 July 2021	Completed
	<ul style="list-style-type: none"> <li>Respond to letter and submission received from the Royal College of Nursing dated the 23 June 2021.</li> </ul>	<b>Director of Nurse and Health Professional Education/Medical Director</b>	2 July 2021	Completed
	<ul style="list-style-type: none"> <li>The draft National Annual Education and Training Plan 2022/23 be submitted to the Board for approval subject to the comments</li> </ul>	<b>Director of Nurse and Health</b>	July 2021	Completed

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Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	made by the Committee being incorporated into the final plan.	<b>Professional Education</b>		
<b>ECQC 2506/3.2</b>	Update on Phase 2 of the Strategic Review of Professional Education			
	<ul style="list-style-type: none"> <li>Committee to receive an overview of the entire Phase 2 process at its next meeting.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	September 2021	Completed on the agenda for 2 September.
	<ul style="list-style-type: none"> <li>Committee to receive regular updates on Phase 2 of the Strategic Review of Professional Education.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	Ongoing	Completed – added to the Forward Work Programme
<b>2506/3.3</b>	<b>New and Emerging Priorities</b>			
	<ul style="list-style-type: none"> <li>Committee to receive Student and Training Experience Framework for consideration at its next meeting.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	September 2021	Completed on the agenda for 2 September.
	<ul style="list-style-type: none"> <li>Student Training and Experience to be added to the Forward Work Programme for regular monitoring.</li> </ul>	<b>Board Secretary</b>	1 Week	Completed
	<ul style="list-style-type: none"> <li>A guide to assist anyone attending or participating in the work of the Committee to be drafted</li> </ul>	<b>Chair/Board Secretary</b>	September 2021	Board Secretary and Chair are currently working on the induction programme.
	<ul style="list-style-type: none"> <li>A Code of Conduct for adoption by the Board, Committee and Advisory groups to be drafted.</li> </ul>	<b>Chair/Director of Workforce and OD</b>	September 2021	Completed - It has been determined that the requirement for a code of conduct be kept under review.
	<ul style="list-style-type: none"> <li>Refugee Training Programme to be added to the agenda as a standing item under the heading 'Equality and Diversity' along with 1) Differential Attainment 2) Strategic Equality Plan and 3) Welsh Language</li> </ul>	<b>Board Secretary</b>	1 Week	Completed - Differential Attainment and Refugee Training Programme have been added to the Forward Work Programme. The SEP and Welsh

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Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
				Language are primarily strategic items and to be considered by the Board.
	<ul style="list-style-type: none"> <li>'New and Emerging Priorities' to be included on the agenda as a standing item.</li> </ul>	<b>Board Secretary</b>	1 Week	Completed.
<b>ECQC 2506/4.1</b>	<b>Committee Self-Assessment</b>			
	<ul style="list-style-type: none"> <li>The Self-Assessment Checklist to be circulated to Committee members for completion.</li> </ul>	<b>Board Secretary</b>	1 Week	Completed
	<ul style="list-style-type: none"> <li>The evaluation of the Self-Assessment Checklist be presented at the next Committee meeting in September 2021.</li> </ul>	<b>Board Secretary</b>	September 2021	Completed on the agenda for 2 September.
<b>ECQC 2506/4.2</b>	<b>Committee Annual Report</b>			
	<ul style="list-style-type: none"> <li>The Committee Annual Report 2020/21 be submitted to the Audit &amp; Assurance Committee for information.</li> </ul>	<b>Board Secretary</b>	July 2021	Completed
	<ul style="list-style-type: none"> <li>The Committee Annual Report 2020/21 to be submitted to the Board for assurance.</li> </ul>	<b>Board Secretary</b>	July 2021	Completed

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Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>September 2021</b>	<b>Agenda Item</b>	<b>2.1.1</b>
<b>Report Title</b>	<b>A Proposed Quality Framework for HEIW</b>		
<b>Report Author</b>	Dr Anton Saayman Director of Educational Improvement (Medical Deanery)		
<b>Report Sponsor</b>	Professor Tom Lawson, Postgraduate Medical Dean		
<b>Presented by</b>	Professor Pushpinder Mangat, Medical Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To describe a proposed HEIW Quality Framework		
<b>Key Issues</b>	<p>The key issues within the paper are the proposals in respect of:</p> <ul style="list-style-type: none"> <li>a) The approach to quality as a continuum of Quality Planning (QP), Quality Control and Management (QC &amp; QM), Quality Assurance (QA) and Quality Improvement (QI),</li> <li>b) Extending this approach across all sections of HEIW,</li> <li>c) The next steps especially the development of a single set of HEIW standards for QM</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Consider and <b>note</b> the the outlined approach in the development of the HEIW Quality Framework for information.</li> </ul>		

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## HEIW Quality Framework – the proposed approach

### 1. INTRODUCTION

*Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skilful execution; it represents the wise choice of many alternatives." - William A. Foster.*

HEIW has an important role in developing a high-quality health and care workforce for Wales. HEIW is continuously planning activities to enhance the quality of workforce development activities. HEIW is also responsible for the Quality Management (QM) of Postgraduate Medical, Dental and Foundation Pharmacy training. However, for nursing/healthcare student placements HEIW provides Quality Assurance (QA); whereas Universities provide the QM. HEIW has a focus on improvement, both in embedding improvement into training programmes for which the organisation has responsibility; as well as embedding QI into HEIW activities. It is important to coordinate the interactions between these different areas of Quality across HEIW, to ensure a consistent and robust approach to ensuring quality within the system.

Strategic Objective 2.9 in the HEIW annual plan states: -

*"Develop and implement a multi-professional education and training quality framework and supporting infrastructure.*

- *Review of educational infrastructure, funding allocations, models of working and develop recommendations for change*
- *Develop a multi-professional Quality Framework for HEIW*
- *Develop innovative placement capacity solutions for healthcare students*
- *Scope, develop functionality and engage with stakeholders to design an all Wales placement database for healthcare students.*
- *Develop key placements in rural areas, community and primary care."*

This includes the development of a multi-professional Quality Framework for HEIW.

### 2. BACKGROUND

HEIW as an organisation is continuously involved in the planning of activity to enhance workforce quality, quality manage training programmes (e.g., in postgraduate medical training, dentistry and foundation pharmacy training), has a role in quality control and quality assurance and strives to embed quality improvement into the usual activity of programmes of work.

Engagement with colleagues across the Medical and Nursing Directorate has already resulted in sharing of approaches, piloting joint planning activities (e.g. commissioning) and sharing quality management processes. Quality Improvement training and access to support for evaluation and research activity is available to HEIW staff.

### 3. PROPOSAL

The links between quality planning, quality control, quality management and assurance and improvement are well established in the management and healthcare delivery literature. Joseph Juran is often credited for bringing the 'people' element to quality by focussing on customer needs and satisfaction. Juran (1986) first described the quality trilogy approach which has been modified in later years. This quality trilogy in its original form described the interaction between Quality Planning, Quality Control and Quality Improvement. Further iterations included Quality Management and Quality Assurance.

We propose a HEIW Quality Framework to integrate Quality Planning, Quality Control, Quality Management and governance of education and training, Quality Assurance and Quality improvement.

These are familiar principles as first described by Juran (1986) and recently advocated by Shah (BMJ 2020) for NHS Organisations. The work of Shah (2020) included Quality Assurance and Quality Management of activities.

The framework will provide an approach to terminology, interlinked activity and likely next steps and will be developed into a quality driver diagram/ flow chart.

Importantly, the framework will also provide an opportunity to harmonise the critical quality management processes within HEIW across a range of healthcare professions, embedding consistency of both language and approach and facilitating sharing of information across all sections. It is proposed that this will build on experience developed within the Medical Directorate and be adapted for pan-HEIW use. This approach has been successfully implemented by others in the UK (e.g. Health Education England)

The framework will clarify the pivotal role of *planning* for quality and which activities this should entail –

Firstly, the vision, mission and objectives of the organisation needs to be considered. Next steps focus on understanding stakeholders and their priorities (this is also linked to research and evaluation activity).

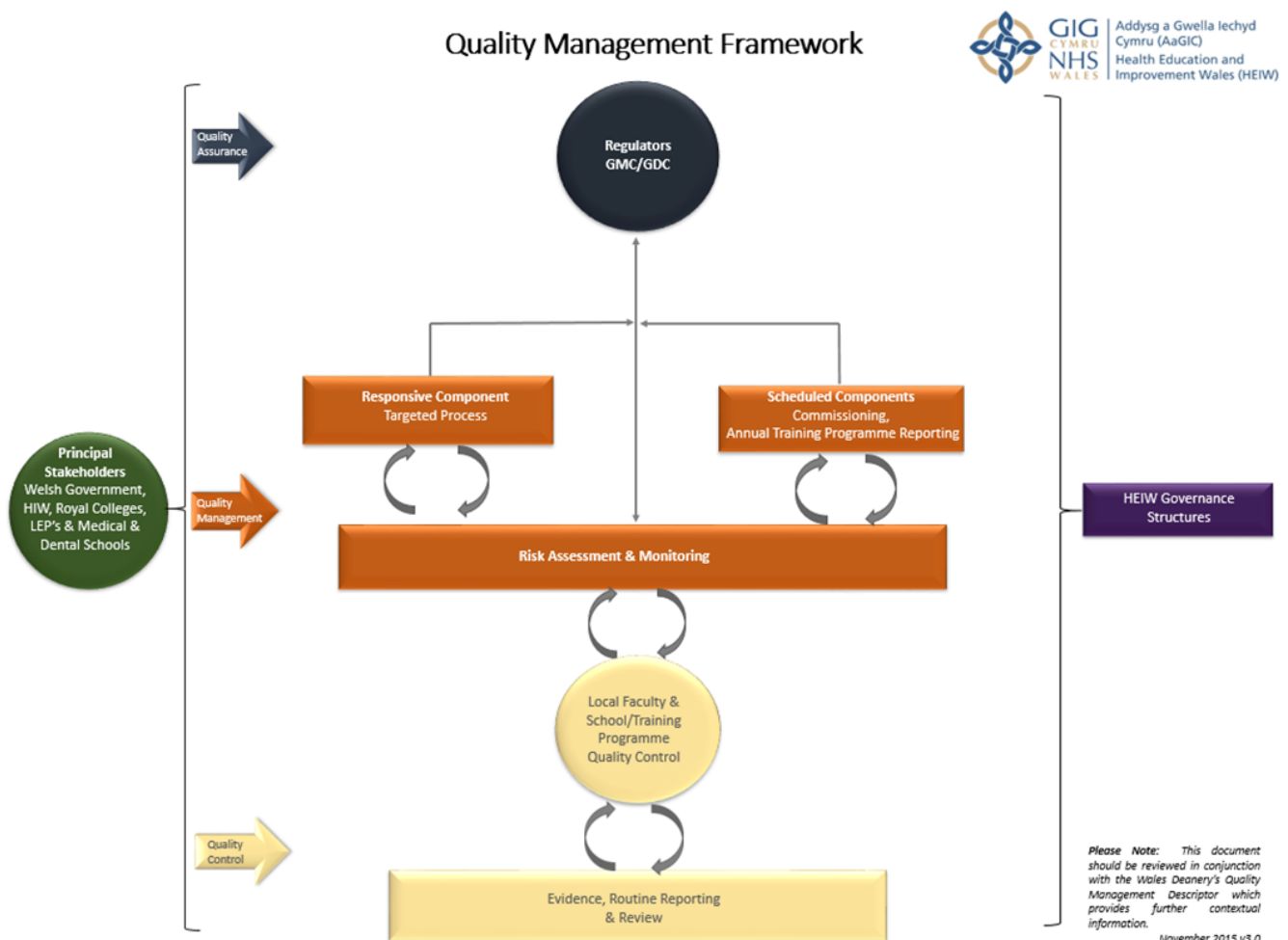
Quality Planning includes

- Assessing Needs e.g., workforce planning and requirements, finance, new initiatives or programmes.
- Planning for new training models.
- Putting in place structures to deliver quality e.g. educational infrastructure (facilities and people)
- Commissioning
- Contracts
- Team structures
- Planning for Leadership for Improvement
- Planning of areas for Evaluation and research

**Quality Management (QM) and Educational Governance** is an area in which HEIW has excellent processes and procedures in place. An example is the Medical Deanery QM Framework which has a planned and responsive element to managing quality in post graduate medical training programmes. QM in medicine is focussed on working to a set of standards as published in the *GMC Promoting Excellence* publication . These standards are themed around the learning environment and culture, educational governance and leadership, supporting learners, supporting educators and curricula and assessment. We suggest that these standards are universal for all training and could be adapted for use across all healthcare programmes supported by HEIW to provide a common starting point for Quality Management activity.

Within the QM processes clear communication around patient safety issues with other regulators and stakeholders ( including LHBs, HIW and the GMC/GDC) are inbuilt and this needs to be extended across HEIW.

Medical Deanery QMF:



**Quality Assurance (QA)** activity may be performed by a regulator (e.g. GMC has QA responsibility for Postgraduate medical training), but where HEIW is responsible for QA this can take the form of periodic checks to make sure the programme delivers the



required outcome through, audit and evaluation of programmes and implementing best practice

*Quality Improvement (QI) activity* must take place continuously throughout the Quality Framework and needs to identify what matters the most, identify teams to drive improvement through well established methodologies, test and implement new solutions and then provide the impetus for scaling these projects up for maximum benefit.

*Quality Control activity* takes place at the individual or micro level but is often overlooked and an important part of the quality framework. Quality Control activity will include PADRs, Appraisal for Trainers or Teachers, Team Appraisal and measures of performance

The HEIW Quality Framework proposed outline -



Diagram adapted from Shah (BMJ, 2020)

## Next Steps

The next steps for this proposal is to -

- develop the framework into a driver diagram for use by all sections of HEIW
- Agree a set of HEIW standards based on existing GMC standards, for excellence in training to support Quality Management activity across sections
- Further strengthen quality planning activity in terms of commissioning activity and expectations from training environment.

## 4. GOVERNANCE AND RISK ISSUES

This proposal should strengthen the educational quality and governance procedures of HEIW by establishing a consistent approach to Quality

## 5. FINANCIAL IMPLICATIONS

None

## 6. RECOMMENDATION

Members are asked to:

- Consider and **note** the outlined approach in the development of the HEIW Quality Framework for information.

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Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
This proposal should enhance the HEIW approach to Quality – including the QM of HEIW programmes of work.			
<b>Financial Implications</b>			
This proposal has no direct financial implications.			
Subsequent developments in the scope and volume of Quality activities ( including planning, project management, improvement and evaluation activity) will require financial support via the usual business case process.			
<b>Legal Implications (including equality and diversity assessment)</b>			
This proposal should be viewed in conjunction with the HEIW Governance Framework.			
<b>Staffing Implications</b>			
None from this paper, future areas of work will have staffing implications			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Improved quality of training programmes resulting in a workforce prepared to improve the health of the people of Wales will have a positive impact on ' A Healthier Wales'			
<b>Report History</b>			
<b>Appendices</b>			



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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>2 September 2021</b>	<b>Agenda Item</b>	<b>2.1.2</b>
<b>Report Title</b>	<b>BRIEFING ON NATIONAL QUALITY AND SAFETY FRAMEWORK – New National Reporting of Quality - Superseding the Annual Quality Statement</b>		
<b>Report Author</b>	Executive Team		
<b>Report Sponsor</b>	Executive Team		
<b>Presented by</b>	Professor Pushpinder Mangat and Lisa Llewelyn		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To inform the Education Commissioning and Quality Committee (ECQC) of the new Quality and Safety Framework published by WG		
<b>Key Issues</b>	<p>The Framework consists of a range of actions relating to</p> <ul style="list-style-type: none"> <li>• COVID 19</li> <li>• Health and Care Standards</li> <li>• Duties of Quality and Candour</li> <li>• National Incident Reporting Framework</li> <li>• Medical Examiner Function</li> <li>• Independent reviews of Maternity and Neonatal Services</li> <li>• Development of Electronic Systems such as ePrescribing</li> <li>• Governance of Patient-Centred Care</li> <li>• Philosophy of Continuous Improvement and Learning</li> <li>• National Quality Assurance Framework</li> <li>• National Quality Management System/Improved Data</li> <li>• Leadership Aligned to Achieve these Aims</li> <li>• National work on Toolkit for Quality Management</li> <li>• Engagement to Deliver a Quality Led System</li> <li>• Quality and Safety Board as part of NHS Executive</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the publication of the National Quality &amp; Safety Framework</li> <li>• <b>note</b> that the current Annual Quality Statement requirement will be replaced by a new annual report</li> <li>• <b>note</b> that this national work will inform &amp; shape key aspects of the HEIW Quality Management Framework, including student, trainee &amp; learner experience</li> <li>• <b>note</b> the full engagement of HEIW in this work</li> <li>• <b>support</b> the submission of this update to the Board given the significance of this work programme</li> </ul>		

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# **BRIEFING ON NATIONAL QUALITY AND SAFETY FRAMEWORK**

## **New National reporting of Quality - Superseding the Annual Quality Statement**

### **1. INTRODUCTION/BACKGROUND**

Welsh Government (WG) has published a Quality and Safety Framework “providing guidance and direction for all NHS Organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality”. **This is attached at Appendix 1.**

As the Committee is aware, HEIW has commenced a programme of work to develop an integrated quality management framework that provides clarity on the core components of a quality management system, recognising the unique and specialist functions of the organisation. This seeks to build on good practice that already exists in pockets and to develop a more consistent and integrated approach that is in line with our statutory functions and multi-professional ambition.

The purpose of this paper is **to alert the Board to the potential implications of the national Framework which we will need to reflect in our local work.**

The national Framework document also highlights the need for organisations to publish an annual report on steps taken to improve quality in services and outcome. **This new report will replace the current requirement for an Annual Quality Statement.**

### **2. NATIONAL FRAMEWORK ACTIONS**

The Framework consists of a range of actions, and these have been set out in the table below, with some initial commentary on the implications and relevance to HEIW. As is often the case, the actions often require some translation in order to apply to a non-patient facing, specialist organisation such as ourselves.

	<b>Framework Actions</b>	<b>Implications for HEIW</b>
Action 1	NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.	Our response to COVID 19 harm is focused on 3 areas: 1. System support – for example our work on infection prevention and control, remote clinical assessment skills, critical care workforce, support to vaccination workforce. 2. Protecting education and training – continuing to focus on maintaining standards, shifting to digital delivery, introduction of the new role for clinical placements for health professional students 3. Support students – vaccination advice, wellbeing, playlist of support resources, individual management of progression/ extensions/deferrals.

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		<p>We have recently reported to the Board on our ongoing monitoring of COVID implications for education and training. The Director of PPCS has been asked to undertake a lessons learned exercise in relation to our COVID response to embed in future plans.</p>
Action 2	Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.	<p>There has been limited education and workforce content in previous standards.</p> <p>We are keen to engage with this to ensure that these standards reflect and align with regulatory standards and the standards we use to commission education and training from HEIs and LEPs</p>
Action 3	Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.	<p>We will ensure that this is built into education and training for the new NHS workforce (students and trainees), again aligning with standards set by regulators.</p> <p>Our Quality Management Framework will need to be clear on escalation of concerns, processes and flows of information with regulators and inspectorates, e.g. HIW.</p> <p>We need to prepare as a Board for implementation of these duties through our Board Development Programme.</p>
Action 4	Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.	<p>This knowledge needs to be embedded in our education and training for students and trainees as they undertake clinical placements, training posts and to make them ready for employment.</p> <p>Incidents within HEIW will be non-clinical in nature, but it will be important to clarify use of the national incident reporting system for those purposes and link to the Quality Management Framework.</p>
Action 5	National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of	<p>Our main interface with this process is to ensure that trainees play an active role in mortality reviews and require understanding of medical examiners.</p>

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	the Medical Examiner Service and processes already in place for reviewing mortality.	This doesn't need to be reflected in our quality framework as it relates to Health Board/Trust services for patients.
Action 6	National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.	<p>We need to ensure that education and training /workforce issues are afforded a higher priority in independent reviews.</p> <p>We will be reviewing the findings from these independent reviews to identify both improvements in HEIW quality management , and also improvements that are needed to support the system.</p>
Action 7	Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.	<p>This is mainly relevant to patient facing organisations although our work on digital skills and literacy does have relevance here.</p> <p>.</p>
Action 8	NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.	<p>This is a major area for development in the HEIW context – which is for student, trainee and learner experience and feedback.</p> <p>This is a major component of the development of our Quality Management Framework, including a more formalised approach to receipt of national survey feedback and ensuring appropriate engagement and feedback mechanisms are in place.</p>
Action 9	Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.	Our internal QIST function already provides vital education and training in QI for trainees and is also rolling out our QI skills across our HEIW workforce. We will be considering plans to build on this work during the year.
Action 10	National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help	<p>As noted previously, we need to align the development of a HEIW quality management system where possible but ensure that our unique and specialist functions are reflected.</p> <p>Our relationship with a Citizens Voice Body needs to be considered in our HEIW framework.</p>

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	prepare the way for the duties of quality and candour	
Action 11	Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.	We will aim to have measures in place to support quality management and quality improvement as a core part of our performance management framework, but these may look different to those used for patient-facing organisations.
Action 12	NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring the Board have the appropriate skills and knowledge to provide effective leadership of the system.	As noted previously this work is underway as a key strategic objective in our annual plan.  Board development sessions will focus on consolidating the requisite skills for leadership and assurance.
Action 13	National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.	Noted.
Action 14	Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.	Significant communication and engagement will be needed with our HEIW workforce to ensure there is a full understanding of the quality agenda, and the critical impact of our functions on safety and quality of patient care.  Embedding QI in our leadership programmes is essential to support the system in this objective.
Action 15	A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.	This is outlined in more detail in the next section.  This may require a review of our internal governance arrangements to ensure that they are fit for purpose in terms of a) implementation and b) ongoing oversight.

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### 3. ENGAGEMENT IN NATIONAL GOVERNANCE ARRANGEMENTS

Each organisation is being asked for nominations for five workstreams and a series of workshops:

**a. Overarching principles and development of statutory guidance**

To define the duty of quality and develop the statutory guidance and tools to support implementation; consideration of the impact of culture on quality.

**HEIW nomination: Julie Rogers**

**b. Quality reporting framework**

To develop a framework to deliver the duty to report within the Act. To explore the use of storyboards and quality indicators on an ongoing and annual reporting cycle.

**HEIW nomination: Nicola Johnson**

**c. Health and Care Standards**

To review and update the Health and Care Standards and supporting guidance to ensure they complement the duty of quality and 6 domains of quality.

**HEIW nomination: Lisa Llewelyn**

**d. Communication and engagement**

To ensure communication and engagement with key stakeholders.

**HEIW nomination; Julie Rogers**

**e. Education**

To develop educational materials suitable for board members of NHS bodies and NHS staff.

**HEIW nomination: Sian Richards**

#### **Duty of Candour Workshops**

Each organisation is to nominate two representatives to take part in collaborative workshops scheduled to take place in October, November and early December 2021 to consider/provide feedback on a draft of the duty of candour guidance and consider proposals for the duty of candour procedure.

**HEIW nominations; Pushpinder Mangat and Dafydd Bebb**

### 4. GOVERNANCE AND RISK ISSUES

While we need to review our local work in the light of the information contained in this report, there is alignment with HEIW Quality Agenda as described in paper 2.1.1 in today's ECQC.

### 5. FINANCIAL IMPLICATIONS

No immediate financial consequences identified

## 6. RECOMMENDATION

The Committee is asked

- To note the publication of the National Quality and Safety Framework
- To note that the current Annual Quality Statement requirement will be replaced by a new annual report
- To note that this national work will inform and shape key aspects of the HEIW Quality Management Framework, including student, trainee and learner experience
- To note the full engagement of HEIW representatives in this work
- To support the submission of this update to the Board given the significance of this work programme

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Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
This will be integral to delivering high quality, safe care			
<b>Financial Implications</b>			
None identified at this stage			
<b>Legal Implications (including equality and diversity assessment)</b>			
This is WG mandated			
<b>Staffing Implications</b>			
None at this stage for HEIW.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>			
<b>Appendices</b>	Appendix 1 – WG Quality and Safety Framework Appendix 2 – Letter from Deputy Chief Medical Officer		

# **Quality and Safety Framework:**

## Learning and Improving

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## FOREWORD

In 2016, the OECD commented that quality is at the heart of the NHS in Wales, a point reiterated by the publication of A Healthier Wales, with quality and safety being highlighted as a priority above all else. As a citizen in Wales, I recognise the key importance of being able to access a safe, effective service that provides an excellent user experience.

Despite the progress that has been made in terms of establishing the NHS as a quality-led system, there is further work to do. Senedd members last year passed the Health and Social Care (Quality and Engagement) Act 2020 to introduce a strengthened Duty of Quality and Duty of Candour for the NHS in Wales, as well as create a Citizen Voice Body to strengthen the voice of our population. This legislation, together with the need to learn from recent system failings in the NHS, and to recover from the COVID-19 pandemic are the principle drivers in developing this Quality and Safety Framework.

The Framework states that organisations at every level should function as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient-centred, timely, efficient and equitable.

It sets out the need for a robust quality assurance framework that brings all the information surrounding quality together so it is utilised to implement effective change and improvement in care.

The COVID-19 pandemic has been the biggest challenge the NHS has faced since its creation by Aneurin Bevan, and our workforce has responded in the most incredible ways. However, despite these efforts, this new disease has caused avoidable harm, and will continue to do so unless quality and safety are placed at the heart of our approach to recovery. It is very much a priority for me that we innovate and transform as part of this recovery, and the six domains of quality provide a framework within which we can do this.

A Quality and Safety Programme overseen by a new National Quality and Safety Board will be developed to drive the high level actions described in this Framework. This Board will enable strong clinical leadership with a multi-disciplinary approach to help drive the NHS organisations in Wales along their journeys to being truly quality led.

Now, perhaps more than ever in the history of the NHS, we need to ensure a relentless focus on quality and safety, as a priority above all else. It needs to be the central focus of any decision made with regards to the care of the population as well as the design of services. I am pleased to endorse this framework and will be investing in a Quality and Safety Programme with the aim of ensuring that we have a quality-driven NHS.

Eluned Morgan, Minister for Health and Social Services

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## Document purpose

An overarching goal of the NHS is to improve outcomes for people, whoever they are and wherever they live, by providing people with access to high-quality health and care, delivered through a sustainable culture of learning and improvement.

Although well recognised, health and care quality can be difficult to define. This framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that need to be in place to be assured of high quality services at all times. There will need to be a strong focus on quality and safety as we emerge from the Covid-19 pandemic, trying to understand the true harm that has occurred over the past eighteen months and, moving forward, to ensure we meet the needs of our population.

Many areas of the NHS are recognised for providing exceptional high quality services. This framework provides guidance and direction for all NHS organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality. This is key in meeting the aspirations set out in A Healthier Wales for a quality-driven NHS in Wales, and in readiness for meeting the expectations of the new and strengthened duty of quality.

Everyone has a role in improving quality and the framework shows what needs to be in place to ensure how everyone's voice can be heard. This document replaces the now expired Welsh Government Quality Delivery Plan, and describes a way forward, learning from recent system failures in Wales, as well as the coronavirus pandemic and its associated potential for harm. It also serves to provide a stepping stone to the new duties of quality and candour expected in 2023.

# 1. Context and background

## 1.1 Strategic background

[A Healthier Wales](#) (AHW) sets out a long-term vision that everyone in Wales should have longer, healthier and happier lives. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. The first NHS Wales core value described in A Healthier Wales is "Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times."

Healthcare organisations in Wales are focused on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. Our philosophy of value-based, prudent, health and care underpins this and will continue to be a distinctive feature of the Welsh system. The recent [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) which places both an enhanced duty of quality and an organisational duty of candour will strengthen the approach to high quality, safe care.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. This Quality and Safety Framework describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales.

In line with the direction set in A Healthier Wales, work continues to bring the quality agendas within health and social care together. However, this framework focuses largely on NHS organisations in Wales, fully recognising that partnership working is key to success.

The recently-published [National Clinical Framework](#) provides a clinical interpretation of A Healthier Wales and describes a learning health and care system, centred on clinical pathways that focus on the patient, grounded in a life-course approach. In recent years, major health condition delivery plans set out policy expectations for high priority clinical services. These plans came to an end in December 2020 and as described in the National Clinical Framework, will gradually be replaced by Quality Statements. These successor arrangements will help to set out what stakeholders think are important quality attributes of high priority clinical areas, such as cancer, heart disease and stroke services; as well as services such as critical care and end of life care.

## 1.2 Recovery from COVID-19 Pandemic

Over the last year, the NHS has faced its biggest challenge since its inception, with the unprecedented COVID-19 pandemic. The staff and leadership of NHS organisations have responded to this challenge in an extraordinary way by developing new ways of working to support our population. During the pandemic we saw wonderful examples of high-quality care, including the retraining and redeployment of staff to the highest risk areas, effective team working and communication and, above all, arrangements centred on the new and changing needs of people.

As we emerge from the pandemic, NHS organisations are considering how to adapt services and learn from the innovative practice and outstanding clinical leadership that we have seen. Quality and safety are going to be of paramount importance in this recovery process and it is essential there is this quality and safety focus at every level. Patients waiting for treatment will be exposed to widely varying levels of symptoms and risk, so the limited clinical resource now available must be targeted at those likely to gain the most benefit. A co-productive approach to clinical care and decision making will be essential to gain and maintain public understanding and confidence.

Welsh Government has recently published [Looking forward](#) to help health and social care emerge from the pandemic, describing the challenge as building the integrated health and social care service that we want going forward and to deal with the long-term impacts of COVID-19. The opportunity is to change for the better, recognising that COVID-19 is still with us.

A key aspect to this recovery is ensuring that care is as safe as possible, and that harm is minimised. The five harms we describe in health and care in Wales, are:

1. Direct harm from COVID-19 itself
2. Indirect harm from COVID-19 due an overwhelmed health and social care system and reduction in healthcare activity as a result
3. Harm from population based health protection measures i.e. educational harm
4. Economic harm both directly and indirectly as a result of COVID-19 i.e. unemployment as a result of lockdown
5. Harm as a result of exacerbation or introduction of new inequalities in society

There is no doubt that people and their loved ones will have come to harm as a result of the pandemic, and when it comes to harm from healthcare, areas such as nosocomial transmission and delayed healthcare due to reduction in normal services, together with people trying to not over-burden the NHS, will have already, or may in the months ahead, result in harm for some individuals.

Understanding the true level of harm that has occurred, or which may still occur without mitigating actions, is a significant yet hugely important task as we recover from this pandemic. Sadly, there will be situations where harm, and possibly death have occurred, and we need to make sure that in such cases the care provided is reviewed thoroughly, to understand if harm was at all preventable and also that we learn and ensure that our policies (particularly infection control and prevention) evolve as a result.

**Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.**

The co-production of services going forward is also a vital aspect of recovery. As “Looking forward” describes, we need to build on the innovative ways of delivering services particularly using technology. This will be key to be able to keep in touch with individuals awaiting treatment and ensuring that robust arrangements are in place so those at greatest risk are prioritised. It will be important to take stock and ensure that any interventions are of high value and improve outcomes for people.

### **1.3 Quality in Wales and the Quality and Engagement Act (2020)**

We have previously published several policy documents on quality within the NHS in Wales. The previous Quality Delivery Plan (2012) set out actions to drive continuous service improvement and transparency, including the introduction of Annual Quality Statements. In 2013, ‘*Delivering Safe Care, Compassionate Care*’ provided a national governance framework. This framework builds on and now replaces these previous documents.

The [OECD Review of Health Care Quality](#) published in 2016 commented that quality is at the heart of the healthcare system in Wales however it did make recommendations to strengthen what has already been built. These include a stronger relationship between health boards and Welsh Government, more visible



accountability within health boards, with the technical, managerial and leadership capacity to drive up standards.

In June 2020 new legislation gained royal assent: the Health and Social Care (Quality and Engagement) (Wales) Act. The Act introduces a new duty of quality placed on NHS bodies and Welsh Ministers (in relation to their health-related functions). This enhanced legal duty sets out that all decisions that are made are done so as to secure improvement in the quality of the services provided within the Welsh NHS, and to deliver improved outcomes for the people of Wales. This legislation emphasises the need for organisations to go beyond simply maintaining their services, and to strive for continuous improvement and excellence with as much focus on health improvement and protection as sickness management.

Reframing the duty of quality in this way, moving beyond the current duty, will shift the focus of decision-making and represent a further step on the journey towards ever higher standards of person-centred health services in Wales.

To reinforce the emphasis we wish to place on person-centred services and the importance of patient experience as a determinant of a quality service, the Act specifically lists patient experience as a core component of the new duty of quality.

The Welsh Government's [Health and Care Standards](#) must also be taken into account by organisations in their discharging of the duty of quality. This framework of standards is designed to support the NHS and partner organisations in providing quality services across all healthcare settings. These standards describe what the people of Wales can expect when they access health services.

The standards were last updated in 2015 and to ensure alignment with the new legal duty of quality, these standards will now be reviewed and updated.

## **Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.**

The duty of quality mandates the requirement for NHS organisations to commit to and deliver improvements in the quality of health services. NHS organisations will be required to publish an annual report setting out the steps they have taken to secure these improvements, and include an assessment of the extent to which any improvements in outcomes that have been achieved. This new report will replace the current Annual Quality Statement.

In turn, and for the first time, Welsh Ministers will be required to present their own annual report to the Welsh Parliament, Senedd Cymru about the actions they have taken to secure improvements that will lead to higher quality care for the Welsh population. A programme of work is underway to prepare for the implementation of the new duty.

As well as a duty of quality, the 2020 Act also introduces a new organisational duty of candour. The duty will apply to NHS organisations, primary care providers in respect of their NHS services, and independent health care providers. The duty will apply when a person who has received healthcare has suffered an adverse outcome

and the provision of health care was or may have been a factor. In this context an adverse outcome will mean if the individual has experienced, or could experience, any unexpected or unintended harm that is more than minimal.

There is a clear link between candour and quality of services. There is evidence that increased openness, transparency and candour are associated with the delivery of higher quality health and social care. Organisations with open and transparent cultures are more likely to spend time learning from incidents, and they are more likely to have processes and systems in place to support staff and service users if things go wrong. This is of vital importance in a health and care setting where patients often have ongoing relationships with their health and care providers. In general, patients and service users want to be told honestly what happened and be reassured that everything is being done to learn from what went wrong.

Placing a duty of candour on NHS organisations, including providers of primary care, will improve service user experience, communication and engagement between the NHS and its service users. It will build on the work that has already been undertaken through the [Putting Things Right](#) arrangements for dealing with concerns, complaints and incidents.

**Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.**

The 2020 Act, when commenced, will also establish a new Citizen Voice Body (CVB) for Health and Social Care. The CVB's general objective is to represent the interests of the public in matters related to health and social services. The CVB will also have the ability to make representations about such matters to NHS organisations and local authorities, and there are duties of co-operation placed on NHS organisations, local authorities and the CVB under the Act. We envisage the new CVB developing a close working relationship with the NHS and local authorities. It will be a tremendously useful source of feedback from service users and the wider public. Our aspiration is for NHS leaders to see the CVB as a source of information and advice about what people think of health services at both national and local level. As a Body exercising functions across health and social services it also helps to deliver on the recommendations of the Parliamentary Review of Health and Social Care for the integration of health and social care services alongside more integrated citizen engagement.

This framework recognises that enabling people to access services using the Welsh language is an intrinsic part of the quality of care, and helps to ensure the safety, dignity and experience of Welsh speakers. Actions described within this framework will be developed in line with this principle and the [More than just words](#) framework.

## 2. A quality system

### 2.1 What does good quality look like?

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There are various ways to describe quality in healthcare. In 1999, the then Institute of Medicine described six characteristics of quality:

- Safe - avoid harm
- Effective - evidence based and appropriate
- Person-centred - respectful and responsive to individual needs and wishes
- Timely – at the right time
- Efficient - avoid waste
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status etc.

These characteristics of quality align with our prudent health and care principles:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production (person centred)
- Care for those with the greatest health need first, making most effective use of all skills and resources (timely, efficient, effective)
- Do only what is needed - do no less, do no harm (safe, efficient)
- Reduce inappropriate variation using evidence-based practices consistently and transparently (equitable, effective, efficient)

Prudent health and care is being taken forward through the concept of Value-Based Health Care, to ensure care is not only high quality but also the most effective it can be for each individual.

## **2.2 Safety**

### **2.2.1 Patient Safety**

One domain of quality that particularly resonates with the public and staff is patient safety. Several health systems focus almost exclusively on this. The NHS in Wales has a long-standing commitment to safety, since the 1000 lives programme that ran between 2008 and 2010. That commitment remains evident in many of our processes and practices, including mortality reviews, national incident reporting and many ongoing programmes including for example those on acute kidney injury, neuro-axial connectors and medication safety.

Patient safety can be examined in two general ways. Safety I describes the traditional approach which considers safety as the absence of unsafe acts. In healthcare, a Safety I approach has led to a focus on the minority of events in care in which something has gone wrong. In Wales, we want to move towards a Safety II approach, where safety is viewed as what happens when things go right. A Safety II approach will encourage more consideration and learning from what has gone well, in addition to what has gone wrong, providing a more holistic view of safety. Every day, despite complex environments, staffing pressures and ever-changing evidence and new treatments, the staff of the NHS adapt to provide great care. It is important to understand how they are able to overcome these issues, to celebrate that achievement and spread that learning.

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Another aspect to patient safety is that of harm to patients, not due to healthcare intervention but due to the lack of treatment - harm by omission. As described previously, many routine services paused during the pandemic in order to prioritise the provision of acute care to people with COVID-19. However the population may suffer harm if these services are not re-started. Essential Services, described as life-limiting or life-impacting services, were maintained during the pandemic. The essential services quality assurance framework issued by Welsh Government focuses on the need for local accountability, governance, guidance and evidence-based assurance.

The reporting and investigation of incidents play an important role in terms of changing culture, transparency and shared learning from when harm occurs. The current Welsh incident reporting framework is being reviewed to ensure it helps develop those areas, creates a focus on immediate make safes, drives improvement and aligns with duty of candour. Investigations must be targeted for most impact, and be effective in identifying system issues. Incidents in the healthcare system can occur anywhere in Wales and there needs to be a strong focus on sharing learning that takes place across Wales, striving to make care as safe as possible. The new framework must enable learning from Safety I and Safety II type events.

**Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.**

In Wales, mortality reviews have been mandated for hospital deaths since 2013 and have been crucial in confirming important areas for continuous improvement, including sepsis and recognition of the unwell patient. A medical examiner service is now being implemented across Wales with commitments to improving patient safety and end of life care. Medical examiners independently scrutinise all deaths that are not investigated by the coroner. Their scrutiny includes asking the person's loved ones about any concerns. Where the medical examiner service detect potential issues in patient care, they will highlight these to NHS organisations to review. This will build on what has already been developed with mortality reviews in Wales and highlight areas for learning.

**Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.**

## **2.2.2 System Safety**

It is also important that we learn from specific patient safety and care issues that may emerge. In 2020, [First Do No Harm](#), the report from the Independent Medicines and Medical Devices Safety Review, looked at the use of pelvic mesh as well as the use of sodium valproate and the harm caused to women and children as a result of these interventions. This report was specifically looking at the use of these interventions in England, but has valuable learning for the NHS in Wales. It has highlighted that the healthcare system as a whole did not respond quickly enough to listen to concerns raised by patients and act more rapidly.

Maternity and neonatal services are an example of systems that need a strategic approach when it comes to safety, and to maximise learning on an all-Wales basis from where harm has occurred and where the need for improvements have been identified. We want to build on the all-Wales learning that has already taken place following the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives review of maternity services in the former Cwm Taf University Health Board and other similar reviews in the UK to ensure consistent and constant improvements are made and sustained.

**Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.**

The implementation of the new duties of quality and candour and the Citizens' Voice Body will significantly strengthen our system defences against such difficult experiences being repeated, particularly in terms of how critical it is that we listen to patients, their families and staff when things go wrong.

Safety in healthcare needs to go beyond individual patient safety and consider the safety of our systems. As services evolve beyond organisational boundaries to create systems of healthcare, we need to ensure that these whole systems are safe. The Safety I / Safety II concept needs to be applied to systems as a whole with reflection on what we can learn from systems that are safe and apply that learning to all our systems. We also need to consider areas such as ensuring the medical devices used are safe and that where there are concerns, these are escalated to the Medicines and Healthcare products Regulatory Agency (MHRA). We need to invest in electronic systems that ensure consistency of practice. We also need to monitor use of these systems and measure outcomes from clinical interventions including device implantation. These electronic systems include those such as electronic prescribing.

**Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.**

### **3. The Quality Cycle**

#### **3.1 The Quality Cycle – A quality management system**

People need public services to be organised around their needs and experiences. The culture in these services needs to be open, trusting and supportive, and planning, improvement and measurement processes need to be connected and focused on quality and learning. The elements that make up a cycle of improvement must form the backbone of an organisation, driven from the top. It is essential that organisations create the conditions for this, through a clear vision and strong leadership.

The board must drive an effective quality management system across the organisation. When services such as maternity or frail elderly care have failed there has usually been a wider organisational weakness, in Wales as elsewhere.

Across the world, there is concern that boards can prioritise finance and performance over quality. These are easier to monitor and use in accountability discussions, but can be delivered at the expense of quality.

The boards of organisations can be at different stages of maturity in their governance approach to improvement. Organisations with high levels of maturity for quality tend to prioritise quality improvement with a long-term focus, to use data for improvement, not just for assurance or control, and engage staff and patients in quality improvement with an open culture of continuous improvement and true clinical leadership.

Quality Improvement is a common concept discussed in healthcare but it needs to be part of a bigger process - a Quality Management System.

Fig 1



This quality cycle needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement. Everyone must understand their role in this quality system. Staff as well as the public and patients must be able to contribute to each part of the cycle, through co-design and co-production, to ensure actions are relevant and meaningful to those who must benefit.

Central to the quality management system is continuous learning. It is not enough to simply repeat the cycle, each time we must capitalise on what was learnt from the previous round, gaining intelligence from all sources and improving the process.

### 3.2 Quality Planning

The NHS in Wales is a planned healthcare system. Organisations must plan to improve the health of the population they serve. This responsibility starts with the

most crucial part, prevention, to keep people healthy and at home, whenever possible, and ultimately to improve health outcomes for the population as a whole. Good quality, timely information is needed to identify where improvement is required at every level within our systems; this includes the views of staff and patients. The duty of quality also sets out this expectation and the organisational annual reports will need to confirm how improvements in quality are being realised.

Prior to the COVID-19 pandemic, health boards were required annually to submit to Welsh Government for Ministerial approval, their Integrated Medium Term Plan (IMTP) for the following three years. During the pandemic, NHS planning changed with a more immediate focus on reducing harm and the response to COVID-19. IMTPs were temporarily replaced with a quarterly planning process. The Welsh NHS remains a planned care system but this still needs to be a dynamic process. As longer-term planning, including the return to IMTP processes, resumes, NHS organisations should build on the learning from the experience of the pandemic, to improve planning, and ensure that quality remains fundamental throughout all that they do.

NHS organisations continue to use the Wellbeing of Future Generations Act and the five ways of working as the context in which they plan. This will ensure that how organisations work, who they involve and what decisions are made will impact positively both now and in the future. Quality must always be a central to these decisions.

Wales is a bi-lingual country and it is vital our health services reflect that and develop with that principle in mind. People using the health service and staff within the service should be able to communicate in Welsh if they choose.

**Action 8: NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.**

### 3.3 Quality Improvement

There is world-wide evidence on how to support improvement, and NHS organisations must ensure their staff have the right skills, support and permission to make improvements in their everyday work, and to speak up when there are areas for improvement outside of their role or expertise. It is not enough to teach the workforce improvement theory, the workforce needs the capacity to carry out improvement and build it into every day work. Equally, frontline improvements must be balanced with a number of planned strategic improvements linked to the organisations' priorities if there is to be truly transformational, organisation-wide change.

The Health Foundation has outlined the need for an organisational approach to quality improvement. Without board-level leadership, system improvement will fail. It is critical to create the conditions for quality improvement at all levels within an organisation.

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However organisations may not yet be fully equipped to improve. Planning, measurement and improvement teams must be strongly connected. There are areas where effective change is delivered and we need to focus on how to scale up effective change across Wales and ensure people are receiving equitable care.

In response to A Healthier Wales, Improvement Cymru, our national improvement support service, is changing to support the quality cycle across organisations, using a consistent approach to the spread of improvement and learning. Within A Healthier Wales six key areas for improvement were identified: medicines management; surgery and surgical pathways; frail elderly care; acute illness; equitable health and social care; and end of life care. Whilst responding to the COVID-19 pandemic has impacted on these plans, the areas remain relevant and a focus for Improvement Cymru as we move into recovery.

Improvement skills and behaviours needs to be built into the work of everyone working in healthcare, so the culture becomes one of continual personal and positive challenge as to how can we do better. The satisfying personal experience of leading improvement builds confidence and starts to create the leaders of the future.

### **Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.**

#### **3.4 Quality Control**

Quality control occurs at the frontline of our services. People providing services need to agree, maintain and monitor the desired quality of the services they provide, and be able to detect and react when there is variation from that desired quality. Organisations need to create the processes and culture for staff to manage and standardise their daily work. This must be enabled by a systems view of the organisation and clear and consistent measures and communication throughout the organisation.

#### **3.5 Quality assurance**

Quality assurance is essential for organisational boards to understand the quality of services being provided, including those commissioned from others, how it compares with others and that, if identified, improvement work is making a difference. A systematic approach to quality planning, quality improvement and quality control can provide this. As well as the numbers, quality assurance needs to accommodate 'qualitative intelligence', such as the lived experiences of staff, patients and carers, as these often highlight problems before the measurement does. The existing [Framework for Assuring Service User Experience](#) sets out a range of methods to be used.

There are therefore many factors that contribute to quality assurance, including patient / user feedback, concerns and compliments, learning from deaths, incidents including serious incident reporting, clinical audit, and quality indicators and benchmarking. We need a quality assurance system that brings together intelligence on all aspects of the quality management cycle to present a coherent picture of the quality of care that organisations provide.



While regulators and inspectors also play a key role in quality assurance, they are not there in place of needing a strong organisational assurance framework

**Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour.**

### **3.6 Information throughout the quality cycle**

Intelligence is fundamental to improvement and assurance, and information should be consistent and widely available. Timely data is key to both understanding what is happening in organisations at any point in time but also to look at outcomes, identify areas for improvement as well as for benchmarking. Organisations need to be transparent when it comes to data and share this across Wales, striving to make care equitable. The National Data Resource, currently being developed, will facilitate this.

Value in healthcare is realised when we achieve the best possible healthcare outcomes for our population with the resources that we have. These outcomes should be comparable with the best in the world, and Prudent Healthcare has already provided a strong foundation for healthcare improvement in Wales. Realising value in healthcare requires better reporting and collection of outcome data to try to understand which interventions provide the most value to people and where there is unwarranted variation. It is vital that we provide care that is equitable and uses an evidence-based approach with implementation of NICE guidelines to help ensure high-value care.

Changes in health are important milestones in the lives of patients and we should use Patient Reported Outcome Measures (PROMs) to measure them. This can help us assess and meet patient needs, and to understand their experience of care, and to improve services.

The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine management information on quality, identifying areas where improvement work is needed and helping with cultural change.

We need to harness the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care. This can be used locally and nationally, and can inform a framework for measurement and benchmarking. Quality measures need to be on at least an equal footing with performance and finance measures.

**Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.**

### **3.7 Having an effective organisational quality management system**

The Institute for Healthcare Improvement (IHI) has described a framework for effective quality governance. They found little evidence of education for independent members on effective quality management and, where it did exist, it was often focused on patient safety (just one of the six domains of healthcare quality) and also hospitals, as opposed to community and population health. Although this research was based on the American healthcare system, it is likely that similar issues would be found in the NHS.

NHS organisations should review their current quality management systems, and consider where they are, and where they need to develop, to ensure they maximise the effectiveness of their quality management system.

**Action 12: NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring the Board have the appropriate skills and knowledge to provide effective leadership of the system.**

**Action 13: National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.**

## **4. Values, culture and leadership**

In order to have a quality-led system, NHS Wales needs to ensure it has the right values underpinning it, with a just culture and compassionate leadership. It needs to demonstrate active listening to truly understand the views of its staff, the patients using the services and their families, and incorporate that active listening into the quality cycle. Board members need to have a presence, both in the community and within hospitals. They need to be prepared to disrupt and encourage open feedback from citizens and members of staff as to how care can be improved.

Leaders need to be relentlessly focused on a sense of common purpose, values and quality, continually improving and showing compassion to all. Compassionate leadership - "compassionate leadership for compassionate health services" - can include attending (paying attention to staff); understanding (finding a shared understanding of the situation); empathising; and helping (taking intelligent action to help).

[Compassionate leadership](#) has been vital during the pandemic. Healthcare workers have faced unprecedented pressures both in terms of the risk and fear of getting COVID-19 from the workplace but also the desire to provide the best possible care to

patients in difficult circumstances. Strong leadership has never been more important and now needs to continue with everyone contributing.

An open culture of learning and improvement is essential. We need to celebrate what goes well and acknowledge the truly amazing care and services provided by all staff within healthcare in Wales.

However, when something fails or goes wrong staff must feel safe, supported and able to speak up, having confidence that they will be listened to. If concerns are raised about the quality of care, they need to be listened to, acknowledged and acted upon. The staff of the NHS need to know that concerns are taken seriously, indeed they are welcomed. When an organisation is open and honest, staff feel able to raise concerns and to implement improvement actions. No health service is perfect and this must be acknowledged in order to feel confident in a continually improving service. The introduction of the duty of candour will support this as an approach.

When errors do occur, they need to be investigated to understand how the system failed, with rapid action taken to prevent the risk being repeated. This approach needs to not apportion blame. Even if the key action was an individual error, there will have been multiple steps that contributed and must be understood. Adequate support needs to be provided both to the patient and their loved ones but also to the members of staff involved, to know that they remain valued and supported throughout any investigation. A punitive environment is a powerful barrier to fair and authentic reflection. A just and learning culture balances fairness, justice and learning with responsibility and accountability.

Patients also need to be encouraged to speak up when things go wrong and know that their concerns and experiences are listened to and not dismissed. This is crucial in a truly learning system.

The whole workforce needs to be engaged fully in the need to improve. Personal wellbeing is a fundamental requirement for this to take place. If members of staff are suffering from burnout or feeling disengaged from the organisation, service improvement will inevitably drop off, but if wellbeing is prioritised, patient care will be safer and of higher quality and continual service improvement will occur.

Implementing the action points contained within the HEIW workforce strategy, [A Healthier Wales: Our Workforce Strategy for Health and Social Care](#) will help organisations address staff shortages by improving staff retention as well as recruitment. The Strategy aims to enrich wellbeing and working experience for those who currently provide health and social care, including volunteers and carers, and to promote health and social care as the sector of choice for the future workforce. The overarching aim for 2030 is to provide the right number of motivated, dynamic and appropriately skilled people to help meet the health care needs of the population they serve in a sustainable, cost-effective way.

Ultimately, quality is everyone's business and needs a multi-disciplinary approach at both a local and national level. This concept needs to be embedded within the culture of our workforce, understanding and improving the quality of care we provide.

**Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.**

## 6. Accountability

In order for the NHS to develop along its quality journey, strong accountability is required for all aspects of the quality management system as well as through the quality assurance framework, with as much focus on quality as there is for performance and finance. The accountability structures will strengthen with the NHS Executive function, ensuring there is always a strong focus on quality.

We need to assure that any data obtained, be it through clinical audit, peer review or errors in healthcare, is used to drive change for the better. The NHS needs to be held accountable to assure that change is happening and that data will lead to meaningful and improved outcomes for our population.

## 7. Going forward

Quality needs to be everyone's business with strong leadership throughout NHS in Wales. The broad actions set out in this framework are the start of the next phase of the quality journey, and the implementation work for the duties of quality and candour will build on these actions and help to ensure that we have the effective quality management system at all levels in Wales. Organisations now need to be considering how to implement and improve a quality management system, especially in light of the pandemic, and accelerate our journey.

To facilitate this, existing national quality governance structures need to be reviewed to ensure there is strong governance of quality and safety and to drive the NHS along its journey.

**Action 15: A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.**

The COVID-19 pandemic has demonstrated what an amazing health service we have in Wales, with a workforce we are extremely proud of. The challenges are far from over. A nationwide approach to quality management with an enhanced commitment under a new duty of quality will move the NHS in Wales along its journey to become a truly quality-driven system, providing the best care for the people of Wales.

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## **Summary of Actions**

**Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.**

**Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.**

**Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.**

**Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.**

**Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.**

**Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.**

**Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.**

**Action 8: NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.**

**Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.**

**Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour.**

**Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.**

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**Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.**

**Action 15: A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.**

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**Professor Chris Jones**  
**Dirprwy Brif Swyddog Meddygol**  
**Deputy Chief Medical Officer**



**Llywodraeth Cymru**  
**Welsh Government**

9 July 2021

Dear colleagues

## **NHS input into Quality and Engagement Act Implementation**

The [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) is due to be fully commenced by April 2023. Since the Act received Royal Assent in June of last year, we have undertaken preparatory work on an Implementation Programme which spans its four policy areas:

- A re-framed duty of quality on NHS bodies (and the Welsh Ministers)
- A new duty of candour on NHS bodies and primary care
- Establishment of a Citizen Voice Body for Health and Social Care
- Powers to appoint statutory Vice Chairs of NHS Trusts

Welsh Ministers and officials remain committed to NHS organisations informing and guiding this programme of work, in order to secure the significant changes required by April 2023. We do acknowledge that the immediate years ahead will present further challenges as we recover from the COVID-19 pandemic.

We wish to take this work forward with a co-productive approach and would therefore welcome your support for implementation of the duties of quality and candour. Engagement during the establishment of the Citizen Voice Body will also be key, as NHS organisations will need to develop constructive and effective working relationships with the new organisation and will be subject to a number of duties to support it.

Work to develop Regulations that will allow the appointment of statutory Vice Chairs of NHS Trusts is already underway, with a high level of involvement from Chairs, Chief Executives and Board Secretaries, for which I thank you. The policy approach was communicated to the NHS Trusts by Dr Andrew Goodall on 8 April 2021 and we hope to see this element of the Act come to fruition by the end of this calendar year.

As the other constituent projects within the Implementation Programme differ in structure, nature and deliverables, the level and timing of participation will vary from one to another. Therefore, I have asked each project lead to describe their intended means of engagement with the NHS and the commitment sought.

### **1. Duty of Quality**

Five work streams have been established and we invite NHS organisations to nominate representatives for these. The duty of quality applies to all health service functions, not just clinical functions, and we are therefore seeking credible

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professionals; experts from the full range of clinical and non-clinical disciplines and functions. They will be sufficiently senior and able to represent their organisation and field of expertise on the work streams.

The work streams will launch in autumn 2021, with public consultation planned for spring 2022 and non-statutory implementation of the duty of quality in autumn 2022 ahead of the statutory implementation in April 2023. A broad overview of the work streams is set out below:

Work stream	Aim
1. Overarching principles and development of statutory guidance	To define the duty of quality and develop the statutory guidance and tools to support implementation; consideration of the impact of culture on quality.
2. Quality reporting framework	To develop a framework to deliver the duty to report within the Act. To explore the use of storyboards and quality indicators on an ongoing and annual reporting cycle. [Further guidance regarding the quality reporting requirements for 2021/22 will be issued]
3. Health and Care Standards	To review and update the Health and Care Standards and supporting guidance to ensure they complement the duty of quality and 6 domains of quality.
4. Communication and engagement	To ensure communication and engagement with key stakeholders.
5. Education	To develop educational materials suitable for board members of NHS bodies and NHS staff.

**Please add your nominations to the Duty of Quality table at appendix 1 and return to [HSCQualityandEngagement@gov.wales](mailto:HSCQualityandEngagement@gov.wales) by Tuesday 10 August.**

Following receipt of nominations, the duty of quality team will allocate colleagues to the various work streams, some of which require an NHS lead. The team will endeavour to ensure there is a fair representation of disciplines, functions and organisations across the work streams. In the event that we are unable to accommodate all of the nominees on the work streams, the team will ensure they are consulted as part of stakeholder groups.

## 2. Duty of Candour

The duty of candour applies at an organisational level to all NHS bodies in Wales, including primary care providers of NHS services.

The duty will require NHS bodies to follow a procedure when a service user suffers an adverse outcome during the course of care or treatment. In accordance with the requirements of the Act, it is our intention to publish statutory guidance to aid the implementation of the duty and to make regulations setting the procedure that must be followed when the duty of candour is triggered.

There will be full public consultation in Spring 2022 with the aim being to finalise the necessary guidance and Regulations in October 2022, in readiness for the duty coming into force in April 2023.



Our ultimate aim is for the guidance documents to remain a practical, live resource for NHS bodies that will be kept under review to help with the ongoing implementation of the duty. The stakeholder workshops are the start of this process.

We consider stakeholder engagement key to successful implementation. Therefore, our ask, for the duty of candour, is for each organisation to nominate two representatives to take part in collaborative workshops scheduled to take place in October, November and early December 2021 to consider and provide feedback on a draft of the duty of candour guidance and consider proposals for the duty of candour procedure.

**Please add your nominations to the Duty of Candour table at appendix 1 and return to [HSCQualityandEngagement@gov.wales](mailto:HSCQualityandEngagement@gov.wales) by Tuesday 10 August.**

Once we receive the nominees' details, we will work with them to confirm the workshop programme dates and times.

### **3. The Citizen Voice Body for Health and Social Care**

You will be aware of Ministers' intentions that the Citizen Voice Body ('the CVB') should be established and operational by April 2023, to seek the views and represent the interests of the public in matters relating to both health and social care. It will also provide assistance to children and adults making, or intending to make, an NHS complaint and will replace Community Health Councils ('CHCs').

To support the CVB in carrying out its functions, NHS bodies and local authorities will be under duties to:

- have regard to representations made to them by the CVB in exercising any function to which the representations relate, and have regard to related statutory guidance;
- promote awareness of the CVB's activities amongst those receiving, or who may receive, health services;
- supply the CVB with information that it reasonably requests;
- have regard to a code of practice on access to premises (for the purpose of the CVB seeking the views of service users); and
- make arrangements to cooperate with the CVB in promoting awareness of its activities and its seeking of views.

Work to establish the new body and manage transition from CHCs is being led by the CVB Steering Group, with constituent work streams: People and HR; Locations; Digital and ICT; Governance and Finance; Legislation; Communications; Training.

As a Welsh Government Sponsored Body, the CVB's governance structure will vary from that of an NHS body and the Welsh Ministers will not have the same powers of direction, for example, model standing orders will not be issued. The membership of the Steering Group reflects this and nominations are therefore not being sought from individual NHS bodies (with the exception of Powys Teaching Health Board as the current host and employer of CHC staff). Our intention is for their interests to be

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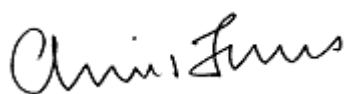
represented by the Welsh NHS Confederation and local authorities, by the Welsh Local Government Association and Association of Directors of Social Services Cymru.

Other members of the Steering Group will include: Welsh Government officials; the health and social care inspectorates; representatives of the Board of CHCs and Wales Council for Voluntary Action (as the CVB will have a large volunteer membership). Representatives of the CVB Board, once appointed, will join the Steering Group. The Chair, Deputy Chair and non-executive members of the CVB will be recruited via the Public Appointments process, during 2022-23.

We intend to ensure that all NHS bodies and local authorities, alongside other public, independent and voluntary sector partners across the health and social care sectors, remain informed and involved. This will be achieved through setting up a Stakeholder Reference Network to engage with organisations – as a collective or those most concerned – on topics across CVB establishment, seeking your views and expertise at key milestones, to test proposals and draft products. This will inform the Steering Group and work streams.

We will ensure that NHS Chairs, Chief Executives and Board Secretaries form part of the network, also Directors of Planning, Nurse Directors and your Concerns teams. Closer to establishment of the CVB we would also be grateful for collaboration with your Communications teams. Your views on taking this approach are most welcome and can be addressed to our Head of Citizen Voice Body Implementation, [Chrishan Kamalan](#).

I hope this letter has provided a helpful update and allowed you to consider in a more co-ordinated manner the individuals and teams who will best represent your organisation. Working closely with NHS bodies, in a collaborative and supportive manner, providing co-produced resources to support implementation is key to successful commencement of the Act and your careful consideration of the support and input requested here is vital.



**PROFESSOR CHRIS JONES**  
**SRO for Implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020**

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## Template for providing nominations

DUTY OF QUALITY			
Work streams	Names	Roles	Contact details
1. Overarching principles and development of statutory guidance			
2. Quality reporting framework			
3. Health and Care Standards			
4. Communication and engagement			
5. Education			
DUTY OF CANDOUR			
Workshops	Names	Roles	Contact details
2 representatives to attend each of the planned workshops			

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**NHS**  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>September 2021</b>	<b>Agenda Item</b>	<b>2.2.1</b>
<b>Report Title</b>	<b>Quality Management Update August 2021 (Medicine)</b>		
<b>Report Author</b>	Dr Malcolm Gajraj & Mandy Martin		
<b>Report Sponsor</b>	Professor Tom Lawson		
<b>Presented by</b>	Professor Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Board with an update on quality management activity within the Medical Deanery.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>5 areas of risk are currently in enhanced monitoring status with the GMC, one recently de-escalated and one new referral.</li> </ul> <p><b>De-escalated from Enhanced Monitoring</b></p> <ul style="list-style-type: none"> <li>Obstetrics &amp; Gynaecology, Princess of Wales Hospital</li> </ul> <p><b>New Enhanced Monitoring Referral</b></p> <ul style="list-style-type: none"> <li>Ophthalmology, Royal Glamorgan Hospital</li> </ul> <p><b>Enhanced Monitoring Maintained</b></p> <ul style="list-style-type: none"> <li>Obstetrics &amp; Gynaecology, Prince Charles &amp; Royal Glamorgan Hospitals</li> <li>Trauma &amp; Orthopaedics, Morriston Hospital</li> <li>Emergency Medicine, Morriston Hospital</li> <li>Medicine, Wrexham Maelor Hospital</li> </ul> <ul style="list-style-type: none"> <li>Establishment of Postgraduate Medical Education &amp; Training Oversight Group for Aneurin Bevan University Health Board.</li> </ul>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
<b>(please ✓ one only)</b>	✓		
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>Note</b> the report for information.</li> </ul>		

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## QUALITY MANAGEMENT UPDATE AUGUST 2021

### 1. INTRODUCTION

The Quality Unit works to improve patient care and patient safety through the monitoring and development of high-quality education and training and provision of Faculty and infrastructure to support this. Activity is undertaken in collaboration with Speciality, Foundation and GP Schools along with Local Education Providers (LEPs) across NHS Wales to ensure high-quality educational environments for trainees and links between educational and clinical governance.

Excellence in postgraduate medical training in Wales is supported by our core remit comprising delivery of educational governance via mechanisms including:

- a) Commissioning of, and expectations for, provision of Postgraduate Medical and Dental Education (PGMDE).
- b) Application of a Quality Management Framework (QMF) including scheduled and responsive components to ensure that when training does not meet national standards, changes are facilitated and implemented to improve quality. The QMF provides reassurance to the General Medical Council (GMC), the regulator, to approve training sites and programmes.
- c) Support for PGMDE provision across NHS Wales, including trainers and training infrastructure.

These mechanisms are necessarily interlinked. However, for reporting purposes, each component is considered separately and cross-referenced as appropriate to contextualise information. This report is primarily concerned with the provision of an update on quality management.

### 2. GOVERNANCE & RISK ISSUES

#### 2.1. Obstetrics & Gynaecology Prince Charles & Royal Glamorgan Hospitals – Status Maintained

This department has been in Enhanced Monitoring status with the GMC since December 2017 for concerns relating initially to clinical supervision and the reconfiguration of services. The department has been the subject of a critical report by the RCOG into Obstetric Services more generally. The training issues, however, were considered to have improved, and this has been evidenced through monitoring and a series of more formal Targeted Visits.

At the most recent Targeted Visit on 29<sup>th</sup> April, the panel were satisfied that previous improvements had been sustained. However, evidence around progress with some of the residual concerns was not sufficient to support de-escalation from Enhanced Monitoring status. Progress with the following key points is necessary in order to support de-escalation:

Evidence that improvements to date are sustainable (GMC Standards S1.1 and S1.2).

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- Resolution of the concerns around A&E pathways (GMC Standard 1.1).
- Access to ultrasound training (GMC Requirement R1.20).

#### **Next steps:**

A series of recommendations have been made, and we will continue to collaborate with the Health Board to monitor progress against these. A more formal review in the form of a further Targeted Visit will be scheduled for October 2021.

## **2.2 Obstetrics & Gynaecology Princess of Wales Hospital – De-escalated**

This department has been in Enhanced Monitoring status with the GMC since January 2019 for concerns relating to clinical supervision, adequate experience, curriculum coverage and service reconfiguration.

The Quality Unit has continued to collaborate with the Health Board, and at the most recent visit on 12<sup>th</sup> May 2021, there was clear evidence of progress with trainees having exposure to both clinics and theatres despite COVID restrictions. In addition, an effective induction programme was in place, and an approach to ensuring the provision of ultrasound training had been implemented. Finally, the previous improvements in addressing the patient safety concerns had also been sustained. Recommendations around residual concerns such as approaches to handover were made, and progress in addressing these is being monitored. However, given that effective progress has been made a recommendation to the GMC that this issue is de-escalated from Enhanced Monitoring was made, and this has subsequently been approved. A further visit will be arranged for November 2021 to monitor progress with the residual concerns.

#### **Next steps**

- A further visit will be scheduled for November 2021, with ongoing monitoring in the interim.

## **2.3 Medicine, Wrexham Maelor Hospital – Status Maintained**

A planned visit was undertaken on 19<sup>th</sup> July 2019, the third in a series. At this visit, it was noted that there were persistent concerns around the ability of the trainees to meet the requirements of the curriculum due to an inappropriate balance between training and service provision. Given the persistent nature of this concern, the issue was referred to the GMC for consideration of enhanced monitoring status. This was subsequently applied in September 2019.

Prior to COVID-19, we were aware that the Health Board had taken a number of steps to address the concerns, and there was some evidence that de-escalation may be possible. However, we are aware that the pandemic has had a significant impact upon medicine as a whole, and targeted visits have not been considered appropriate, although there has been ongoing dialogue with the local DME and Faculty. Since pandemic pressures have eased, the Health Board is taking forward a workload review and are actively seeking solutions around clinic exposure. We are continuing to

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collaborate with the Health Board around the concerns and are currently scheduling a Targeted Visit for the Autumn. In addition, an early review of the GMC National Training Survey results indicates that progress may have fallen behind. Therefore, we are making early contact with the Health Board to request a review of the current situation to establish whether or not that is the case or if this is due to the department not having fully recovered from COVID at the time the survey was undertaken.

Many of the issues that we have highlighted were confirmed in a Royal College of Physicians report following a visit from the College.

The following steps are necessary to consider de-escalation from enhanced monitoring status:

- Evidence that there is an appropriate balance between training and service provision and that this can be sustained (GMC Requirements R1.12, R1.7, R1.12).

### **Next steps**

The Quality Unit will continue to liaise with the local team to monitor progress, and a Targeted Visit is currently being arranged for the Autumn.

*NB Many of the issues that we have highlighted were confirmed in a Royal College of Physicians report following a recent visit.*

## **2.4 Emergency Medicine, Morriston Hospital – Status Maintained**

A visit was undertaken to consider the training experience in Emergency Medicine at Morriston Hospital on 9<sup>th</sup> January 2020. At the visit, the panel were concerned that there had been a significant deterioration in the training experience. Given that there were concerns over progress combined with the lack of a clear plan on how to address the concerns in the short term, the issue was referred to the GMC for Enhanced Monitoring status. Confirmation from the GMC that this status would be applied was received in February 2020.

The Quality Unit has continued to collaborate with the Health Board, and at the most recent Targeted Visit on 26<sup>th</sup> May 2021, there was evidence of a significant improvement in the induction programme, pastoral support and clinical supervision in the paediatric area. Whilst there are further areas to address, these are encouraging signs of progress.

The key issues for which further action is required are as follows:

- Evidence that there is an appropriate balance between service provision and education provision taking into consideration the need for trainees to cover specific aspects of the curriculum, e.g., Paediatric Emergency Medicine, Minors etc. (GMC Requirement R1.15).

That the department take steps to ensure that there is clarity around the clinical governance arrangements within the department, with feedback to learners

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where incidents are raised and timetabled access to clinical governance meetings. (GMC Requirements R1.3 & R1.6).

#### **Next Steps:**

The Quality Unit will continue to collaborate with the Health Board in order to monitor progress, with a more formal review being scheduled for November 2021.

### **2.5 Trauma & Orthopaedics, Morriston Hospital – Status Maintained**

This department was placed in Enhanced Monitoring in January 2019 due to concerns about clinical supervision, supportive environment, adequate experience, induction and workload. A good level of progress had been made in addressing a number of the concerns within the department immediately prior to COVID-19, particularly in relation to the previously identified patient safety issues. The remaining concern relates to the need to ensure that there is adequate elective exposure. (GMC Requirements R4.2 and R1.17). However, like all surgical specialties COVID-19 has had a significant impact on the ability of the department to provide non-urgent surgery.

Recent collaboration with the Health Board highlights that steps are being taken to enhance the educational leadership within the department, which will help support recovery from COVID from an educational perspective. The department is experiencing challenges in relation to staff shortages but is making operational changes that should help mitigate some of these challenges. A further Targeted Visit will be arranged for the Autumn. In addition, an early review of the GMC National Training Survey results indicates that progress may have fallen behind, and we are therefore making early contact with the Health Board to request a review of the current situation to establish whether or not that is the case.

The key issues for which further action is required are as follows:

- Evidence that there is an appropriate balance between service provision and education provision (GMC Requirement R1.15).
- Evidence that there is adequate exposure to ensure the requirements of the curriculum are met (GMC Requirement R4.2 and R1.17)

#### **Next steps:**

- Ongoing monitoring in collaboration with the Health Board with a further visit to be arranged for the Autumn.

### **2.6 Ophthalmology, Royal Glamorgan Hospital – New Enhanced Monitoring Status**

The Quality Unit initially undertook a Targeted Visit to this department due to concerns around a lack of appropriate induction, adequate exposure to learning opportunities, and in addition, some cultural concerns were identified. Whilst initially good progress was made in addressing the concerns at a further visit on 24<sup>th</sup> June 2021, it was evident that progress in addressing the concerns had fallen behind. In addition, the

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risk to patient safety had escalated due to a lack of appropriate clinical supervision in the eye casualty. Therefore, a recommendation that the concern was placed in Enhanced Monitoring status was made to the GMC, which has subsequently been approved. An action plan has been requested from the Health Board, and a further visit will be made to monitor progress.

The key issues for which progress is required in order to support de-escalation from Enhanced Monitoring status are:

- Evidence that an appropriate induction is in place (GMC Standard R1.13)
- Evidence that appropriate clinical supervision is in place particularly within the eye casualty (GMC Standard R1.8)
- Evidence that the trainees can access sufficient opportunities to ensure that they can meet the requirements of the curriculum (GMC Standard R5.9)

## **2.7 Aneurin Bevan University Health Board**

The Quality Unit has been monitoring the training experience within Aneurin Bevan following the reconfiguration of the service delivery model associated with the opening of The Grange University Hospital. Through this, a number of training concerns have been identified both at The Grange and the other acute sites within the Health Board, particularly within medicine and surgery. Given that many of the themes arising from the feedback relate to systemic issues, the following steps are being taken to address the concerns:

- Establishment of a Postgraduate Medical Education & Training Oversight Group Chaired by HEIWs Medical Director. The purpose of this group is to provide strategic oversight of the concerns, given that they are systemic in nature, with evidence feeding in from other sources. The inaugural meeting has already taken place, and a further meeting is currently being arranged. There is excellent engagement from the Medical Director of the Health Board.
- Specific Targeted Visits being undertaken to the following areas:
  - Medicine, Surgery & Paediatrics at The Grange University Hospital
  - Medicine and Surgery at the Royal Gwent Hospital
  - Medicine at Nevill Hall Hospital
  - Medicine at Ysbyty Ystrad Fawr
- Further evidence gathering to feed into the aforementioned visits and to understand what mitigations need to be put in place for the August 2021 trainee cohort.
- Letters to the outgoing and incoming trainees to provide assurance that HEIW is working with the Health Board and to signpost avenues to raising concerns.
- The GMC has been contacted to provide an update, and they have indicated that they are satisfied with our approach to managing the concerns. Enhanced Monitoring (for the Health Board) is not considered to be necessary at this time.

### **Next Steps**

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The Quality Unit has requested an action plan from the Health Board, and a further visit will be arranged to monitor progress.

*NB: Many of the issues that we have highlighted were confirmed in a Royal College of Physicians report following a visit from the College in June 2021.*

### **3. GMC NATIONAL TRAINING SURVEYS**

The 2021 GMC National Training Surveys have recently closed, resuming a more traditional question format this year whilst retaining an element of pandemic specific questions. The surveys were live for a much shorter period this year, but despite this, Wales has a comparatively strong response rate with a trainee response rate of 85% against a UK average of 76% and a 52% response rate for trainers against a UK average of 32%. The GMC has published the results on their online reporting tool, and the following steps are being taken forward by the Quality Unit:

- Initial communications to highlight that the results are available and confirm that the feedback is being reviewed.
- Scrutiny meetings to triangulate feedback with other sources of evidence in order to consider the status of existing training risks, identify new risks which require review and highlight areas of good practice.
- Communication with specialty schools and Local Education Providers around the outcome of the scrutiny meetings.
- Production of a key themes report a copy of which will be submitted to the Committee with future updates.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
The maintenance of high-quality training is closely associated with patient safety. The development of alternative approaches to quality management is essential to maintain an environment that ensures good quality patient care, by enabling appropriate training and support for trainees is available and delivered.			
<b>Financial Implications</b>			
There are no financial implications associated with this report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
<b>Staffing Implications</b>			
No implications for HEIW staff have been identified.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>	None		
<b>Appendices</b>	None		



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Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>2 September 2021</b>	<b>Agenda Item</b>	<b>2.3.1</b>
<b>Report Title</b>	<b>Development of Memorandums of Understanding (MoUs) between HEIW and Key Partners</b>		
<b>Report Author</b>	Professor Pushpinder Mangat		
<b>Report Sponsor</b>	Professor Pushpinder Mangat & Lisa Llewelyn		
<b>Presented by</b>	Professor Pushpinder Mangat & Lisa Llewelyn		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>To describe the reasons for developing MoUs with key partners.</p> <p>Use MoU with GPhC as an example</p>		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• It has become the norm in the UK for Statutory Education Bodies to have MoUs with Regulators and other organisations</li> <li>• Such MoUs clarify the relationship between HEIW and Regulators, Professional Bodies, and other organisations</li> <li>• An MoU has been established with the General Pharmaceutical Council, Health Inspectorate Wales, Improvement Cymru and the Ministry of Defence.</li> <li>• Engagement with the General Dental Council, General Medical Council, Nursing and Midwifery Council and Health and Care Professions Council has been initiated.</li> <li>• A series of MoUs/Data sharing agreements relating to Clinical Postgraduate Curricula are currently being submitted to HEIW from the Medical Royal Colleges</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report for information.</li> </ul>		

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## **DEVELOPMENT OF MEMORANDUMS OF UNDERSTANDING (MOUS) BETWEEN HEIW AND KEY PARTNERS**

### **1. INTRODUCTION/BACKGROUND**

As a relatively young Statutory Education Body, Health Education and Improvement Wales (HEIW) needs to have a clear understanding of its relationship with Partners with whom it has shared agendas. There is an agreed MoU with the General Pharmaceutical Council (GPhC) where they are having an increasing responsibility for Quality Assurance of the Pharmacy Foundation Year, and similar MOUs are being discussed with the other major Health Regulators.

HEIWs work in delivering postgraduate curriculums in Medicine, Dentistry, Pharmacy and potentially Optometry will require clear agreed delineation of roles and responsibilities with the relevant Royal Colleges.

MoUs and, where required, Data Sharing Agreements will enable HEIW to work more effectively with the partners outlined above. MOUs, while non legally binding, act as a formal arrangement that sets out how organisations will work together. Data Sharing Agreements (DSA) are legally binding and a legal requirement where organisations are processing personally identifiable information. DSA outline how personal data is to be processed in accordance with data protection law.

The process of entering into the MOUs is supported by the Board Secretary, while Data Sharing Agreements are also supported by the Information Governance Manager. The Board Secretary is responsible for keeping a register of all MOUs entered by HEIW. The register is presented to the Audit and Assurance Committee on an annual basis.

As an example for the ECQC, a copy of the MOU and DSA entered into between HEIW and the General Pharmaceutical Council is attached as a separate agenda item (2.3.2).

### **2. PROPOSAL**

There is no specific proposal other than to agree that we continue to develop MoUs and DSAs with partners and stakeholders.

### **3. GOVERNANCE AND RISK ISSUES**

Although the MOUs are not legally binding, they help partners to set out expectations in respect of how they will work together, share intelligence seamlessly and avoid duplication of work. The DSA enables organisations to share information relating to individuals where it is personally identifiable information.

### **4. FINANCIAL IMPLICATIONS**

This is business as usual and does not have any financial implications

### **5. RECOMMENDATION**

- That the report is noted for information

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓		✓
<b>Quality, Safety and Patient Experience</b>			
Having an MoU and Data-Sharing Agreement between organisations supports partner roles in improving quality and patient safety			
<b>Financial Implications</b>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
MoUs are not legally binding. Data Sharing Agreements are legally binding and required where personally identifiable information is being processed. Schedules are written referring to relevant legislation for each organisation			
<b>Staffing Implications</b>			
None			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>	None		
<b>Appendices</b>	None		



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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>2 September 2021</b>	<b>Agenda Item</b>	<b>2.3.2</b>
<b>Report Title</b>	<b>Memorandum of Understanding (MOU) and Information Sharing Agreement (ISA) between HEIW and GPhC</b>		
<b>Report Author</b>	Michele Sehrawat		
<b>Report Sponsor</b>	Professor Margaret Allan		
<b>Presented by</b>	Professor Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	Provide an opportunity for the Education, Commissioning and Quality Committee to view this set of documents which were approved by the HEIW Executive team in July 2020 and the Audit Committee in January 2021		
<b>Key Issues</b>	<p>A working group of experts populated GPhC templates for a Memorandum of Understanding (MOU) and Information Sharing Agreement (ISA).</p> <p>These documents describe an upfront statement of intent that describe the data that our organisations will routinely share. All GPhC MOUs are published on their website, and this informs registrants how their data will be shared.</p> <p>Other information may be shared on a case by case basis, and this will inform future updates to the documents.</p> <p>This MoU will need to be updated to take into account the new IETP for Pharmacists, particularly if HEIW has an increasing role in undergraduate Pharmacy education.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
<b>Recommendations</b>	<b>Approval</b>		
	✓		
	<p>Members are asked to: -</p> <p><b>Note</b> this signed MoU, Information Sharing Agreement, approved by the HEIW Executive Team and AAC, which describes the routine sharing of information between HEIW and GPhC.</p>		

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# **NEW MEMORANDUM OF UNDERSTANDING (MOU) AND INFORMATION SHARING AGREEMENT (ISA) BETWEEN HEIW AND GPhC**

## **1. INTRODUCTION**

As a relatively young regulator, established in 2010, the General Pharmaceutical Council (GPhC) set up MOUs with organisations with whom it needed to work closely. GPhC describes the MOUs as 'formal arrangements that set out organisations will work together.'

All MOUs are published on the GPhC website

<https://www.pharmacyregulation.org/about-us/who-we-work>.

The website includes MOUs with other Statutory Education Bodies; Health Education England and National Education Scotland. These documents, approved by the HEIW Executive team in July 2020 and the Audit and Assurance Committee in January 2021, provide a first MOU between Health Education and Improvement Wales (HEIW) and the GPhC.

## **2. BACKGROUND**

HEIW has a contract with GPhC for its' annual Data Subscription Service. This enables us to verify that individuals are GPhC registrants who are entitled to access our resources free of charge. However, the Pharmacy team identified that the absence of an MOU with GPhC needed to be addressed because of: -

- An increasing number of requests to GPhC for specific data for our workstreams, e.g. independent prescriber numbers in Wales and the Registrant Survey 2019 for the Welsh workforce,
- New responsibilities assumed in August 2020 for the quality assurance of all pre-registration pharmacist training in Wales requires a seamless flow of key information between HEIW and the GPhC.

## **3. PROPOSAL**

An MOU and ISA were populated by our expert working group, reviewed and approved by the HEIW Chief Executive and Executive Medical Director.

Regular quarterly meetings between the Pharmacy Dean and the GPhC Director for Wales will identify any need to update or further develop these documents in a timely fashion, and this will be escalated to Executive level again as necessary.

## **4. GOVERNANCE AND RISK ISSUES**

Although the MOUs are not legally binding, they help partners to share information and intelligence seamlessly and avoid duplication of work.

## **5. FINANCIAL IMPLICATIONS**

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No financial implications have been identified.

## 6. RECOMMENDATION

**Note** this signed MoU, Information Sharing Agreement, approved by the HEIW Executive Team and AAC, which describes the routine sharing of information between HEIW and GPhC.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
Having an MoU and data sharing agreement between organisations supports partner roles in improving quality and patient safety			
<b>Financial Implications</b>			
Nil.			
<b>Legal Implications (including equality and diversity assessment)</b>			
Schedules are written referring to relevant legislation for each organisation.			
<b>Staffing Implications</b>			
Nil			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Nil identified			
<b>Report History</b>	Nil		
<b>Appendices</b>	Appendix 1 - Memorandum of Understanding Appendix 2 - Information Sharing Agreement		

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# Memorandum of Understanding between Health Education and Improvement Wales (HEIW) and the General Pharmaceutical Council (GPhC)

## Contents

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Date 01/09/2020

## 1. Introduction

- 1.1. The memorandum of understanding (MoU) outlines the basis of cooperation between HEIW and the GPhC. It is intended to provide a framework to assist the joint working of the two organisations in order to support each organisation's role and functions and the aims and objective of this MoU.
- 1.2. This MoU is a statement of principle; more detailed operational protocols and guidance will be developed, as and when these are required.
- 1.3. Although HEIW and the GPhC agree to adhere to the contents of this MoU, it is not intended to be a legally binding document. It does not override the organisations' statutory responsibilities or functions, nor infringe the autonomy and accountability of HEIW and the GPhC

## 2. Aims and objectives

- 2.1. The overarching aims of this MoU are to:
  - a. maintain the safe practice of pharmacy and confidence in pharmacy services and pharmacy professionals
  - b. contribute to an anticipatory and proportionate approach to regulation
- 2.2. Its specific objectives are to:
  - a. support the effective sharing of expertise and experience
  - b. support the sharing of information and intelligence as necessary to support each organisation's functions and the aims of this MoU
  - c. ensure that effective channels of communication and information sharing are established and maintained
  - d. define the circumstances in which the two organisations will act jointly and independently
  - e. facilitate working together more effectively
  - f. be transparent about areas of co-operation

## 3. Functions of the GPhC and HEIW

### GPhC

- 3.1. The GPhC is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. Its role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales by upholding standards and public trust in pharmacy. The functions of the GPhC are set out in the Pharmacy Order 2010 and include:
  - a. **setting standards for the education and training** of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training
  - b. **maintaining a register** of pharmacists, pharmacy technicians and pharmacies
  - c. **setting the standards that pharmacy professionals have to meet** throughout their careers

- d. **investigating concerns that pharmacy professionals are not meeting our standards**, and taking action to restrict their ability to practise when this is necessary to protect patients and the public or to uphold public confidence in pharmacy
  - e. **setting standards for registered pharmacies** which require them to provide a safe and effective service to patients
  - f. **inspecting registered pharmacies** to check if they are meeting our standards.
- 3.2. In addition, the GPhC has enforcement powers and duties under the Poisons Act 1972, the Medicines Act 1968, the Humans Medicines Regulations 2012 and the Veterinary Medicines Regulations. These enforcement duties/powers mainly relate to the sale and supply of medicines from registered pharmacies.

## HEIW

- 3.3. Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”. The organisation has a wide range of functions as listed below:
- a. **Education Commissioning and Delivery** including for the whole pharmacy team
  - b. **Quality Management** to meet the required standards and make improvements where required
  - c. **Supporting regulation** HEIW liaises with regulators within the policy framework established by the Welsh Government
  - d. **Workforce intelligence** HEIW is a primary source of information about the Welsh Health Workforce and provides analytical insight and intelligence to support the development of the future workforce
  - e. **Workforce strategy and planning** HEIW provides strategic leadership for workforce planning working with Welsh Health Boards/Trusts and the Welsh Government.
  - f. **Leadership development and succession planning** HEIW is leading and planning the strategic direction for leadership and succession planning in the NHS Wales
  - g. **Careers and widening access** with a focus on opening access to people with skills currently underrepresented in our workforce
  - h. **Workforce improvement** HEIW provides strategic and practical support for workforce transformation and improvement
  - i. **Professional support for Workforce and Organisational Development**

## 4. Principles of co-operation

- 4.1. HEIW and the GPhC intend that their working relationship will be characterised by:
- a. making decisions that promote patient and public safety
  - b. sharing information and intelligence responsibly
  - c. subject to reasonable confidentiality restrictions, advising each other of matters of concern

- d. working together openly, transparently and constructively
- e. respecting each other's independent status
- f. using resources effectively and efficiently
- g. addressing overlaps or gaps in activity or information gathering

## 5. Areas of co-operation

- 5.1. HEIW and the GPhC will collaborate and exchange information necessary to fulfil their statutory functions, to protect patients and improve the quality of pharmacy services.
- 5.2. The working relationship between HEIW and the GPhC will be characterised by regular contact and open exchange of information gathered in the course of their normal business, through both formal and informal meetings at all levels. This will be kept under review by the HEIW Executive Medical Director, Pharmacy Dean and the GPhC Director for Wales who will meet on a quarterly basis.

### Concerns

- 5.3. The Pharmacy Order 2010 sets out the GPhC's duty to protect the public who use pharmacy services and the services provided by pharmacy professionals. To facilitate this work, it is important that intelligence held by HEIW that could indicate that a pharmacy professional's fitness to practise is impaired or that a pharmacy's service(s) pose a risk to the people using them, is shared with the GPhC on a timely basis.
- 5.4. HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW's functions, set out in the Establishment Order and in Directions issued by Welsh Ministers (see section 3.3 of this document). The GPhC will share intelligence that impacts professional or premises registration and training programmes.
- 5.5. In general terms and subject to case law, confidential or personal information will only be disclosed if there is an overriding necessity: for example, a legal obligation or a patient or public safety reason. Personal data will be disclosed only to the appropriate staff member of the other party responsible for dealing with the issue to which such personal data relates.
- 5.6. Where HEIW or the GPhC encounter specific concerns that may impact on the work of the other, they will at the earliest opportunity convey the concerns and supporting information to a named individual with relevant responsibility at the other organisation (Appendix A).
- 5.7. HEIW will inform the GPhC of any information gathered in the course of its normal business that raises concern about ;
  - a. GPhC registrant's fitness to practise;
  - b. the safe and effective running of a registered pharmacy; or
  - c. the health, character or competence of a pre-registration trainee pharmacist
- 5.8. The information could relate but is not limited to complaints; death or injury to patients; alleged or suspected professional misconduct or health issue affecting an individual's capability; serious service failures; failure to supervise trainees; or adverse incidents or events.

- 5.9. The GPhC will, in accordance with its referral policies, inform HEIW if it is investigating concerns about the following where there may be implications for an individual's pre-registration training:
- a. the fitness to practise of a registrant who is a pre-registration tutor
  - b. the safe and effective running of a registered pharmacy that is an approved training site, or
  - c. the health, character, or competence of a pre-registration trainee pharmacist
- 5.10. If a staff member from either organisation is in doubt as to whether information should be referred, they will seek guidance from the relevant persons specified in appendix A.

## Pre-registration training

- 5.11. HEIW will ensure its national pre-registration (pre-foundation) training programme meets the GPhC Standards and procedures for the initial education and training for pharmacists.
- 5.12. The GPhC will approve and recognise the HEIW national pre-registration programme for all pre-registration trainees based in Wales.
- 5.13. HEIW will assess training sites in Wales for GPhC approval as pre-registration training sites.
- 5.14. The GPhC will approve pre-registration training sites in Wales based on the HEIW assessment.
- 5.15. HEIW will ensure that pre-registration tutors/educational supervisors in Wales meet published GPhC requirements.
- 5.16. HEIW will provide the GPhC with current data on pre-registration trainees, training sites and tutors/educational supervisors in Wales in accordance with jointly agreed operational protocols at defined census dates each year.
- 5.17. HEIW will carry out the functions specified for all pre-registration trainees and training sites in Wales.
- 5.18. To avoid duplication of activity, the HEIW quality management of pre-registration training in Wales will mitigate the need for GPhC quality management processes.
- 5.19. The GPhC will seek evidence and assurance annually about how the HEIW quality management of pre-registration training programmes, training sites and tutors/educational supervisors in Wales meets GPhC standards and procedures for the initial education and training of pharmacists.
- 5.20. Working together, HEIW and the GPhC will liaise with other relevant organisations that may regulate or scrutinise pre-registration training sites, such as Healthcare Inspectorate Wales, where there are matters of concern relevant to those organisation's responsibilities.

## Enforcement

- 5.21. Where either organisation has taken or intends to take enforcement action, the outcome of which is relevant to the other organisation, details will be shared with the other at the earliest possible opportunity to ensure patient and public safety. Disclosure of information between HEIW and the GPhC will be considered on a case by case basis. In each case, the party holding the information will decide whether or not to disclose, after careful consideration of relevant legislation and duty of confidentiality.

## Other

- 5.22. Other areas of cooperation will include:

- a. Sharing of expertise and experience for example in working groups, drafting reports and guidance, conferences and in public discussion on matters of mutual relevance in order to ensure factual accuracy and to promote consistency of advice. Also, in relation to pre-registration training, such as improving operational procedures.
- b. Discussions about strategy and policy, which may impact on each other's work. Exchange of information and co-ordinating activity, for example, developments or changes in education and training policy and procedures, regulatory standards or fitness to practise criteria.
- c. Sharing trends in reported types of concerns relevant to mutual responsibilities-including concerns about trainees, registrants or registered pharmacies.
- d. Sharing information about potential media interest, or when the media have actively shown an interest, on an issue of relevance to both organisations. This may include collaboration on external communications and assisting each other's activity in the dissemination of information of mutual interest, sharing and working together in approaches to data and initiatives which may be of interest to the other organisation for modelling and planning for safe public health services.

## 6. Sharing information

- 6.1. Both organisations hold and use information about organisations and individuals to perform their core functions. The GPhC and HEIW will share information where it is necessary in order to perform these functions effectively and where it is in the public interest.
- 6.2. The organisations recognise that this exchange of information needs to be carried out responsibly and within the guidelines set out in this MoU.
- 6.3. It is understood by both organisations that statutory and other constraints on the exchange of information will be fully respected, including the requirements of data protection legislation (including the Data Protection Act 2018 and the General Data Protection Regulation ((EU 2016/679) as applied in the UK), the Human Rights Act 1998 and the common law duty of confidentiality.
- 6.4. Both organisations are committed to the principle of using information more effectively to reduce the burden of administration and regulation. Where it supports the effective delivery of their respective roles and responsibilities, and the aims of this MoU, both organisations will explore systematically and routinely sharing specific data sets to the extent possible by law. Where such data sets are identified, both organisations agree to develop a formal information sharing agreement.
- 6.5. Ad hoc requests for information should be sent to the contacts specified in Appendix A. Requests will be responded to in line with the receiving organisation's operational procedures and data protection legislation, as appropriate.
- 6.6. Where information shared under this MoU falls within the scope of a request for information under either the Freedom of Information Act 2000 (FOIA) or data protection legislation, the organisation receiving the request will consult the other party before any disclosure is made. This is so that they are aware of the potential impact of any disclosure on the work of the other party. Both organisations recognise that the final decision on disclosure will rest with the organisation that receives the request.



## 7. Data protection

- 7.1. Both organisations recognise their respective responsibilities as data controllers under data protection legislation (including the Data Protection Act 2018 and the General Data Protection Regulation ((EU 2016/679) as applied in the UK). Both will comply with any data sharing code published by the Information Commissioner under that legislation.
- 7.2. The following principles will apply to the sharing of personal information:
  - a. There must be a fair and lawful basis for sharing information.
  - b. Information must only be used for the purpose stated at the time it is shared.
  - c. Information to be shared will be limited to what is necessary for the purpose and will be anonymised or pseudonymised where appropriate.
  - d. Shared information that is not in the public domain must be treated as confidential and must not be shared with other parties without the written agreement of the organisation that provided the information.
  - e. Information must be transmitted securely, for example by secure email or other agreed method.
  - f. Information must be stored and processed securely and in a manner that reflects its sensitivity for example, where shared information includes special category and/or criminal information.
  - g. Shared information must not be stored or shared outside the UK or European Economic Area without prior written agreement and appropriate assurances in place.
  - h. The organisation receiving personal data will apply a reasonable retention period based on the purpose for which it was shared.
  - i. Each organisation will act as an independent data controller and take appropriate steps to protect the confidential nature of documents and information that the other may provide.

## 8. Duration and review

- 8.1. This MoU is not time-limited and will continue to have effect until the principles described need to be altered or cease to be relevant. Both organisations will monitor its impact and effectiveness on an ongoing basis and it will be formally reviewed every three years. The MoU may be reviewed more urgently at any time at the request of either party and updated as required on agreement by both parties.
- 8.2. Both organisations have identified a person responsible for the management of this MoU in Appendix A. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.

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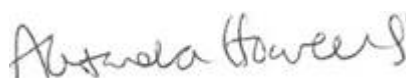


Signed for and on behalf of  
**General Pharmaceutical Council**



Name	Duncan Rudkin
Title	Chief Executive and Registrar
Date	23/11/2020

Signed for and on behalf of  
**Health Education and Improvement Wales**



Name	Alex Howells
Title	Chief Executive
Date	29/07/2020

English Catherine  
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## Appendix A – MoU contacts

### General Pharmaceutical Council

Name	Role	Contact details
<b>MoU management:</b>		
Claire Bryce-Smith	Director of Insight, Intelligence and Inspection	<a href="mailto:Claire.Bryce-Smith@pharmacyregulation.org">Claire.Bryce-Smith@pharmacyregulation.org</a> 0203 713 7802
<b>Other contacts:</b>		
Liam Anstey	Director for Wales	<a href="mailto:Liam.Anstey@pharmacyregulation.org">Liam.Anstey@pharmacyregulation.org</a> 0203 713 7994
Carole Gorman	Governance and Assurance Manager/Data Protection Officer	<a href="mailto:Carole.Gorman@pharmacyregulation.org">Carole.Gorman@pharmacyregulation.org</a> 0203 713 7827

### Health Education and Improvement Wales

	Role	Contact details
<b>MoU management:</b>		Content
Dafydd Bebb	Board Secretary	<a href="mailto:Dafydd.Bebb@wales.nhs.uk">Dafydd.Bebb@wales.nhs.uk</a>
Tim Knifton	Information Governance Officer	<a href="mailto:Tim.Knifton@wales.nhs.uk">Tim.Knifton@wales.nhs.uk</a>
<b>Other contacts</b>		
Pushpinder Mangat	Executive Medical Director	<a href="mailto:Pushpinder.Mangat2@wales.nhs.uk">Pushpinder.Mangat2@wales.nhs.uk</a>
Margaret Allan	Pharmacy Dean	<a href="mailto:Margaret.Allan2@Wales.nhs.uk">Margaret.Allan2@Wales.nhs.uk</a>

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## Information Sharing Agreement

### Parties

1. General Pharmaceutical Council (GPhC), whose office is at 25 Canada Square, Canary Wharf, London E14 5LQ
2. Health Education and Improvement Wales (HEIW), whose registered office is at Tŷ Dysgu, Cefn Coed, Nantgarw CF15 7QQ
  - (a) The Data Discloser agrees to share the Shared Personal Data with the Data Receiver in the European Economic Area (EEA) and the United Kingdom (UK) on terms set out in the agreement.
  - (b) The Data Receiver agrees to use the Personal Data within the EEA and the UK on the terms set out in this agreement.

### Agreed terms

#### 1. Interpretation

The following definitions and rules of interpretation apply in this agreement.

##### 1.1. Definitions:

**Agreed Purpose:** has the meaning given to it in clause 2 of this Agreement.

**Agreement:** this Agreement.

**Commencement Date:** This Agreement commences on 1<sup>st</sup> September 2020

**Data Discloser:** the Party disclosing Shared Personal Data

**Data Protection Legislation:** (i) the UK Data Protection Act 2018 as revised and superseded from time to time; (ii) the General Data Protection Regulation (GDPR) as enacted into English law as revised and superseded from time to time; (iii) Directive 2002/58/EC as updated by Directive 2009/136/EC; and (iv) any other laws and regulations relating to the processing of personal data and privacy which apply to a party and, if applicable, the guidance and codes of practice issued by the relevant data protection or supervisory authority.

**Data Receiver:** The Party in receipt of a disclosure of personal data by the other Party.

**Data Sharing Code:** the Information Commissioner's Data Sharing Code of Practice.

**Joint Discloser:** Shared Personal Data that may be disclosed by both Parties

**Personal Data Breach:** a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to the Shared Personal Data.

**Shared Personal Data:** the personal data and special category personal data to be shared between the parties under clause 2 of this Agreement. This may also include aggregated or anonymised data.

**Subject Access Request:** the exercise by a data subject of his or her rights of access to information under Article 15 of the GDPR.

**Supervisory Authority:** the relevant supervisory authority in the territories where the parties to this Agreement are established.

**Term:** The Agreement is not for a fixed term but may be amended or terminated as set out in clause 10.

- 1.2. Data Controller, Data Processor, Data Subject and Personal Data, Special Categories of Personal Data, Processing and “appropriate technical and organisational measures” shall have the meanings given to them in the Data Protection Legislation.
- 1.3. The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.
- 1.4. References to clauses and Schedules are to the clauses and Schedules of this agreement and references to paragraphs are to paragraphs of the relevant Schedule.

## 2. Purpose and shared personal data

- 2.1. This Agreement sets out the framework for the sharing of Personal Data between the Parties as Controllers. It defines the principles and procedures that the parties shall adhere to and the responsibilities the Parties owe to each other.
- 2.2. Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”. The organisation has a wide range of functions as listed below:
  - Education commissioning delivery
  - Quality management
  - Supporting regulation
  - Workforce intelligence

- workforce strategy and planning
- leadership development and succession planning
- careers and widening access
- workforce improvement
- professional support for workforce and organisational development

2.3. The GPhC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. The overarching object of the GPhC, set out in the Pharmacy Order 2010 is the protection of the public. This involves the following objectives:

- to protect, promote and maintain the health, safety and wellbeing of the public;
- to promote and maintain public confidence in the professions regulated by the GPhC;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards in relation to the carrying on of retail pharmacy businesses at registered pharmacies.

In addition, the GPhC has enforcement powers and duties under the Poisons Act 1972, the Medicines Act 1968 and the Veterinary Medicines Regulations. These enforcement duties/powers mainly relate to the sale and supply of medicines from registered pharmacies.

2.4. The GPhC is required by article 6(2)(b) of the Pharmacy Order to cooperate as far as is appropriate and reasonably practical with other organisations involved in the education or training of registrants, prospective registrants or other health or social care professionals. The Parties consider this data sharing initiative necessary to support the working relationship between the two organisations set out in the overarching Memorandum of Understanding (MoU). The aim of the data sharing initiative is to enable the two organisations to work together effectively to promote high quality healthcare education in Wales and to ensure the safety and well-being of the public and users of pharmacy services. It will serve to:

- 2.4.1. enable the GPhC to meet its statutory objectives in relation to public safety and carry out its public tasks set out in the Pharmacy Order 2010 and other legislation.
- 2.4.2. enable HEIW to deliver a centralised quality managed pre-registration training programme for Wales and to access registrant and premises data which will inform wider strategic and workforce planning for activities

2.5. The Parties agree to share Personal Data (Shared Personal Data) in accordance with Data Protection Legislation and the current Data Sharing Code for specified purposes during the Term of this agreement. The Parties shall not process Shared Personal Data in a way that is incompatible with

the purposes described in the relevant Schedule (Agreed Purpose).

- 2.6. The Parties will treat the Shared Personal Data as confidential, excepting that which has been published in the GPhC register, and will not share it with other parties without the consent of the Data Discloser, except where required by law to do so, or as described in clause 5 for information rights requests.
- 2.7. Further detail on the Shared Personal Data is set out in the Schedules to this agreement, together with any access and processing restrictions as agreed and established by the Parties.
- 2.8. The Shared Personal Data must not be irrelevant or excessive with regard to the Agreed Purposes.
- 2.9. The following types of special categories of Personal Data will be shared between the Parties under this agreement where it is relevant to a concern and necessary to share in the public interest and will be recorded in relevant schedules. This will include data concerning a natural person's:
- physical or mental health or condition;
  - sex life or sexual orientation;
  - racial or ethnic origin;
  - political opinions;
  - religious or philosophical beliefs.

Information about criminal convictions, cautions and other law enforcement activity will be shared where lawful and necessary and recorded as above.

- 2.10. Other data, not personally identifiable, may also be shared under this agreement and will be recorded in relevant Schedules.
- 2.11. Each Party shall appoint a single point of contact (SPoC) who will work together to reach an agreement with regards to any issues arising from the data sharing and to actively improve the effectiveness of the data sharing initiative. The points of contact for each of the Parties are:
- 2.11.1. Mark Voce Director for Education and Standards, General Pharmaceutical Council  
Telephone: 020 3713 7838  
Email: [mark.voce@pharmacyregulation.org](mailto:mark.voce@pharmacyregulation.org)
- 2.11.2. Pushpinder Mangat, Medical Director, Health Education and Improvement Wales  
Email: [pushpinder.mangat2@wales.nhs.uk](mailto:pushpinder.mangat2@wales.nhs.uk)
- 2.11.3. They will be supported by the Data Protection Officers for each organisation:

Data Protection Officer for GPhC: Carole Gorman  
Telephone: 020 3713 7827  
Email: [carole.gorman@pharmacyregulation.org](mailto:carole.gorman@pharmacyregulation.org)

Data Protection Officer for HEIW: Dafydd Bebb  
Email: [dafydd.bebb@wales.nhs.uk](mailto:dafydd.bebb@wales.nhs.uk)

### **3. Lawful, fair and transparent processing**

- 3.1. Each Party shall ensure that it processes the Shared Personal Data fairly and lawfully under this agreement.
- 3.2. Each Party shall ensure that it has legitimate grounds under the Data Protection Legislation for the processing of Shared Personal Data.
- 3.3. Each Party shall ensure it complies with data subjects' right to be informed by including appropriate information in relevant privacy policies and other notices.

### **4. Data quality**

- 4.1. The Data Discloser shall ensure that Shared Personal Data are accurate and, where appropriate, up to date, prior to transferring the Shared Personal Data.

### **5. Information rights requests**

- 5.1. The Parties each agree to provide such assistance as is reasonably required to enable the other Party to comply with requests from Data Subjects to exercise their rights under the Data Protection Legislation within the time limits imposed by the Data Protection Legislation.
- 5.2. The Data Receiver must seek the views of the Data Discloser before responding to Subject Access Requests relating to Shared Data. The request for views must be made as soon as practical after the Data Receiver receives the Subject Access Request and the Data Discloser must respond within 7 working days.
- 5.3. The Parties each agree to provide such assistance as is reasonably required to enable the other Party to comply with requests under Freedom of Information legislation within statutory time limits.
- 5.4. The Data Receiver must seek the views of the Data Discloser before disclosing any Shared Data in response to Freedom of Information requests, though the final decision rests with the Party that receives the request. Views must be requested as soon as practical after the Data Receiver receives the request and the Data Discloser must respond within 7 working days.

- 5.5. Each Party is responsible for maintaining a record of individual requests for information, the decisions made and any information that was exchanged. Records must include copies of the request for information, details of the data accessed and shared and where relevant, notes of any meeting, correspondence or phone calls relating to the request.

## **6. Data retention and deletion**

- 6.1. The Data Receiver shall not retain or process Shared Personal Data for longer than is necessary to carry out the Agreed Purposes.
- 6.2. Notwithstanding clause 6.1, Parties shall continue to retain Shared Personal Data in accordance with any statutory or professional retention periods applicable.
- 6.3. The Data Receiver shall ensure that any Shared Personal Data are returned to the Data Discloser, deleted or destroyed once processing of the Shared Personal Data is no longer necessary for the purposes it was originally shared for.
- 6.4. Following the deletion of Shared Personal Data in accordance with clause 6.3, where required by the Data Discloser, the Data Receiver shall notify the Data Discloser that the Shared Personal Data in question has been deleted.

## **7. Transfers**

- 7.1. For the purposes of this clause, transfers of personal data shall mean any sharing of personal data by the Data Receiver with a third party, and shall include, but is not limited to, subcontracting the processing of Shared Personal Data.
- 7.2. If the Data Receiver appoints a third-party processor to process the Shared Personal Data it shall comply with Article 28 and Article 30 of the GDPR and shall remain liable to the Data Discloser for the acts and/or omissions of the processor.
- 7.3. The Data Receiver may not transfer Shared Personal Data to a third party located outside the EEA and UK unless it:
- (a) complies with the provisions of Articles 26 of the GDPR (in the event the third party is a joint controller); and
  - (b) ensures that (i) the transfer is to a country approved by the European Commission as providing adequate protection pursuant to Article 45 of the GDPR; (ii) there are appropriate safeguards in place pursuant to Article 46 of the GDPR; or (iii) one of the derogations for specific situations



in Article 49 of the GDPR applies to the transfer.

## **8. Security and training**

- 8.1. The Data Discloser shall only provide the Shared Personal Data to the Data Receiver by using the agreed secure methods. This will be by secure email or password protected files and, for the data subscription, access to the secure portal.
- 8.2. The Parties undertake to have in place throughout the Term appropriate technical and organisational security measures to:
- (a) prevent:
    - (i) unauthorised or unlawful processing of the Shared Personal Data; and
    - (ii) the accidental loss or destruction of, or damage to, the Shared Personal Data
  - (b) ensure a level of security appropriate to:
    - (i) the harm that might result from such unauthorised or unlawful processing or accidental loss, destruction or damage; and
    - (ii) the nature of the Shared Personal Data to be protected.
- 8.3. The level of technical and organisational measures will be agreed by the Parties at the Commencement Date having regard to the state of technological development and the cost of implementing such measures. The Parties shall keep such security measures under review and shall carry out such updates as they agree are appropriate under this Agreement.
- 8.4. It is the responsibility of each Party to ensure that its staff members are appropriately trained to handle and process the Shared Personal Data in accordance with the technical and organisational security measures as agreed in clause 8.3, together with any other applicable national data protection laws and guidance and have entered into confidentiality agreements relating to the processing of personal data.
- 8.5. The level, content and regularity of training referred to in clause 8.3 shall be proportionate to the staff members' role, responsibility and frequency with respect to their handling and processing of the Shared Personal Data.

## **9. Personal data breaches and reporting procedures**

- 9.1. The Parties shall each comply with its obligation to report a Personal Data Breach to the appropriate Supervisory Authority and (where applicable) data subjects under Article 33 of the GDPR and shall each inform the other Party, as soon as practically possible, of any Personal Data Breach irrespective of whether there is a requirement to notify any Supervisory Authority or data subject(s).

9.2. The Parties agree to provide reasonable assistance as is necessary to each other to facilitate the handling of any Personal Data Breach in an expeditious and compliant manner.

## **10. Review and termination of agreement**

10.1. Parties shall review the effectiveness of this data sharing initiative every 12 months, having consideration to the aims and purposes set out in clause 2 and information in the Schedules. The Parties shall continue, amend or terminate the Agreement depending on the outcome of this review.

10.2. Each Party reserves its rights to inspect the other Party's arrangements for the processing of Shared Personal Data and to terminate the Agreement where it considers that the other Party is not processing the Shared Personal Data in accordance with this agreement.

10.3. Either Party may terminate the Agreement with 3 months' notice.

## **11. Resolution of disputes with data subjects or the supervisory authority**

11.1. In the event of a dispute or claim brought by a data subject or the Supervisory Authority concerning the processing of Shared Personal Data against either or both Parties, the Parties will inform each other about any such disputes or claims and will cooperate with a view to settling them amicably in a timely fashion.

## **12. Warranties**

12.1. Each Party warrants and undertakes that it will:

- (a) Process the Shared Personal Data in compliance with all applicable laws, enactments, regulations, orders, standards and other similar instruments that apply to its personal data processing operations.
- (b) Make available on request to the data subjects who are third party beneficiaries a copy of this Agreement, unless the Clause contains confidential information.
- (c) Respond within a reasonable time and as far as reasonably possible to enquiries from the relevant Supervisory Authority in relation to the Shared Personal Data.
- (d) Respond to Subject Access Requests in accordance with the Data Protection Legislation.
- (e) Where applicable, maintain registration with all relevant Supervisory Authorities to process all Shared Personal Data for the Agreed Purpose.
- (f) Take all appropriate steps to ensure compliance with the security measures set out in clause 8 above.

12.2. The Data Discloser warrants and undertakes that it is entitled to provide the Shared Personal Data

to the Data Receiver and it will ensure that the Shared Personal Data are accurate.

12.3. The Data Receiver warrants and undertakes that it will not disclose or transfer the Shared Personal Data to a third-party controller located outside the EEA or UK unless it complies with the obligations set out in clause 7.3 above.

12.4. Except as expressly stated in this Agreement, all warranties, conditions and terms, whether express or implied by statute, common law or otherwise are hereby excluded to the extent permitted by law.

### **13. Limitation of liability**

13.1. Neither Party excludes or limits liability to the other Party for:

- (a) fraud or fraudulent misrepresentation;
- (b) death or personal injury caused by negligence;
- (c) a breach of any obligations implied by section 12 of the Sale of Goods Act 1979 or section 2 of the Supply of Goods and Services Act 1982; or
- (d) any matter for which it would be unlawful for the Parties to exclude liability.

13.2. Subject to clause 13.1, neither Party shall in any circumstances be liable whether in contract, tort (including for negligence and breach of statutory duty howsoever arising), misrepresentation (whether innocent or negligent), restitution or otherwise, for:

- (a) any loss (whether direct or indirect) of surplus, business, business opportunities, revenue, turnover, reputation or goodwill;
- (b) loss (whether direct or indirect) of anticipated savings or wasted expenditure (including management time); or
- (c) any loss or liability (whether direct or indirect) under or in relation to any other contract.

13.3. Clause 13.2 shall not prevent claims, for:

- (a) direct financial loss that are not excluded under any of the categories set out in clause 13.2(a) or
- (b) tangible property or physical damage.

### **14. Variation**

14.1. No variation of this agreement shall be effective unless it is in writing and signed by the Parties (or their authorised representatives).

## **15. Waiver**

15.1. No failure or delay by a Party to exercise any right or remedy provided under this agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall prevent or restrict the further exercise of that or any other right or remedy.

## **16. Severance**

16.1. If any provision or part-provision of this Agreement is or becomes invalid, illegal or unenforceable, it shall be deemed deleted, but that shall not affect the validity and enforceability of the rest of this agreement.

16.2. If any provision or part-provision of this agreement is deemed deleted under clause 16.1, the Parties shall negotiate in good faith to agree a replacement provision that, to the greatest extent possible, achieves the intended result of the original provision.

## **17. Changes to the applicable laws**

17.1. If during the Term the Data Protection Legislation changes in a way that the Agreement is no longer adequate for the purpose of governing lawful data sharing exercises, the Parties agree that the SPoCs will negotiate in good faith to review the Agreement in the light of the new legislation.

## **18. No partnership or agency**

18.1. Nothing in this agreement is intended to, or shall be deemed to, establish any partnership or joint venture between any of the Parties, constitute any Party the agent of another party, or authorise any party to make or enter into any commitments for or on behalf of any other party.

18.2. Each party confirms it is acting on its own behalf and not for the benefit of any other person.

## **19. Entire agreement**

19.1. This Agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations and understandings between them, whether written or oral, relating to its subject matter.

19.2. Each Party acknowledges that in entering into this Agreement it does not rely on, and shall have no remedies in respect of any statement, representation, assurance or warranty (whether made innocently or negligently) that is not set out in this Agreement.

19.3. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or

negligent misrepresentation based on any statement in this Agreement.

## **20. Notice**

20.1. Any notice or other communication given to a Party under or in connection with this agreement shall be in writing, addressed to the SPoCs and shall be delivered by hand, delivered by first-class post or sent by email.

20.2. Any notice or communication shall be deemed to have been received:

- (a) if delivered by hand, on signature of a delivery receipt; or
- (b) if sent by pre-paid first-class post or other next working day delivery service, at 9.00am on the second working day after posting or at the time recorded by the delivery service.
- (c) if sent by email, at the time of transmission, or if this time falls outside business hours in the place of receipt, when business hours resume. In this clause 20.2(c), business hours means 9:00 am to 5:00 pm Monday to Friday on a day that is not a public holiday in the place of receipt.

20.3. This clause does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

## **21. Governing law**

21.1. This Agreement and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the law of England and Wales.

## **22. Jurisdiction**

22.1. Each Party irrevocably agrees that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (including non-contractual disputes or claims), arising out of or in connection with this Agreement or its subject matter or formation.

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This agreement has been entered into on the date stated in the Commencement Date given in clause 1.1.

Details of information to be shared is approved in separate Schedules.

Approved on behalf of <b>General Pharmaceutical Council</b>		Approved on behalf of <b>Health Education and Improvement Wales</b>	
			
Name	Claire Bryce-Smith	Name	Pushpinder Mangat
	Director of Insight, Intelligence and Inspection		
Title		Title	Executive Medical Director
Date	21/08/2020	Date	30/07/2020

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**GIG**  
CYMRU  
**NHS**  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>2 September 2021</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Strategic Review of Health Professional Education: Update on Phases 1 and 2</b>		
<b>Report Author</b>	Martin Riley, Deputy Director of Education Commissioning and Quality		
<b>Report Sponsor</b>	Lisa Llewelyn, Director of Nurse and Health Professional Education		
<b>Presented by</b>	Lisa Llewelyn, Director of Nurse and Health Professional Education		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to provide the ECQ Committee with an update on the Strategic Reviews of Health Education Phases 1 and 2		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• No challenges received to process on Phase 1</li> <li>• Education Contracts issued</li> <li>• Strategic Review Phase 2 Project Board in place</li> <li>• Key themes and quality standards from Phase 1 will be incorporated into Phase 2 education contracts</li> </ul>		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Recommendations</b>	The Committee are asked to <b>note</b> : <ul style="list-style-type: none"> <li>• the latest position of phases 1 and 2 of the Strategic Review of Health Professional Education</li> <li>• that no challenges received to the outcome of the tender process for Phase 1</li> <li>• pre-registration contracts have been issued for Phase 1</li> <li>• progress on Strategic review Phase 2</li> <li>• stakeholder engagement plans for elements of Phase 2</li> </ul>		

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# STRATEGIC REVIEW OF HEALTH PROFESSIONAL EDUCATION: UPDATE ON PHASES 1 AND 2

## 1. INTRODUCTION

The Strategic Review of Health Professional Education Phase 1 has reached the contracts award stage. The HEIW Board approved the contract specification and Invitation to tender in October 2020. The tenders went “live” in November 2020 and the final date for submission of bids was 27<sup>th</sup> January 2021.

The evaluation process and outcomes were presented to a closed session Joint Committee of the Audit Committee and the Education, Commissioning and Quality Committee on 14<sup>th</sup> May. After receiving a report and presentation, the Joint Committee was asked four specific questions,

1. Does the Committee agree the process has been robust?
2. Does the Committee agree that the outcomes/results are robust?
3. Does the Committee understand the risks inherent in the results?
4. Is the Committee assured in terms of the outline approach for implementing the new contracts?

Following a wide-ranging discussion, the Committee were positive in agreeing the above, and a final report, incorporating all advice and learning from both the Executive Team and Joint Committee was submitted to a closed session of the HEIW Board on 27<sup>th</sup> May.

The May Board noted the award recommendations and supported the submission of the tender outcomes to the Welsh Government for noting. This was forwarded to the Welsh Government on 28<sup>th</sup> May, and confirmation that Dr Andrew Goodall, Director General for Health and Social Services, noted the process and recommendations were received on 23<sup>rd</sup> June.

Chair's Action was taken on 25 June to confirm the successful tenders for Phase 1. In accordance with the decision of Mays Board, Chair's Action was taken by the Chair and Deputy Chief Executive after first consulting with all Independent Members. The Chair's Action was ratified at the Board meeting on 29 July.

This report highlights the actions taken since then and also provides a brief overview of the current status of Phase 2.

## 2. PHASE 1

Below is a summary of key actions since the last update to the Committee.

It is important to note that HEIW received no challenges to the tender process, and in accordance with Procurement regulations contracts, for all the education programmes were issued to the successful bidders.



Date	Action	Responsible Owner
<b>18<sup>th</sup> June</b>	WG Noting – RECEIVED on 23 <sup>rd</sup> June	Welsh Government
<b>21<sup>st</sup> June - 2<sup>nd</sup> July</b>	Finalise Contract Engrossment	Legal & Risk Services
<b>25<sup>th</sup> – 26<sup>th</sup> June</b>	NWSSP Chair and MD file sign-off	NWSSP
<b>25<sup>th</sup> June</b>	HEIW Final Board Approval to release outcomes to all bidders	HEIW
<b>28<sup>th</sup> June</b>	Issue of Alcatel Letters/Universities notified of the outcome	Procurement Services – NWSSP
<b>28<sup>th</sup> June</b>	Request of additional information from the universities for engrossment into contract and regarding logistics for distribution of contracts (Monday 28 <sup>th</sup> June)	Procurement Services
<b>29<sup>th</sup> June</b>	Communication of outcomes and benefits to Health Boards and also via HEIW Website	HEIW
<b>8<sup>th</sup> July</b>	Finalise Contract Packs	Legal & Risk Services / Procurement Services
<b>9<sup>th</sup> July</b>	End of 10 day standstill	HEIW
<b>9<sup>th</sup> July</b>	Issue of Final Contract Award Letter to confirm award	Procurement Services
<b>12<sup>th</sup> July</b>	Issue of Contracts to Universities via recorded delivery – return date flexible to take account of governance processes within Universities	Procurement Services/Companies House Business Support
<b>31<sup>st</sup> July</b>	Universities to arrange for seal and signature and return signed contracts to Companies House	Universities
<b>11<sup>th</sup> August</b>	Universities signed contracts delivered to HEIW	Procurement Services
<b>11<sup>th</sup> August</b>	HEIW sealing of deeds	HEIW – Chair and Chief Executive
<b>18<sup>th</sup> August</b>	Distribution of University copy of the contract	Procurement Services
<b>September 2021</b>	Implementation year commences	HEIW & Universities

49 of the 50 contracts have now been signed. The outstanding contract is the South Wales Paramedic contract with Swansea University. HEIW and Swansea University are currently in discussions concerning the wording surrounding EMT conversion to paramedics within the contract. The issue presents no risk to delivery by 2022.

### 3. PHASE 2

A Strategic Review Phase 2 Project Board, chaired by the Director of Nurse and Health Professional Education is now in place, with reporting arrangements to the HEIW Executive Committee. The project will be overseen by HEIW's Deputy Head of Education Commissioning and Quality/Head of Post Graduate Commissioning. A programme manager and strategic education adviser have been recruited to support the project.

Prior Information Notices (PINs) have been published, setting out HEIW's intention to tender for:

- Health and Care Support Worker level 4 and 5 education

- Genomic masters level modules

Stakeholder events with Health Board, NHS Trusts and potential bidders have been arranged and are due to take place in August.

### 3.1 Health and care support workers

A contract and Invitation to Tender (ITT) has been drafted for the HCSW tender, incorporating key themes and quality standards from Phase 1. These will be shared and discussed at the August stakeholder engagement events, and a final contract and ITT will be developed prior to going out to tender. The high-level key dates are:

Activity	Key Dates
Preliminary Review and Planning	May - June 2021
Run Premarket engagement & develop procurement documentation	June – August 2021
Undertake pre procurement engagement with Health Boards / Trusts	23-Aug-21
Undertake pre procurement engagement with interested providers	24-Aug-21
HEIW Approvals	Oct-21
Place Notice to trigger procurement	1 <sup>st</sup> Nov 2021
Issue of Pre-Qualification Questionnaire (Short listing process) & Tender as an Open Procedure (minimum of 6 weeks)	November - December 2021
Clarification with bidders	1 <sup>st</sup> November - 10 <sup>th</sup> Dec 2021
Evaluation of bids	January – February 2022
Award procedures/sign off	March - April 2022
Engrossing all contractual documents	May 2022
Award of Contracts	1 <sup>st</sup> June 2022
Contract Commencement	From September 2022

### 3.2 Genomics

Engagement has already taken place with Service leads in Genomics, and the event later in August will assist in finalising the tender specification.

In addition to this, extensive stakeholder engagement is currently being undertaken in other Phase 2 priority areas. Once stakeholder (pre-market) engagement has concluded, a PIN notice will be issued for the following education:

- Clinical Photography
- Clinical Endoscopy
- Doctorate in Clinical Psychology
- Non-Medical Authorising of Blood Transfusion (NABT)

## 4. GOVERNANCE AND RISK ISSUES

### 4.1 Phase 1

There is a risk that the outcomes of Phase 1 are not fully implemented within the required timescales. Members of the ECQ Team will sit on each of the University's Implementation Steering Groups and provide regular updates from each University as part of the HEIW contract management implementation measures. The role of the team is to provide assurances to the HEIW Executive Team and Board that:

- All programmes in all Universities will be accredited by the relevant Regulatory Body, and students will be commencing on the course by September 2022
- All key themes are incorporated into the programmes in line with the terms set out in the contract
- All specifics identified by the Universities in their bids are being adequately addressed and implemented
- Report – via a risk register – any issues which could lead to non-delivery together with an action plan to mitigate risk

This will be reported to Executives via the Phase 1 Implementation Project Board, with exception reports being provided to the Education Commissioning and Quality Committee.

## **4.2 Phase 2**

Due to the diverse and specialist programmes involved in Strategic Review Phase 2, there is a risk of insufficient project management capacity and educational programme expertise to deliver the programme. A project manager and Strategic Education Advisor have been appointed to support the project.

## **4.3 Next steps**

The Strategic Review Phase 2 Plan will be shared with the following groups for comment and support :

- HEIW Executive Team
- Health Board and NHS Trust Chief Executive Management Team
- HEIW Education, Commissioning and Quality Committee
- HEIW Board

## **5. FINANCIAL IMPLICATIONS**

No direct financial implications arising from this update.

## **6. RECOMMENDATION**

The Committee is asked to note,

- the latest position of Phases 1 and 2 of the Strategic Review of Health Professional Education
- that no challenges were received on the outcome of the Phase 1 tender process
- pre-registration contracts have been issued in respect of Phase 1

- progress on Strategic review Phase 2
- stakeholder engagement plans for elements of Phase 2

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓		✓
Quality, Safety and Patient Experience			
HEIW has a core responsibility to train and educate the workforce			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
No staffing implications for HEIW. However, the plan contains staffing implications for the medical, dental, general practice, pharmacy and health professional workforce			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History	NA		
Appendices	None		



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<b>Meeting Date</b>	<b>September 2021</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>North Wales Dental Academy (NWDA)</b>		
<b>Report Author</b>	Adrian Thorp, Training Programme Director HEIW		
<b>Report Sponsor</b>	Kirstie Moons, Postgraduate Dental Dean		
<b>Presented by</b>	Professor Pushpinder Mangat, Medical Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>Update to the Education, Commissioning and Quality Committee (ECQC) on the work to date for the North Wales Dental Academy (NWDA), setting out progress and HEIW involvement and highlighting key benefits, issues and risks.</p> <p>Key ideals are to improve and develop the workforce in the support of Welsh Government's 'A Healthier Wales' by leading to improved access to education for all Dental Registrants in North Wales.</p>		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• This is a joint project between Welsh Government, Bangor University, Betsi Cadwaladr University Health Board (BCUHB) and Health Education &amp; Improvement Wales (HEIW).</li> <li>• To work in collaboration with key Stakeholders as a safe and effective partner.</li> <li>• To note that the NWDA is progressing within the timescale set out by BCUHB and Welsh Government (WG).</li> <li>• To understand that HEIW is a Stakeholder within the project and involved in the decision-making process of the final Contract Holder / Provider.</li> <li>• HEIW will continue to support the project from an educational role.</li> <li>• HEIW will fund and place two Foundation Dentists in the NWDA from September 2022.</li> </ul>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
<b>(please ✓ one only)</b>	✓		
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the report for information.</li> </ul>		

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# HEIW UPDATE ON NORTH WALES DENTAL ACADEMY

## 1. INTRODUCTION

The North Wales Dental Academy (NWDA) will play a vital role in recruiting, training, and retaining dentists and Dental Care Professionals in North Wales.

Evidence shows that most new graduates want clinical training to upskill for the future. We need to access this valuable resource and develop educational pathways to suit the local population.

The Academy is well placed to do this. Dental Foundation training will bring applicants to North Wales, and these trainees will become competent practitioners, with an increased likelihood of staying in North Wales, resulting in improvement of the health of the population.

Two recent Clinical Dental Fellows posts developed in North Wales have enabled Welsh graduates to remain and further train in Wales. This has encouraged upskilling, promotion of self-wellbeing and the potential longevity of the professionals remaining in North Wales.

In addition, there is a website that has recently been launched relating to the NWDA:

[North Wales Dental Academy – Primary and Community Care Academy \(primarycare-online.co.uk\)](http://primarycare-online.co.uk)

## 2. BACKGROUND

There is a long-standing challenge with the recruitment and retention of dental professionals in North Wales.

It is necessary to upskill our local dental practitioners in Primary Care, who are our greatest asset, but perhaps not currently fully utilised. Many practitioners may feel stagnated and seek new opportunities to develop, and the NWDA can be utilised to encourage the development and upskilling of this group for the next decade and ensure specialised services can be delivered in primary care.

In addition, we can fully utilise the skill mix by encouraging all the dental team to work to their maximum level rather than the minimum. Dental care should be provided at the point of contact by the most suitable trained professional. This is consistent with the aims within “A Healthier Wales” of delivering prudent healthcare.

HEIW commissions the undergraduate education and training of dental hygienists. Bangor University has tendered to train hygienists utilising the facilities in the NWDA. This, along with aspirations to train dental nurses, indicates there will be a multi-professional training ethos in place.

HEIW will continue to provide educational support in the NWDA and provide upskilling as set out by “A Healthier Wales”.

### 3. PROPOSAL

No proposal other than to note progress to date.

Betsi Cadwaladr University Health Board (BCUHB) has a bid live on procurement inviting tenders from interested parties. The timeline for this was as follows, but we are still awaiting a final decision which is imminent.

Indicative Date	Stage
Wednesday 27 <sup>th</sup> April 2021	Invitation To Tender (ITT) Published
Friday 25 <sup>th</sup> June 2021	ITT Closing Date
W/C 28 <sup>th</sup> June 2021	ITT Evaluation
W/C 12 <sup>th</sup> July 2021	Interviews – If Required
W/C 26 <sup>th</sup> July 2021	ITT Authorisation
W/C 2 <sup>nd</sup> August 2021	Contract Award Notification & Start
16 <sup>th</sup> August 2021	Contract Start

An overview of information to bidders is provided at Appendix 1. The North Wales Training Programme Director for DFT, as HEIW lead for the NWDA, is working with BCUHB and all other stakeholders on this.

HEIW will continue to support in the following areas

- process of development and educational input into this new project
- shaping the direction of travel to support the training
- promoting and upskilling all dental professionals in North Wales.

Two Dental Foundation Trainees with associated funding will be placed in the NWDA from September 2022 (subject to all conditions for training being met)

There are six Foundation schemes across Wales with average numbers per scheme at 11 trainees. North Wales has always had a lower number of trainees (eight for the last 2 years) therefore increasing by two trainees moves towards parity with other regions.

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#### **4. GOVERNANCE AND RISK ISSUES**

There are currently no risks associated with HEIW, and it is likely to enhance HEIW's reputation.

Governance of future training practice in North Wales will comply with and follow General Dental Quality Assurance expectations and procedures for DFTs, thus upholding the highest standards of training.

#### **5. FINANCIAL IMPLICATIONS**

To oversee and lead on this project on behalf of HEIW, 1 additional session a week has been allocated by HEIW to support the work on integrating Foundation Training in the NWDA.

WG currently funding 74 Foundation Dentist positions. The two positions allocated to the NWDA are within this envelope.

There are no anticipated capital costs to HEIW.

#### **6. RECOMMENDATION**

Members are asked to note the report for information.

WG via HEIW will fund and place (providing all training requirements are upheld at current and future standards) two Foundation Dentists to start in September 2022 in the NWDA.

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Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓		
<b>Quality, Safety and Patient Experience</b>			
All standard quality and safety policies are being utilised to influence the direction of the NWDA. Patient experience will dramatically improve due to increased access to dental care, being treated by local practitioners in local areas, preventing referrals to secondary care.			
<b>Financial Implications</b>			
Funding for two Foundation Dentists from within the existing allocated WG funding source for Foundation Dentists in Wales. 1 additional session a week allocated to HEIW.			
<b>Legal Implications (including equality and diversity assessment)</b>			
HEIW will continue to comply with all legal duties and the Governance Framework.			
<b>Staffing Implications</b>			
As above.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>			
<b>Appendices</b>	Appendix 1 – BCUHB overview for bidders		

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# **Tender BCU-OJEU-46654**

## **Information for Bidders**

### **Tender for the North Wales Dental**

#### **Academy Practice**

#### **Introduction**

Mainly rural in character, North Wales covers an area of approximately 2,400 square miles (6,200 square kilometres) and a total resident population of approximately 694,000. It is anticipated that by 2026 the population will increase to 730,000 and by 2031 to 754,000. There is a significant concentration of the population along the northern coastal strip (many of the coastal towns being popular tourist destinations which can significantly increase the resident population during the summer months) and a few inland towns; the main centres of population being located in the East. The Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). The Health Board is responsible for the commissioning of NHS primary care dental services across North Wales and has made significant investments in service provision over recent years

BCUHB is seeking a provider who can deliver a flagship NHS practice in North Wales which will embrace all the requirements of contract reform. The provider will be expected to adopt a preventive approach to care for all. They will need to increase access to those patients with

higher levels of need and provide a full range of high quality, evidenced based NHS care to meet the needs of the population as described in section 1.2. We would expect the provider to offer NHS services to the population beyond traditional core hours to ensure that all those patients who seek to access NHS dental services are able to do so.

The successful provider will need to embrace and extend the use of skill mix in any service offer and be able to articulate and demonstrate that this will be integral to service delivery. Core to the service will be the ability of the provider to embrace innovation. This will include:

-

- letting go of the UDA mindset,
- adopting ACORN led integrated NHS care,
- use of digital technology where appropriate to improve NHS care.

Longer term we would see the provider helping to shape the development of driving innovative change in the provision of care. We want to link educational opportunities with NHS service provision and adopt working methods of the whole of the team by:

- improving provision and access to primary care dental skills in partnership with Bangor University
- facilitate the training of Dental Nurses and Dental Hygienists, in partnership with Bangor University
- developing Tier 2 training opportunities and linking to referral pathways
- cascading education and learning through Peer-to-Peer training
- increasing research opportunities

### **Tender Requirements**

BCUHB wishes to receive bids from dental healthcare providers with the necessary skills and capability (or a demonstrable ability to provide the necessary skills and capability) to provide the range of NHS services required for the North West Dental Academy (NWDA) practice as outlined in the service specification.

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BCUHB will require the Provider to meet the following Critical Success Factors:-

- Access to NHS Services - The provision of contracted NHS dental services for the population of Bangor, that meet the oral health needs of the local population.
- Meet the NHS contract reform programme objectives and expectations and to share learning both locally and nationally.
- To facilitate the development and implementation of additional educational, training and research initiatives as they emerge.
- Expertise – maintenance of both clinical and non-clinical staff resources with appropriate experience, expertise and knowledge in the delivery of all mandatory services and to all NHS dental patients
- Value for Money and Affordable – The Primary Care NHS Dental Services procured through this Procurement must be affordable and provide value for Money (VfM)
- Link with Bangor University - To facilitate the training of Dental Nurses and Dental Hygienists and the development of Tier II training opportunities.

**All bidders should note that, any tender response that included a bid for monies in excess of £1.5m will be deemed ineligible and will not succeed.**

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<b>Meeting Date</b>	<b>2 September 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Review of Committee Terms of Reference</b>		
<b>Report Author</b>	Catherine English, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To request that the Education, Commissioning and Quality Committee (ECQC) undertakes the annual review of its Terms of Reference.		
<b>Key Issues</b>	<p>It is good practice for the ECQC to review its terms of reference on an annual basis.</p> <p>The ECQC Terms of Reference are attached at Appendix 1.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Approval</b>			
<b>Recommendation</b>	<p>The Education, Commissioning and Quality Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Discuss</b> and <b>review</b> its Terms of Reference.</li> </ul>		

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# ANNUAL REVIEW OF THE EDUCATION, COMMISSIONING AND QUALITY COMMITTEE TERMS OF REFERENCE

## 1. INTRODUCTION

The purpose of this paper is to request that the Education, Commissioning and Quality Committee (ECQC) review its Terms of Reference which is attached at Appendix 1.

## 2. BACKGROUND

It is good governance practice for the ECQC's Terms of Reference to be reviewed annually. The current Terms of Reference were last reviewed by the Committee in October 2020 following the HEIW Chair's Review of Committee Membership.

## 3. PROPOSAL

That the ECQC discuss and review its Terms of Reference.

There are currently no proposed changes to the Terms of Reference.

## 4. GOVERNANCE AND RISK

It is good governance practice to regularly review committee terms of reference to support appropriate scrutiny and assurance arrangements.

## 5. FINANCIAL IMPLICATIONS

There are no financial implications for the Committee to consider/approve.

## 6. RECOMMENDATION

The Education, Commissioning and Quality Committee is asked to:

- **Discuss** and **review** its Terms of Reference.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b>	<b>Strategic Aim 5:</b>	<b>Strategic Aim 6:</b>

	To develop the workforce to support the delivery of safety and quality	To be an exemplar employer and a great place to work	To be recognised as an excellent partner, influencer and leader
		✓	
<b>Quality, Safety and Patient Experience</b>			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of students and trainees.			
<b>Financial Implications</b>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential that the Committee complies with its Terms of Reference.			
<b>Staffing Implications</b>			
None			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
None			
<b>Report History</b>	The ECQC reviews its Terms of Reference on an annual basis.		
<b>Appendices</b>	Appendix 1 - ECQC Terms of Reference.		



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## Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements

**Date:** October 2020

**Review Date:** Annually

### 1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

### 2. Purpose

The purpose of the Education, Commissioning and Quality Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

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### 3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

- i. Provide assurance to the Board as to the effective management and improvement of the quality of HEIW's education and related research activities.
- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value based commissioning.
- iii. Recommend to the Board the national annual education and training plan.
- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action, and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.
- vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
  - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
  - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.

- xii. Recommend the specification of tender documents to the Board for Education.
- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis, and will recommend it to the Board for approval.

#### **4. Membership, Attendees Quorum and Term**

##### **4.1.1 Members**

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee, but may be invited to attend by the Chair of the Committee as appropriate.

##### **4.1.2 Deputy Independent Member**

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

##### **4.2 Attendees**

In attendance:

- Director of Nursing
- Medical Director
- Director of Finance
- Board Secretary
- Deputy Director of Education, Commissioning and Quality
- Dental Dean
- Pharmacy Dean
- Postgraduate Medical Dean

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In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

#### **4.3 Quorum**

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

#### **4.4 Terms**

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

### **5. Frequency of Meetings**

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

### **6. Relationships and accountabilities with the Board and its Committees/ Groups**

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.



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<b>Meeting Date</b>	September 2021	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	General Practice Nurse Framework		
<b>Report Author</b>	Kerri Eilertsen – Feeney, Head of Nursing and Midwifery Transformation		
<b>Report Sponsor</b>	Lisa Llewelyn, Director of Nurse and Health Professional Education		
<b>Presented by</b>	Lisa Llewelyn, Director of Nurse and Health Professional Education		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to provide the Education Commissioning and Quality Committee(ECQC) with details of the Competence Framework for Nurses working in General Practice (GPN Framework) the education and training framework to support the development of general practice nurses.		
<b>Key Issues</b>	<p>There are approximately 1,368 registered nurses working in 399 active GP practices in Wales.</p> <p>There is currently no nationally agreed framework or standards for general practice nursing to support their development to deliver safe and quality care to patients.</p> <p>This GPN Framework is relevant to all registered nurses and their employers in providing consistency, structure, guidance and direction to registered nurses and employers about roles, skills and competencies to deliver safe, quality care.</p>		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
		<b>Approval</b>	

<b>Recommendations</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"><li>• <b>Note</b> the General Practice Nurse Framework attached at appendix 1 for information.</li></ul>
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# GENERAL PRACTICE NURSE (GPN) FRAMEWORK

## 1. INTRODUCTION

The purpose of the report is to provide the Education Commissioning and Quality Committee (ECQC) with details of the Competence Framework for Nurses working in General Practice (GPN Framework), the education and training framework to support the development of general practice nurses.

## 2. BACKGROUND

There are approximately 1,368 registered nurses working in 399 active GP practices in Wales. Most of these nurses are employed by independent contractor GP partnerships, with some employed by Health Boards to work in GP surgeries. There are also a number of practice-related, primary care roles held by nurses, including nurse partners, nurse consultants and primary care cluster leads, which demonstrates the wide-ranging skills and competence of nurses working in general practice-related roles.

There is currently no nationally agreed framework or standards for general practice nursing to guide and support the development and recruitment of registered nurses working in general practice and primary care in Wales. An agreed deliverable of the Strategic Programme for Primary Care (SPPC) via its National Workstream for Workforce and Organisational Development, this framework offers the opportunity for a clear and consistent approach to preparing and developing nursing roles, teams and careers in general practice to ensure safe quality care is provided to meet the care needs of patients/populations. The framework will be of practical use to both nurses and their employers.

The introduction of this framework is timely with the first-phase implementation planning to establish a *School of Primary Care* within Health Education and Improvement Wales as an instrument of the educational development and quality governance function of HEIW. Supporting the implementation of the GPN Framework will be an early priority as part of this initiative and development work.

This framework will increase knowledge and confidence for nurses and employers in preparing for developing a career in general practice and will build on the high-quality services already delivered by the GPN workforce to meet patient need.

## 3. PROPOSAL

The purpose of this Competence Framework is to provide consistency, structure, guidance and direction to registered nurses and employers about roles, skills and competencies, to enable the highest standards of nursing practice at all levels of skill mix within a practice team. The framework is designed in three parts:

1. An outline of nursing in general practice and primary care in Wales

2. A description and definitions of nursing roles within general practice and primary care
3. The GPN Competencies Framework, set out in 4 sections, for selection as relevant:

This resource is relevant to all registered nurses and their employers in general practice and the wider primary care health care environment. It will support current and future role development by providing a set of competence standards for nursing practice at education levels 5 to 7.

#### **4. DEVELOPMENT PROCESS**

The framework was developed through collaboration across all NHS Wales Health Boards, via the all-Wales professional group of Primary Care Lead Nurses (PCLNs) and considered the following:

- Previously developed local guidance, education and training schemes
- Royal College of General Practitioners'(RCGP) Framework for General Practice Nurses (2018)
- Queen's Nursing Institute (QNI) Standards of Education and Practice for Nurses New to General Practice Nursing (QNI, 2020) and the QNI/QNIS Voluntary Standards for General Practice Education and Practice (QNI, 2017)
- NMC Standards for Specialist Education and Practice (1998/2001) for general practice specialist nurse roles
- Core Capabilities Framework for Advanced Clinical Practice Nurses Working in General Practice/Primary Care in England (Skills for Health, 2020).

#### **5. NEXT STEPS**

This important resource will be formally launched in collaboration with partners.

#### **6. GOVERNANCE AND RISK ISSUES**

The GPN framework standardises the level of expectations and implementation of competence across Wales.

To support this framework, further implementation of education, learning and development is required. The primary care academies would support the alleviation of the associated risk.

#### **7. FINANCIAL IMPLICATION**

Costs associated would align with coaching and mentoring to support the development of the nurses from the health boards.

The GPN framework would require regular review, evaluation and updating in line with national guidance and timeframes.

8. RECOMMENDATION

The Committee is asked to note the General Practice Nurse Framework attached at Appendix 1 for information.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
HEIW has a core responsibility to support the development of the workforce			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
No staffing implications for HEIW.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History	NA		
Appendices	Appendix 1 - GPN Framework		



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Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)



# An NHS Wales Competence Framework for Nurses working in General Practice

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## Summary

### Introduction

There is currently no nationally agreed framework or standards for general practice nursing in Wales, despite the key role of general practice nurses (GPNs) in delivering primary care for the registered population. This GPN Framework has been commissioned by HEIW to guide and support the development and recruitment of registered nurses working in general practice and primary care in Wales.

### Purpose

The purpose of this Competence Framework for Nurses working in General Practice in Wales is to provide consistency, structure, guidance and direction to registered nurses and employers about roles, skills and competencies, to enable highest standards of nursing practice at all levels of skill mix within a practice team. The framework is designed in three parts:

**Part One: An outline of nursing in general practice and primary care in Wales**

**Part Two: A description and definitions of nursing roles within general practice and primary care**

**Part Three: The GPN Competencies Framework, set out in 4 sections, for selection as relevant:**

- a. **Underpinning competencies for registered nurses working at all levels within general practice.**
- b. **Competencies for General Practice Nurses working at Career Framework Levels 5 and 6**
- c. **Competencies for General Practice Specialist Nurses working at Career Framework Level 7**
- d. **Competencies for General Practice Advanced Nurse Practitioners working at career level 7**

This is designed to enable the reader to select relevant parts of the large document for specific use at any time. For example, a nurse wishing to embark on a career in general practice and primary care might look at roles and career options in Part 2, followed by the relevant competence section in Part 3, to identify their existing competence and future learning needs. In the same way an employer might wish to select Part 2, which illustrates role definitions to help recruit a member of staff to a nursing team. It also helps the employer understand what aspects of work each role can focus on, to help with workload allocation, whilst understanding education and preparation needed to undertake a role safely. While in post, a nurse in general practice would choose Part 3 to plan their continuing professional development needs and ways of preparing for next steps in a career, if this was what the individual is considering.

### Methodology

The framework was developed through collaboration across all NHS Wales Health Boards, via the all-Wales professional group of Primary Care Lead Nurses (PCLNs).

Each of the PCLN teams has previously developed local guidance alongside education and training schemes, often by adapting the familiar [Royal College of General Practitioners' Framework for General Practice Nurses \(2018\)](#). Such local guidance was combined, along with consideration of the Queen's Nursing Institute (QNI) Standards of Education and Practice for Nurses New to General Practice Nursing (QNI, 2020), and the QNI/QNIS Voluntary Standards for General Practice Education and Practice (QNI, 2017). For general practice specialist nurse roles, the [NMC Standards for Specialist Education and Practice \(1998/2001\)](#) was adopted. For general practice advanced nurse practitioner roles, the [Core Capabilities Framework for Advanced Clinical Practice Nurses Working in General Practice/Primary Care in England \(Skills for Health, 2020\)](#) was drawn upon, with an overall result of a framework for practical use within general practice/primary care in Wales.

## Conclusion

This framework offers the opportunity for a clear and consistent approach to preparing and developing nursing roles, teams and careers in general practice, to meet the care and support needs of people registered with practices across Wales. We hope it will be of practical use to nurses and employers alike.

## Who is this framework for?

The adoption of an all Wales approach to the skills, competencies and development of GPNs will help to deliver many benefits to individual nurses, employer organisations and service users. Using a skills and career framework will make it easier for nurses and employers to understand the expectations and standards required of nurses working at different levels within the GP nursing team, enable nurses and employers to plan competence and career development, whilst supporting prudent use of resources and ensuring patient safety. In turn, the identification of all-Wales GPN education requirements will provide the ability to develop standardised, accredited education programmes across Wales, in partnership with further and higher education provider organisations.

### Individual Nurses

The framework provides guidance on expectations of competence for all levels of nurses planning to or working in general practice to be able to provide safe, effective and up-to-date care. It can be used to conduct a training needs analysis, by comparing existing knowledge and skills with required knowledge and skills. It can be used for clinical supervision, appraisal and to support NMC revalidation requirements. This framework is intended to provide the prompt for identifying areas for professional self-development.

### Employers

The framework helps employers and managers with recruitment and employment of nurses to the practice-based team who meet recommended levels of competence. It helps to identify a prospective employee's need for education and training support. It also helps with planning and support of on-going professional development of nursing team members, including through appropriate clinical supervision, to enable safe, effective and up-to-date practice at all levels of the nursing team.

### Clinical Supervisors/supervisees

The framework provides clinical supervisors with guidance and an understanding of the levels of practice that individual nurses are working at in general practice. This enables the clinical supervision process to be focused around the role being delivered, supporting individualised professional development plans and job descriptions suited to the employing organisation and skills required to meet the local population's needs.

### Education Providers

The framework helps Further Education (FE) and Higher Education (HE) Institutes in Wales with the planning, design and delivery of education programmes, including developing learning outcomes. This will lead to an All Wales consistent approach to role preparation and development across the GPN nursing team, allowing for the development of a rich skill mix of nurses able to support their local populations' health and wellbeing needs

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## Part One: An overview of the Competency Framework for Nurses in General Practice

### Purpose of this Framework

The purpose of this framework is to support a consistent approach to the skills and competence development of nurses working in general practice within Wales, thereby also providing a mechanism for governance and assurance of public safety during clinical contacts in this key environment for NHS health care in Wales.

This resource is relevant to all registered nurses and their employers in general practice and the wider primary care health care environment. It will support current and future role development by providing a set of competence standards for nursing practice at levels 5 to 7.

This framework will increase knowledge and confidence for nurses and employers in preparing for developing a career in general practice, building on the high quality services already delivered by the general practice nursing (GPN) workforce.

### Introduction

As in other developed countries, the healthcare system in Wales is facing many challenges, including growing demand, increasing public expectations, health inequalities, an ageing workforce, staff shortages and budget pressures. Organisations must aim to ensure that people with the right skills and competences are in the right roles.

*A Healthier Wales: our Plan for Health and Social Care* (2018a) describes the ambition to positively impact people's health and wellbeing throughout life, to place a greater emphasis on supporting and anticipating health needs, to prevent illness, support people to manage their own health and wellbeing and ensure that people will only go to a general hospital when that is essential; whilst the *Strategic Programme for Primary Care* (2018) also describes the role of primary care in maximising opportunities for prevention and self-management. The *Strategic Programme for Primary Care* (2018) defines primary care as being "about those services which provide the first point of care, day or night for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care ... including, pharmacy, dentistry, and optometry. It is also about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs". Welsh Government statistics for the general practice workforce (2021a) indicate that 1,368 registered nurses are working in 399 active GP practices in Wales, illustrating how central the nursing workforce in general practice is to achieving success in these areas.

The *Ministerial Taskforce on Primary Care Workforce: Train, Work, Live in Wales* was established to address the challenges of GP recruitment and retention in Wales along with a range of related issues, including work involving career opportunities, pathways and competencies for primary care nurses. Furthermore, the *Strategic Programme for*



*Primary Care* articulates the need for an understanding of competencies required by the primary care workforce to meet patient demand.

The recent *National Clinical Framework: a Learning Health and Care System* (Welsh Government, 2021b) recognises nurses for their contribution to meeting patient needs, including through specialism for specific needs, management of multi-morbidities, via non-medical approaches as well as through advanced practice.

This framework relates to such myriad nursing activities in primary care, as illustrated by Health Education England (2015):

## Core Values, Skills and Competencies

There are core values, skills and competencies expected at all levels of general practice nursing teams and these are listed below.



The role descriptions that follow articulate the expectations of these core values, skills and competencies.  
(From Health Education England, 2015)

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## Description of the Competency Framework for Nurses in General Practice

A well-designed framework provides a strategy for guiding and supporting skills and career development. It is a workforce resource that sets a pathway for an employee's development that corresponds with the employing organisation's priorities. The framework is designed to make effective use of employee's capabilities in conjunction with the changing needs of the organisation. It is not designed to guarantee an automatic route to promotion or pay increase, but to help employee and employer assess, plan and support a good match of skills and competence for the job required.

### Alignment to other frameworks

The Competency Framework for Nurses working in General Practice has been aligned with several existing frameworks, standards and guides for practice, including the **Credit and Qualifications Framework for Wales (CQFW)** (Welsh Government (2018b), which was developed to provide a single structure for all types of learning and qualifications undertaken by health care professionals and workers in Wales. The aim is for all learning related to clinical competence to be linked to the CQFW to help health professionals, workers and organisations achieve consistent standards. One ambition of the CQFW is for all learning to be underpinned by "carefully constructed objectives", or learning outcomes, to provide a measure that learning has been achieved and the learner is "vocationally competent".

The CQFW provides a series of "levels" that indicate the demand, complexity, depth of study and level of learner autonomy, as shown in Appendix 3 and Table 4:

**Table 4 CQFW Education Levels**

Level	Examples
8	HE Doctoral and above
7	HE Masters
6	HE Honours
5	HE Intermediate
4	HE Certificate
3	NVQ 3: GCE A-Levels

**The Post Registration Nursing Career Framework for Wales** (Welsh Government, 2009) was developed to *"set out the expectations of clinical skills and behaviours at different levels on the route from novice to expert and iron out inequalities in roles that may have developed in ad hoc ways that cause confusion and concern to patients and professionals alike. It supports the principles of the Knowledge and Skills Framework and places the responsibility with the practitioner for maintaining their continuous professional development and meet the requirements of the NMC code of registration. It places equal value on the contribution made by all levels of nursing practice in both general and specialist fields"*.

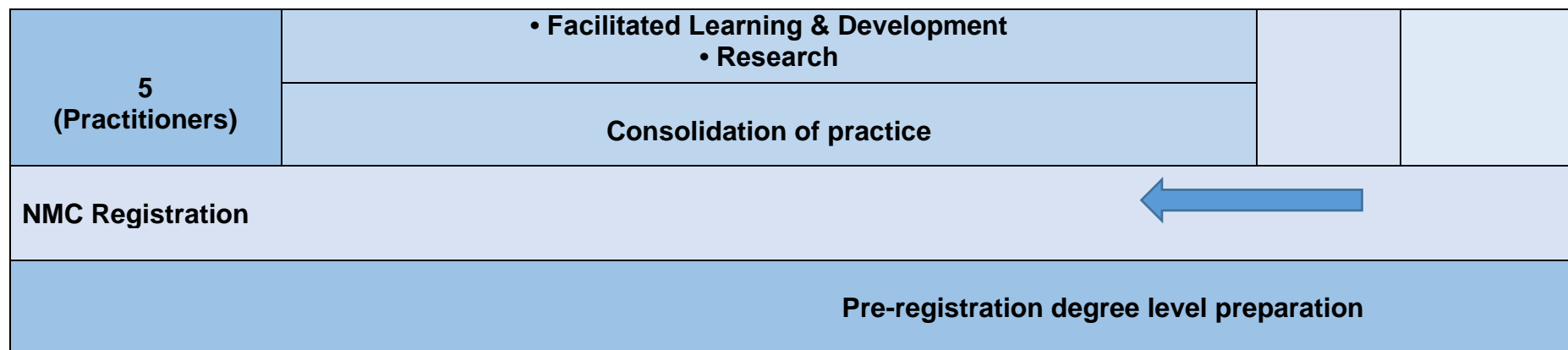
An illustrative description of the Post Registration Nursing Career Framework for Wales, showing alignment to Career levels, can be seen in Table 5 and further in Appendix 4

Table 5

The Post Registration Nursing Career Framework for Wales (2009)

LEVEL Career Framework Levels			Indicative CQFW levels
9 (Very senior staff)	<b>Consultant, senior and strategic level roles, Senior clinical academic and academic/research roles.</b>  <b>Continued education in the “4 pillars”, plus (where relevant)</b> - Strategic service planning and development - Corporate skills/responsibilities		<b>Post graduate to doctoral level study</b>
8 (Consultant/senior staff)			
7 (Advanced practitioners)	<b>Advanced generalist and specialist roles, ward manager posts, management, education and research posts</b>  <b>Continued education in the “4 pillars”</b>		
<b>Advanced practice</b>			
6 (Senior practitioners)	<b>Generalist and specialist clinical posts, academic and teaching posts.</b>  <b>Continued education in the “4 pillars” of:</b>  • Clinical/Professional Practice • Leadership and Management		<b>Graduate and post graduate level study</b>

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Part Two: An outline of nursing in general practice and primary care in Wales

Nursing in General Practice in Wales

Approximately 1,368 registered nurses are working in 399 active GP practices in Wales, most of whom are employed by independent contractor GP partnerships, though some are employed by NHS Wales Health Boards to work in GP surgeries. There are also a number of practice-related, primary care roles held by nurses, such as nurse partners, nurse consultants and primary care cluster leads, demonstrating the skills and competence of nurses working in general practice-related roles to be wide-ranging.

The main focus for nurses working in general practice is on achieving the contractually agreed service between GP partnerships and NHS Wales. Such focus includes essential services for “management of registered patients and temporary residents who are or believe themselves to be ill with conditions from which recovery is generally expected; who are terminally ill; or, who are suffering from chronic disease” and additional services including “cervical screening services, contraceptive services, vaccinations and immunisations, childhood vaccinations and immunisations, child health surveillance services, maternity medical services, and minor surgery” (NHS GMS Wales, 2004).

Nurses in general practice are key to fulfilling the GP contractual requirements for essential and additional services. Without the skills and contributions of general practice nurses it would be difficult to sustain the level and breadth of primary care support for the health of people in Wales. For example, Table 1 illustrates the essential and additional service areas of the GP contract, indicating how the achievement in each area is dependent on nurses.

Table 1      The GPN role in fulfilling the GP Contract for registered patients

Essential general medical services (GMS) required to be provided by general practice	Example of nursing contribution
Management of patients who are ill or believe themselves to be ill with conditions from which recovery is generally expected	Nurse-led minor illness clinics, video/phone consultations, telephone triage
Management of chronic/long-term conditions	Nurse-led
Cervical screening	Nurse-led
Contraception services	Nurse- assisted or led
Vaccinations and immunisations	Nurse-led
Child health surveillance	Nurse signposts to PHCT
Minor surgery services	Nurse-assisted

Illustration 1 provides a visual overview of the roles that can be undertaken by nurses working in general practice and primary care. This highlights differences between levels as well as scope of activities for nurses in general practice and primary care. The skill mix within each surgery is variable, whilst access to post-graduate education also varies across Wales, so the roles illustrated may not be seen in every practice, due to population health needs or broader multi-professional skill mix within the practice team.

Table 2 provides further detail and examples of differences between levels, scope of activities and educational preparation for nurses in general practice and primary care.

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## Illustration 1

### Career Level 6 General Practice Nurse (GPN)

Has obtained competence-focused education and is working towards completing post graduate qualification(s) to extend their scope of nursing practice and work in an extended, generalist role (recommended 80% clinical “pillar” and 20% leadership, education and research)

### Career Level 5 General Practice Nurse (GPN)

A NMC registered nurse who has clinical skills and qualities to provide holistic, generalist nursing care in a general practice setting, relating to people’s health and well-being, long-term conditions, acute illness, and rehabilitation, across all age groups (recommended 90% clinical “pillar” and 10% leadership, education and research)

### Career Level 3-4 Healthcare Support Worker (HCSW)

Works as part of the practice team, providing delegated, clinically-focused care within defined protocols, following assessment of competence, and who is supported by supervision of a registered practitioner.

### Career Level 7 Specialist Nurse in General Practice

An experienced registered nurse who is undertaking or has completed further education at Master’s level, to work in a specialised, generalist role within general practice. To provide (usually planned) ongoing care to identified individual patients and patient cohorts, from a broad range of continuing and occasional health needs. Meets 4 “pillars” of advanced practice (recommended 70% clinical pillar and 30% leadership, education and research), including job planning.

### Career Level 7 Advanced Nurse Practitioner in General Practice

An experienced registered nurse who is undertaking or has completed further education at Master’s level, to work in an advanced clinical role within general practice. To provide (usually unplanned) single episodes of care to Individual patients with a range of undifferentiated and undiagnosed health concerns. Meets 4 “pillars” of advanced practice (recommended 70% clinical pillar and 30% leadership, education and research), including job planning.

## Nursing careers in general practice and primary care: roles and skill mix illustrated

### Career Level 8 Nurse partner in general practice

Involved in the business and strategic aspects of the practice. They are likely to be working clinically as senior nursing team leaders, specialist nurse in general practice or ANP (recommended 50% clinical pillar and 50% leadership, education and research) , including job planning.

### Career Level 9 Primary Care Cluster (PCC) Lead

Provides senior leadership for the PCC, which comprises a wide range of partners including GP practices, pharmacies, opticians, dentists, community nursing & health visiting services, key partners from HB, LA and third sector. Develops integrated services that meet the local population’s identified health and care needs. The role is seen as central to transforming primary care in Wales, so that primary care services and access are improved for patients (recommended 20% clinical pillar and 80% leadership, education and research)

### Career Level 8 Consultant Nurse in Primary Care

Re-defines historic boundaries, challenges established culture and provides leadership to groups of nurses working across multiple practices or clusters. Holds specialised knowledge which is used as the basis for original thinking, to establish and influence strategy and translate evidence into meaningful practice. Meets and leads on 4 “pillars” of advanced practice (recommended 50% clinical pillar and 50% leadership, education and research), including job planning.

## Nursing in General Practice and Primary Care: role definitions and examples

**Table 2. Role definitions and examples**

Career Framework Level	Role	Definition	Example of role	Education Framework Level (CQFW)	Capability
3-4	<b>HC Support Worker (HCSW)</b>	An individual who works as part of the practice team, providing delegated, clinically-focused care within defined protocols, following assessment of competence, and who is supported by supervision of a registered practitioner.	<ul style="list-style-type: none"> <li>• Phlebotomy (and assist in anticoagulation monitoring)</li> <li>• Assist in some clinical activities such as injections, ECGs, CCM clinics</li> <li>• Perform health checks</li> <li>• Undertake health promotion activities</li> <li>• Process laboratory samples</li> <li>• Restock consulting rooms</li> <li>• Maintain equipment supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Level 3 or 4 diplomas in subjects relevant to working in general practice</li> </ul>	Ability to: <ul style="list-style-type: none"> <li>• Develop and maintain competence in all relevant areas of clinical activity, in line with the NHS Wales' Framework for HCSWs (2015)</li> </ul>
5	<b>General Practice Nurse (GPN)</b>	<p>A NMC registered nurse who has clinical skills and qualities to provide holistic, generalist nursing care in a general practice setting, relating to people's health and well-being, long-term conditions, acute illness and rehabilitation, across all age groups.</p> <p>(Recommended ratio = 90% clinical "pillar" and 10% leadership, education and research).</p>	<ul style="list-style-type: none"> <li>• Treatment room &amp; clinical procedures</li> <li>• Assisting with and undertaking uncomplicated conditions and health reviews, whilst developing further skills, knowledge and application to practice</li> <li>• Administration of vaccines and injectable medications</li> <li>• ECG and diagnostic procedures</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• Level 6 post graduate courses for clinical activities.</li> <li>• Smear takers course</li> <li>• CPD, courses and study events.</li> </ul>	Ability to: <ul style="list-style-type: none"> <li>• Develop and maintain competence in all areas relating to safe undertaking of the job description</li> <li>• Support students and members of the nursing team</li> <li>• Undertake clinical supervision activity</li> </ul>

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			<ul style="list-style-type: none"> <li>• Familiarisation of primary care approaches, such as promotive, preventive, curative, palliative care</li> <li>• Familiarisation of general practice IT and administration processes</li> </ul>		<ul style="list-style-type: none"> <li>• Take part in professional development, education and research activity</li> </ul>
6	<b>General Practice Nurse (GPN)</b>	<p>A GPN who has undertaken and obtained competence-focused education and is working towards completing accredited post graduate qualification(s) to extend their scope of nursing practice and work in an extended, generalist role.</p> <p>(Recommended ratio = 80% clinical “pillar” and 20% leadership, education and research).</p>	<p>Following completion of relevant courses:</p> <ul style="list-style-type: none"> <li>• Contraception reviews</li> <li>• Childhood and adult immunisation schedules</li> <li>• Travel health</li> <li>• Cervical screening</li> <li>• Health risk assessment, health promotion and lifestyle support, including signposting</li> <li>• Monitoring of long-term conditions, such as diabetes and respiratory conditions, or as needed within the practice and patients registered with the practice. This would usually include supporting patients with stable, single conditions</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• In addition to previous level:</li> <li>• Level 6 post graduate courses e.g. in women’s health, chronic disease, minor illness.</li> <li>• Working towards Specialist Practice Qualification (SPQ) in general practice</li> </ul>	<p>Ability to:</p> <ul style="list-style-type: none"> <li>• Develop and maintain competence in all areas relating to safe undertaking of the job description</li> <li>• Support members of the nursing team</li> <li>• Support students</li> <li>• Undertake clinical supervision activity</li> <li>• Take part in professional development, education and research activity</li> <li>• Work towards Master’s degree study, if planning career progression</li> </ul>

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7	<b>Specialist Nurse in General Practice</b>	<p>An experienced registered nurse who is undertaking or has completed further education at Master's level, to work in a specialised, generalist role within general practice. To provide (usually planned) ongoing care to identified individual patients and patient cohorts, from a broad range of continuing and occasional health needs.</p> <p>Meets 4 "pillars" of advanced practice (Recommended ratio = 70% clinical pillar and 30% leadership, education and research), including job planning.</p>	<p>Following completion of post-graduate courses at Master's level:</p> <ul style="list-style-type: none"> <li>• Management of nurse-led long term conditions care and support, such as diabetes and respiratory conditions, or as needed within the practice and patients registered with the practice. This would usually include supporting patients with complex or co-existing conditions</li> <li>• Management of nurse-led women's health programmes, including contraception, HRT, cervical screening</li> <li>• Management of nurse-led clinical interventions relevant to the practice and patients registered with the practice</li> <li>• Includes independent prescribing of medicines for patients</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• In addition to previous level:</li> <li>• Level 6 (level 7 if post-grad and available locally)</li> <li>• Specialist Practice Qualification (SPQ) in general practice. (i.e. Mastery of the specialist area of practice nursing) e.g. health and chronic conditions areas.</li> <li>• Portfolio of Advanced Practice</li> <li>• Independent prescribing</li> <li>• Relevant post graduate qualifications</li> </ul>	<p>Ability to:</p> <ul style="list-style-type: none"> <li>• Assess patient needs, order and interpret tests, diagnose and formulate management and treatment plans, including independent prescribing.</li> <li>• Use validated tools to assess population health needs</li> <li>• Use an evidence base to identify and lead in developing support measures, following needs assessment</li> <li>• Lead the nursing team in clinical supervision, professional development, education and research.</li> <li>• Lead the support of students</li> <li>• Lead and undertake research activity within the practice environment</li> <li>• Work towards PhD</li> </ul>
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7	<b>Advanced Nurse Practitioner (ANP) in General Practice</b>	<p>An experienced registered nurse who is undertaking or has completed further education at Master's level, to work in an advanced clinical role within general practice. To provide (usually unplanned) single episodes of care to individual patients with a range of undifferentiated and undiagnosed health concerns.</p> <p>Meets 4 "pillars" of advanced practice (Recommended 70% clinical pillar and 30% leadership, education and research), including job planning.</p>	<p>Following completion of post-graduate courses at Master's level:</p> <ul style="list-style-type: none"> <li>• Nurse-led assessment, diagnosis and clinical care planning and conditions management for individual patients with a range of undifferentiated and undiagnosed health concerns</li> <li>• Management of nurse-led clinical interventions relevant to the practice and patients registered with the practice</li> <li>• Includes independent prescribing of medicines for patients</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• In addition to previous level:</li> <li>• Level 7 MSc (i.e. Mastery of "4 Pillars" of advanced clinical practice)</li> <li>• Portfolio of Advanced Practice</li> <li>• Independent prescribing</li> <li>• Relevant post graduate qualifications</li> </ul>	<p>Ability to:</p> <ul style="list-style-type: none"> <li>• Undertake undifferentiated clinical patient assessment, investigation, diagnosis and management/treatment, including independent prescribing</li> <li>• Lead the nursing team in clinical supervision, professional development, education and research.</li> <li>• Lead the support of students</li> <li>• Lead and undertake research activity within the practice environment</li> <li>• Work towards PhD</li> </ul>
8	<b>Nurse partner in general practice</b>	<p>Involved in the business and strategic aspects of the practice. They are likely to be working clinically as a senior nursing team leader, specialist nurse in general practice or ANP</p> <p>(Recommended 50% clinical pillar and 50% leadership, education and research), including job planning.</p>	<ul style="list-style-type: none"> <li>• Identifying and leading the nursing contribution to improvements in patient care and business sustainability and growth within the practice</li> <li>• Managing and planning resources allocated to the nursing team, including personnel and financial budget</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• As above, relevant to clinical role undertaken</li> <li>• Relevant post graduate qualifications, including for e.g. leadership,</li> </ul>	<p>Ability to:</p> <ul style="list-style-type: none"> <li>• Provide leadership and clinical governance</li> <li>• Take a strategic and operational role in managing the business of the practice, so that safe and effective care continues to be provided for registered patients</li> <li>• Manage aspects of the practice's contractual</li> </ul>

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				business management <ul style="list-style-type: none"> <li>• Maintaining 4 Pillars of advanced practice</li> </ul>	obligations to provide safe and effective health care to registered patients <ul style="list-style-type: none"> <li>• Manage financial and personnel aspects of the practice business</li> </ul>
8	<b>Consultant Nurse in Primary Care</b>	<p>Re-defines historic boundaries, challenges established culture and facilitates the learning and education of others, usually a group of nurses working in general practices within a geographical area. Holds specialised knowledge which is used as the basis for original thinking, to establish and influence strategy and translate evidence into meaningful practice. They usually hold an honorary teaching or research position with a local University that offers nurse education and research programmes. Meets and leads on 4 “pillars” of advanced practice</p> <p>(Recommended 50% clinical pillar and 50% leadership, education</p>	<ul style="list-style-type: none"> <li>• Provide expert clinical advice and mentorship, professional development and educational support to nurses in general practice across a geographical area.</li> <li>• Lead and undertake research activity across a geographical patch of general practices</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• Working towards or achieved PhD</li> <li>• Independent prescribing</li> <li>• Relevant post graduate qualifications</li> <li>• Maintaining 4 Pillars of advanced practice</li> </ul>	Ability to: <ul style="list-style-type: none"> <li>• Provide expert clinical advice and mentorship, professional development and educational support</li> <li>• Take a strategic and operational role in clinical supervision, professional development and education</li> <li>• Identify, initiate, lead and undertake research activity across a geographical patch of general practices</li> </ul>

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		and research), including job planning.			
9	<b>Primary Care Cluster (PCC) Lead</b>	<p>Provides senior leadership for the PCC, which comprises a wide range of partners including GP practices, pharmacies, opticians, dentists, community nursing &amp; health visiting services, key partners from HB, LA and third sector. Develops integrated services that meet the local population's identified health and care needs. The role is seen as central to transforming primary care in Wales, so that primary care services and access are improved for patients.</p> <p>(Recommended 20% clinical pillar and 80% leadership, education</p>	<ul style="list-style-type: none"> <li>• Lead the PCC in development of a strategic delivery plan, in line with the annual planning cycle</li> <li>• Oversee aspects of service development, delivery and transformation with the PCC area</li> <li>• Remodel care pathways, in partnership with key stakeholders across the cluster area</li> <li>• Ensure stewardship of substantial PCC resources, in line with HB standing financial instructions</li> </ul>	<ul style="list-style-type: none"> <li>• NMC registered</li> <li>• Achieved PhD</li> <li>• Relevant post graduate qualifications, including: leadership, resource management, business planning, population needs assessment, service redesign, project management,</li> </ul>	<p>Ability to:</p> <ul style="list-style-type: none"> <li>• Provide leadership across a broad network of primary care &amp; community partnerships</li> <li>• Take a strategic approach to population needs assessment, service transformation, governance and stewardship</li> </ul>

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		and research), including job planning.		evaluation methods <ul style="list-style-type: none"> <li>• Maintaining 4 Pillars of advanced practice</li> </ul>	
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Generalism, specialism and advanced practice

The wide range of activities, roles and approaches undertaken by nurses in general practice places them in the position of being generalists as well as specialists.

Generalism

Generalism is defined by Brindle (2011) as a commitment to continuity of care combined with an ability to manage different forms of care and support. The UK Royal College of General Practitioners (RCGP) (2012) offer their definition of generalism as *“seeing the person as a whole and in the context of his or her family and wider social environment; working with the widest range of patients and conditions; addressing continuity of people’s care across many disease episodes and over time and coordinating care across health and social care organisations”*.

Gunn et al (2008) propose that generalist practitioners are essential to the delivery of primary health care, in particular with the increasing presentation of elderly people and those with multiple morbidities to primary care. Reeve, Irving & Dowrick (2011) agree in promoting generalism as key to supporting the primary health care shift.

Gunn et al (2008) state that generalists can bridge the gap between medical needs and the personal, social and cultural circumstances of patients. Reeve et al (2013) argue that the primary care shift and the resultant focus on chronic disease and management of multi-morbidities with and for patients, reflects a need to reframe primary care as generalism in and of itself, and refer to generalism as whole person medicine, or holism (Sladden, 2006).

Some characteristics of generalism have been described by RCGP (2012), as summarised in Table 3

Table 3      Generalism

Seeing the person as a whole and in the context of his or her family and wider social environment
The widest range of patients and conditions
Continuity of people’s care across many disease episodes and over time
Coordinating care across health and social care organisations
From RCGP, 2012

Specialism

Specialist practice is defined by NMC (1998) as *“the exercising of higher levels of judgement, discretion and decision making in clinical care”*. The American Association of Colleges of Nurses (AACN) (2004) defined the Clinical Nurse Specialist (CNS) as *“an advanced practice nurse prepared in a clinical specialty at the masters, post masters or doctoral level as specialist”*. Leary (2020) describes specialist nurses as those *“who manage the care for patients with specific conditions, are usually experts*

*in the field and practice at an advanced level. They can play a major role in not only delivering care but also in enabling patients to manage their own”.*

The NMC continues *“such practice will demonstrate higher levels of clinical decision-making and so enable the monitoring and improvement of standards of care through: supervision of practice, clinical audit, development of practice through research, teaching, support of professional colleagues and skilled leadership”*. NMC Standards for Specialist Education and Practice (1998) are based on four broad areas of: clinical practice, care and programme management, clinical practice development and clinical leadership, founded on identifying and meeting the health needs of the local population. Achievement of a Community Specialist Qualification (SPQ) in General Practice is through a programme of education at Master’s Degree (though nurses who qualified prior to 2004 might wish or need to access Bachelor’s level), over a minimum period of 32 weeks, which is made up of 50% theory and 50% practice.

Nurses who have achieved this SPQ qualification are shown in the roles descriptor illustration (Table 2) as a Specialist Nurse in General Practice. Typically, this role would focus on providing (usually planned) ongoing care to identified individual patients and patient cohorts, from a broad range of continuing and occasional health needs.

### **Advanced Practice**

Advanced Nurse Practitioners have undertaken post-graduate Master’s level education to be able to examine, assess, diagnose, treat/prescribe and manage complete care, including make any necessary onward referrals for patients with undiagnosed/undifferentiated problems or complex needs. Whilst emphasising that the term Advanced Practice relates to the level of clinical practice, not a role or job title, the RCGP General Practice Foundation (2015) defines the General Practice Advanced Nurse Practitioner (ANP) as *“an experienced and autonomous registered nurse who has developed and extended their practice and skills beyond their previous professional boundaries. The ANP is able to use their expert knowledge and complex decision making skills, guided by the NMC Code in unpredictable situations. This may include managing patients with undiagnosed healthcare problems and is shaped by the context of their clinical practice”*.

The Royal College of Nursing describes advanced level nursing practice as *“encompassing aspects of education, research and management but is firmly grounded in direct care provision”* (RCN, 2018), whilst also stressing the need for appropriate education and preparation to undertake an advanced practice role. Within Wales, the *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales* (NHS Wales, 2010) was developed in recognition of the increase in advanced practice roles and is reflected in this GPN Framework.

Typically, this role would focus on providing (usually unplanned) single, review and follow-up episodes of care to individual patients with a range of undifferentiated and undiagnosed health concerns, whilst also offering advanced level, nurse-led clinical interventions relevant to the practice and patients registered with the practice.

The GPN Framework described here has drawn from the well-respected and widely-used [General Practice Nurse Competencies](#) and [General Practice Advanced Nurse Practitioner Competencies](#) guidance, developed and published by the Royal College of General Practitioners (RCGP) General Practice Foundation and Royal College of Nursing (2015). The “RCGP GPN Competencies” and Advanced Nurse Practitioner Competencies have been transferred into this document and we would like to thank the contributors for that work.

Health Boards across Wales have produced localised versions of GPN Competencies guidance, most by adapting the RCGP GPN Competencies and some by clinical experts within general practice nursing. We would like to acknowledge the work that has been kindly shared within this GPN Framework, which has resulted in a collation of localised guidance. It is the combined efforts and expertise of NHS Wales Health Board colleagues who undertake roles in support of nurses and health care support workers in general practice that has led to this GPN Framework, and these colleagues are listed in Appendix 2.

In particular, the final GPN Framework has been developed from competency guidance used at different levels, from new-to-practice (level 5) through to specialist and advanced practice roles (level 7). Whilst a primary care nursing career pathway is not always linear, the document is intended to be used either by nurses planning to maintain and develop competence to remain at their current working level, or by those who wish to develop their competence to work in a different role or at a different level within the general practice or primary care environment.

### **As with the RCGP GPN Competencies, when used by individual nurses, this Framework supports:**

**New-to-practice nurses** as an initial self-assessment tool to help individuals recognise their current level of competence and identify specific areas for further development. It is recommended that this is completed at the start of an individual’s employment within the general practice, to ensure that individuals new to the role recognise gaps in their knowledge and work within the scope of professional practice (NMC, 2018). It is recommended that new-to-practice nurses focus on competencies that are specifically related to initial responsibilities as a priority. It is anticipated the full range of competencies to work at level 5 will be achieved within 18 months of commencing employment.

During the preceptorship/training period it can be used 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. It is suggested that three to six monthly reviews are done jointly with a senior practice nurse or suitably qualified health professional. The Second Review of competence should be carried out by a suitably qualified health professional. On this occasion a record of how the evidence of competence was demonstrated and achieved should have been completed.

**Established practice nurses** as the foundation of a portfolio of continuing professional development, to assist with regular review of role-related competence and to ensure continued working within the scope of professional practice. This framework is intended to provide the prompt for identifying areas for professional self-development.



**Specialist Nurses in General Practice** who have demonstrated meeting the NMC standards for specialist education and practice, through formal assessment of theoretical and practical learning in University and practice settings, can refer to this framework during regular reflection on continued competence and progress in practice. This framework is intended to provide the prompt for identifying areas for professional self-development.

**Advanced Nurse Practitioners in General Practice** who demonstrate meeting professional requirements and national guidance for advanced clinical practice, through formal assessment of relevant theoretical and practical learning in University and practice settings, can refer to this framework during regular reflection on continued competence and progress in practice. This framework is intended to provide the prompt for identifying areas for professional self-development.

Please note there is not currently an NMC-approved route to or standards for advanced clinical practice. However, the 4 UK nations have agreed standards and each has published country-specific guidance, including the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (NHS Wales/NLIAH, 2010a) and Advanced Practice: the portfolio (NHS Wales/NLIAH, 2010b). In England, a Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice/Primary Care was published in 2020, in association with RCGP and Skills for Health.

All-Wales work is currently being undertaken to develop a Learning and Development Framework (LDF) for health professionals who are working at an advanced level in Wales. There has been alignment to the work as it currently stands, in anticipation that nurses in general practice and primary care will be able to meet standards within the LDF through use of the GPN Framework.

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## Part Three: The GPN Competencies Framework

### How to use this Framework

This framework provides support for all levels of nurses within general practice and attempts to address the myriad clinical activities undertaken by nurses in general practice. As a result, it is very large, but has been designed to help make access and use as easy as possible. You may wish to print relevant sections out and complete these via paper. However, we have designed the framework so it can be completed via on-line usage, which you can save to your computer for updating and retrieval when needed. We hope this makes it flexible for your purposes.

**Firstly**, the next section is aimed at **all levels of nursing roles in general practice**, as it relates to underpinning competencies for professional nursing practice in general. Please use this section as an opportunity to review underpinning aspects of your everyday practice.

**Secondly**, use the links to be taken direct to the relevant section for the **competence levels of your current role (or one that you are aiming to develop into)**. Please use the section relevant for you to make your way through the individual competency groupings, which relate to the most common areas of clinical practice, such as women's health, respiratory care etc.

### Underpinning competencies for nurses working at all levels within general practice

Please use this section for reviewing competence for underpinning and fundamental elements of everyday nursing practice at all levels.

**TYPES OF EVIDENCE** include: direct observation, video, written evidence including education and learning documents, reflective accounts, case studies and analysis, peer supervision discussion and notes, journal club discussion, feedback from patients and colleagues.

You may wish to use this opportunity to maintain on-going preparation for 3-yearly NMC revalidation. Though it has not been possible to design this framework to enable direct transfer of information onto the necessary NMC documentation, the link to NMC revalidation is here ... <https://www.nmc.org.uk/revalidation/resources/> to assist in ease of access to the NMC site.

Personal Details

NAME:

ROLE:

PRACTICE:

START DATE:

REVIEWER/MENTOR NAME:

REVIEW DATE:

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### Self and colleague health and wellbeing

Demonstrate ability to access support for maintaining health and wellbeing for yourself and colleagues:	1 <sup>st</sup> Review Date/level & Initial			2nd Review Date/level & Initial	Type of Evidence
<ul style="list-style-type: none"> <li>Awareness of resources to support health and well-being for health and social care practitioners, such as:  <a href="https://heiw.nhs.wales/support/colleague-health-and-wellbeing/">https://heiw.nhs.wales/support/colleague-health-and-wellbeing/</a> </li> <li>and</li> <li><a href="https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2021/may/009-681.pdf?la=en">https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2021/may/009-681.pdf?la=en</a></li> </ul>					

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### Professional and Legal Aspects of Nursing in General Practice

	First Review		Second Review		
<b>Nurses at all levels should demonstrate ability to:</b>	Date	Signature	Date	Signature	Type of Evidence
• Maintain effective NMC registration					
• Undertake 3-yearly NMC revalidation <a href="https://www.nmc.org.uk/revalidation/resources/">https://www.nmc.org.uk/revalidation/resources/</a>					
• Practice safely and competently within all areas of your agreed job description					
• Recognise areas of practice requiring education and/or updating					
• Apply clinical governance principles and practice to your work					
• Identify the benefits of clinical supervision for the individual, the organisation and the service					
<b>Nurses at all levels should demonstrate up-to-date knowledge and competence in the core areas of:</b>					
<ul style="list-style-type: none"> <li>• Applying the NMC Code in daily practice</li> <li>• Revalidation and Fitness to Practice</li> <li>• Duty of Care</li> <li>• Safeguarding</li> <li>• Child and vulnerable adult protection</li> <li>• Duty of Candour</li> <li>• Vicarious liability and professional indemnity</li> <li>• Record keeping</li> </ul>					

<ul style="list-style-type: none"> <li>• Access to health records</li> <li>• Accountability and Delegation</li> <li>• Use of clinical guidelines/protocols/patient group directions/patient specific directions</li> <li>• Basic Life Support</li> <li>• Anaphylaxis</li> <li>• Manual handling</li> <li>• Fire safety</li> <li>• Health and safety</li> <li>• Infection control</li> </ul>					
<b>Nurses at all levels</b> should demonstrate up-to-date competence in the four pillars of nursing practice, <i>relevant to your practice and at the appropriate level</i> for your current role. The four pillars are:					
Clinical/Professional Practice					
Leadership and Management					
Facilitated Learning & Development					
Research					
<b>Demonstrate knowledge and understanding of:</b>					

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<p>Key structures of health care provision and the influences affecting general practice, such as:</p> <ul style="list-style-type: none"> <li>• The contractual arrangements for general practice</li> <li>• How practice and patient-related quality and outcome requirements are measured, monitored and rewarded</li> <li>• Local and National quality improvement strategies and approaches</li> <li>• National Frameworks, Standards, Guidelines and other national and local policies that impact on your work.</li> <li>• Understand how these are communicated and implemented within the work place</li> </ul>					
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### Communication

Demonstrate ability to:	1 <sup>st</sup> Review Date/level & Initial			2nd Review Date/level & Initial	Type of Evidence
<p><b>Manage routine, face-to-face (F2F) patient consultations, including:</b></p> <ul style="list-style-type: none"> <li>• Initiating the consultation</li> <li>• Gathering holistic information (Assess)</li> <li>• Identifying any problems/issues/red flags</li> <li>• Applying clinical reasoning (Diagnose)</li> <li>• Agreeing a course of action (Plan/implement/treat/manage)</li> </ul>					

<ul style="list-style-type: none"> <li>• Setting review, including safety-netting (Evaluation)</li> </ul>					
<p><b>Manage remote patient consultations via telephone or video, including:</b></p> <ul style="list-style-type: none"> <li>• Apply the NMC Principles for Good Practice in Remote Consultations and Prescribing</li> <li>• Apply the RCN guidance for Remote Consultations Guidance Under COVID-19 Restrictions</li> <li>• Identify when it is suitable to undertake a remote consultation and when a F2F consultation should be offered</li> <li>• Describe the steps needed to prepare for a remote consultation</li> <li>• Identify actions that you could take throughout a remote consultation, in order to build rapport and manage challenges</li> <li>• Transfer your knowledge about F2F consultation skills to undertake remote consultations, to include:             <ul style="list-style-type: none"> <li>• Initiating a safe and confidential consultation</li> <li>• Gathering holistic information</li> </ul> </li> </ul>					

<ul style="list-style-type: none"> <li>• Applying clinical reasoning</li> <li>• Identifying any problems/issues/red flags</li> <li>• Agreeing a course of action with the patient or carer</li> <li>• Applying safety netting, follow-up or need for F2F</li> </ul>					
<b>Decision making</b> <ul style="list-style-type: none"> <li>• Providing good quality information</li> <li>• Ability to answer questions</li> <li>• Closing consultation appropriately</li> <li>• Follow up requirements in place</li> </ul>					
<b>Attending to specific needs of individual patients, including:</b> <ul style="list-style-type: none"> <li>• Children and/or adolescents</li> <li>• Physical disability</li> <li>• Learning disability</li> <li>• Mental illness</li> <li>• Memory loss or difficulty</li> <li>• Difficulties with hearing, vision, communication</li> <li>• Impact of poor oral health on vulnerable groups</li> <li>• Patients where English is not the 1<sup>st</sup> language</li> <li>• Distressed or angry patients</li> </ul>					

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<b>Communicate effectively with multidisciplinary team members</b> <ul style="list-style-type: none"> <li>• Work effectively in your team to ensure smooth running of the practice</li> </ul>					
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## Resources

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/high-level-principles-for-remote-prescribing-.pdf>

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/april/009-256.pdf?la=en>

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### Record Keeping

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Comply with NMC standards and local policy for contemporaneous documentation and record keeping					
Complete all documentation accurately and legibly in accordance with local guidelines					
Ensure that patient-identifiable records remain secure					
Discuss patient confidentiality and the safekeeping of patient identifiable data, in line with GDPR regulations					

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## Consent

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
apply the principles of consent to practice, including; <ul style="list-style-type: none"> <li>• definition of consent,</li> <li>• valid consent</li> <li>• informed consent/consent by co-operation</li> <li>• capacity to consent</li> </ul>					
apply the principles of consent to practice, including; <ul style="list-style-type: none"> <li>• who should seek consent and when</li> <li>• who can provide consent</li> <li>• form of consent i.e. written, verbal, non – verbal</li> <li>• duration of consent</li> </ul>					
apply the principles of consent and confidentiality to practice, including; <ul style="list-style-type: none"> <li>• Consent for sharing information and</li> <li>• When information be shared without consent</li> </ul>					
apply legal and ethical frameworks related to consent for all age groups					
apply legal and ethical frameworks related to confidentiality for all age groups					

Demonstrate awareness of:	Date	Signature	Date	Signature	Type of Evidence
Advance Decisions and Lasting power of Attorney					

RCN Principles of Consent Guidance for Nursing Staff Clinical professional resource					
Local Guidelines and Policies regarding consent					

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### Mental Capacity

	First Review		Second Review		
Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
undertake and document an assessment of mental capacity					
apply the principles of the Mental Capacity Act and Liberty Protection Safeguards (or current/equivalent)					
identify when there is a requirement to breach confidentiality					
gain lawful consent for treatment in the emergency care setting					
recognise situations where it is necessary to provide treatment without consent and implement the process to ensure this is lawful					
initiate proceedings to establish Liberty Protection Safeguards (or current/equivalent)					
seek legal advice as appropriate for complex situations					
Demonstrate awareness of:					
The principles of the Mental Capacity Act, Liberty Protection Safeguards (or current/equivalent) and the implications for practice					
Local Guidelines and Policies related to Mental Capacity and Liberty Protection Safeguards (or current/equivalent)					

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### Equality & Diversity

	First Review		Second Review		
Demonstrate understanding and application of:	Date	Signature	Date	Signature	Type of Evidence
the demographics of your practice population and locality in order to actively promote equality and diversity in your work					
local policies demonstrating the ability to effectively follow up concerns relating to: • Family violence • Vulnerable adults • Substance abuse • Addictive behaviour • Child abuse • Female Genital Mutilation • Internet and Social Media abuse					
policies relating to Equality and Diversity and the implications for practice					
the Mental Health Act and the implications for practice					
the Children Act relevant and the implications for practice					
dealing with ethical, moral and legal dilemmas within clinical practice					
<b>Demonstrate awareness of:</b>					
local contacts and access information for voluntary and statutory services that may be useful to patients					

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### Safeguarding

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Identify adults, children or parents in need of safeguarding support, including a patient's dependents, and initiate appropriate action					
Respond appropriately to situations which necessitate immediate action to safeguard adults or children					
Access and implement the local policy for safeguarding adults and children					
Provide support and advice to others in conducting safeguarding interventions					
Undertake a risk assessment and initiate a local multi-agency domestic abuse referral					
Identify appropriate resources available for persons who are at risk of abuse					
Identify the named nurse for safeguarding adults and children and understand their role					
Complete safeguarding training level commensurate with local policy					
Highlight key safeguarding guidance, including the Caldicott report					

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Discuss the signs and symptoms of abuse: <ul style="list-style-type: none"> <li>• physical</li> <li>• emotional</li> <li>• sexual (including exploitation)</li> <li>• female genital mutilation</li> <li>• neglect</li> <li>• domestic abuse</li> <li>• honour-based violence</li> </ul>					
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### Management of Emergency Situations

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Assess the degree of urgency and take necessary action in the following situations (in line with your training, experience or competence): <ul style="list-style-type: none"> <li>• Collapse</li> <li>• Asphyxia</li> <li>• Anaphylaxis</li> <li>• Vasovagal Syncope</li> <li>• Acute chest Pain</li> <li>• Cerebrovascular episode</li> <li>• Convulsions</li> <li>• Head Injury</li> <li>• Hyper and Hypoglycaemia</li> <li>• Acute respiratory problems</li> <li>• Haemorrhage</li> <li>• Poisoning</li> <li>• Burns</li> <li>• Fractures</li> </ul>					

<b>Demonstrate awareness of:</b>					
Practice protocols regarding the management of emergency situations					
Actions required following an emergency situation including ; <ul style="list-style-type: none"> <li>• Record Keeping</li> <li>• Referral to other services</li> <li>• Incident reporting</li> </ul>					

### Health & Safety

	First Review		Second Review		
<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
identify and escalate concerns relating to patient safety according to local policy					
manage different health and safety concerns including; <ul style="list-style-type: none"> <li>• Violence and Aggression</li> <li>• Fire</li> <li>• Manual handling risks</li> <li>• Safe Management of Sharps</li> </ul>					
manage a needle stick injury, including required follow-up					
use the personal security systems within the workplace					
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)					
identify and correctly complete Health and safety documentation in line with local guidelines and policy					
<b>Demonstrate awareness of:</b>					
local policies and procedures including; <ul style="list-style-type: none"> <li>• Needle stick Injuries</li> <li>• Manual Handling</li> <li>• Monitoring the state of equipment and furniture</li> <li>• Current recommendations for the safe use of VDU screens and workspaces</li> </ul>					

### Infection Control

	First Review		Second Review		
<b>Demonstrate ability to:</b>	Date	Signature	Date	Signature	Type of Evidence
Apply rigorous, effective infection control measures within the practice according to local and national guidelines including: <ul style="list-style-type: none"> <li>• Covid-19 or any relevant infection spread risk</li> <li>• Hand washing</li> <li>• Universal hygiene precautions</li> </ul>					

<ul style="list-style-type: none"> <li>• Collection and handling of laboratory specimens</li> <li>• Segregation and disposal of waste materials</li> <li>• Decontamination of instruments and clinical equipment</li> <li>• Dealing with blood and body fluid spillages</li> </ul>					
Describe the chain of infection and give examples of how it can be broken					
Apply and remove Personal Protective Equipment (PPE) safely					
Decontaminate hands effectively					
Demonstrate the aseptic technique i.e. Aseptic Non-Touch Technique (ANTT)					
Effectively communicate with other health care professionals the infection status of patients					
Recognise and manage situations where specific training is a requirement in order to work within scope of practice, including: <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Basic Life Support</li> <li>• Manual Handling</li> <li>• Fire Safety</li> <li>• Infection Control/ANTT</li> </ul>					
<b>Demonstrate awareness of:</b>					
<ul style="list-style-type: none"> <li>• National and local IPC policies, including for Covid-19</li> <li>• The lead nurse for IPC in local area</li> </ul>					

<ul style="list-style-type: none"><li>Antimicrobial resistance and the nurse role in antibiotic safeguarding</li></ul>					
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## Competencies for General Practice Nurses working at levels 5 and 6

### Level 5 General Practice Nurse

This role requires consolidation of registrant standards of competence and developing confidence to work alone without direct supervision, undertaking and reporting on autonomous decisions made in practice. It is expected that all newly registered staff or those moving to a primary or community setting will have a period of mentorship.

This role requires a developing knowledge of community nursing as well as primary health care and other statutory or third sector resources in the broadest sense. This role requires excellent interpersonal and communication skills to support patients with a wide range of temporary or long-term conditions to understand and, where possible, take on shared and self-management of their condition.

The role requires resilience and the ability to be flexible and adaptable whilst working in surgeries, people's homes other community settings where relevant.

Level 5 nurses will be working as part of a primary care nursing team and will have some responsibility for supervising less experienced nurses and support staff, or registered nurses and students undertaking community-based clinical learning placements.

They will be expected to actively contribute to quality assurance processes and service development and mentorship, and be actively engaged with the NMC revalidation process both for themselves and for others.

### Level 6 General Practice Nurse

**In addition to the level 5 requirements:** this role requires consolidation of knowledge and skills in all areas of general practice nursing, demonstrating a depth of knowledge, understanding and competence that supports evidence-informed, complex and autonomous decision-making and care-giving.

This role requires personal resilience, management, clinical leadership, supervision and mentorship of registered and non-registered members of the nursing team and providing an effective learning environment for staff and students in the wider team.

The role requires enquiry of innovative approaches to supporting and developing new models and strategies for patient care, incorporating inter-professional and inter-agency approaches to monitor and improve care.

GPNs deliver population-based services, either to a defined locality or a practice population and therefore, at level 6, need to have an understanding of the public health profile and population needs in order to be proactive in ensuring services are based on patient need.

This role requires the ability to work both independently and collaboratively, using freedom to exercise judgement about actions while accepting professional accountability and responsibility.

The competencies for General Practice Nurses at Levels 5 and 6 have been adapted from the RCGP General Practice Foundation/RCN Document (RCGP, 2015)

<https://www.rcgp.org.uk/policy/rcgp-policy-areas/nursing.aspx>

### **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. Therefore, it is not an expectation that all competencies will be met within the first 6 months primary care placement. 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.

The document aligns the competencies with the Knowledge and Skills Framework of the National Health Service (DoH, 2004). The induction document assumes an entry point to level 5 (newly registered nurse) progressing to level 6.

### **How the framework can be used**

It is designed as an initial self-assessment tool to help individual nurses who are new to post recognise their current level of competence, identify specific gaps and areas for further development and be able to work safely within their scope of professional practice. We recommend that this is completed with the supporting senior nurse, within 2 weeks of starting the new post.

During the mentorship period this document can be used 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 a six and twelve monthly review is done jointly with the practice mentor/supporting senior nurse. On these occasions 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 to regularly review their competence and ensure they continue to work within their scope professional practice.

### **Assessment of Competence and Progression**

A multi method approach to assessment of self and of others is recommended. Examples of approaches include direct observation, 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 framework which follows contains the overarching competencies that are essential to meeting the standards for General Practice Nursing at levels 5 and 6.

These are aligned with the professional standards of practice for nurses and midwives set out in the NMC Code.

**Personal Details**

<b>NAME</b>
<b>PRACTICE</b>
<b>START DATE</b>
<b>REVIEWER/MENTOR NAME</b>

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## Leadership & Management

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Develop your personal management and leadership abilities by: <ul style="list-style-type: none"> <li>• Gaining insight into yourself and your own behaviours through reflection on events</li> <li>• obtaining, analysing and acting on feedback from a variety of sources</li> <li>• accessing coaching if appropriate</li> <li>• 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</li> <li>• being able to professionally manage the emotions of others</li> <li>• upholding and being a good model of personal and professional ethics and values</li> <li>• recognising and respecting the values and ethics of others</li> </ul>					
Articulate the difference between leadership and management					
Provide guidance, support and direction for more junior colleagues					
Delegate clearly and appropriately, including assessment of clinical risk and application of principles that underpin delegation to non-registered health care support workers and others					
Support the leadership of the team and take leadership of specific situations when appropriate					

Discuss the principles of effective change management					
Contribute to reviewing the quality of patient care, so improvements can be made when needed					

### Facilitation of Learning

	First Review		Second Review		
<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Help others undertake a learning-needs analysis/assessment and produce a development plan					
Select and implement appropriate strategies to facilitate educational support for nursing and other colleagues					
Select and implement appropriate strategies to facilitate educational support for patients					
Demonstrate skill at teaching others, modifying approach in response to group size and learning styles					
Demonstrate skill at supporting, supervising & assessing others and delivering feedback					
<b>Demonstrate awareness of:</b>					
The theories that underpin clinical education and mentorship, including learning style theories					
Different person and patient-related education strategies					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

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### Service Improvement & Research

	First Review		Second Review		
Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Work with others (where appropriate) on the development of current and new services and initiatives					
Contribute to the preparation of relevant and evidence-based guidelines, protocols and standards					
Critically appraise literature from professional, academic sources					
Make a judgement about the applicability of a study to the clinical environment					
Identify topics for audit and/or research					
Contribute to the audit process within the clinical setting					
Contribute to research activity in the practice					
Engage with patients & carers to inform service development					
Communicate ideas for service improvement					
Be actively involved in the development of current or new service initiatives.					
<b>Demonstrate awareness of:</b>					
Cost implications of proposed service improvement work					
National and local policies, procedures and initiatives relating to quality maintenance and improvement					

Local governance structures used to improve care quality					
Frameworks for changing practice and QI methodologies					
Principles to be considered when individual care requires deviation from standard practice guidelines					
Principles of clinical audit process					
Local research governance structures and processes					

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### Assessment

	First Review		Second Review		
Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
<p>Follow guidelines for, undertake and record the following tasks:</p> <ul style="list-style-type: none"> <li>• Urinalysis and preparation of specimens for Path lab investigation</li> <li>• Blood pressure</li> <li>• Home blood pressure monitoring</li> <li>• Manual pulse rate and rhythm</li> <li>• Respiratory rate</li> <li>• Temperature</li> <li>• Height/Weight/BMI</li> <li>• Waist Circumference</li> <li>• ECGs</li> <li>• Blood glucose monitoring</li> <li>• Venepuncture</li> <li>• Patients inhaler techniques and undertaking peak flow readings</li> </ul>					
<p>Obtaining samples: Following recommended processes, be able to obtain samples and/or swabs from patients. Taking into account communication and legal issues ensure that patient is fully informed and understands:</p> <ul style="list-style-type: none"> <li>• Ear/nose/throat/groin/wound</li> <li>• Chlamydia/HVS</li> <li>• Urine</li> </ul>					

The background and rationale for the test					
The process for communicating results					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

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## Ear Assessment

NICE guidance (2018) <https://www.nice.org.uk/guidance/ng98> recommends that primary or community care services should offer to remove ear wax if the ear wax is contributing to hearing loss or other symptoms, or needs to be removed in order to examine the ear to take an impression of the ear canal. A National Pathway has been developed for the safe and effective management of ear wax in primary and community settings in Wales (<https://gov.wales/ear-wax-management-primary-and-community-care-pathway-html>).

The Rotherham Primary Ear Care Centre (<http://www.earcarecentre.com/professionals/training/>) offers standards for education that appear to have adopted across Wales. Nurses are advised to undertake relevant training to underpin competence.

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Show knowledge of the anatomy and physiology of the ear					
Perform an ear assessment and identify the features of: <ul style="list-style-type: none"> <li>the outer ear</li> <li>the ear canal</li> <li>the tympanic membrane</li> </ul>					
Undertake safe removal of ear wax, using the appropriate method					
Signpost a patient to relevant services for ear wax removal when indicated					
Demonstrate awareness of:	Date	Signature	Date	Signature	Type of Evidence
National and local and National ear care guidelines and referral pathways					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

### Further resources



Hearing Loss - [www.nice.org.uk/guidance/ng98](http://www.nice.org.uk/guidance/ng98)

Otitis Media - <https://www.nice.org.uk/guidance/ng91>

Guidelines and protocols - [www.earcarecentre.com](http://www.earcarecentre.com)

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## Venepuncture

Some NHS Wales Health Boards provide an Agored Cymru Level 3 accredited venepuncture course, whilst others offer in-house training. This usually consists of theory and practical learning, with the completion of theoretical and clinical competencies. It is usual for competencies need to be completed within 3 months of attendance of the course. Nurses are advised to contact the relevant Primary Care Nursing Department for local advice and support.

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## Wound Management

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Undertake initial assessment of patients presenting with wounds/injuries/post op					
Explain the wound healing process, including factors that inhibit wound healing					
Demonstrate knowledge of wound classification					
Provide evidence of ANTT training					
Select appropriate treatments based on knowledge of dressing types and properties, following Health Board formulary					
Manage uncomplicated wounds, according to assessed needs					
Undertake suture and clip removal					
Undertake hand held and automatic Doppler technique					
Undertake assessment of and apply compression bandaging for leg ulcer management					
Assess pain using an appropriate, recognised tool					
Be aware of current guidelines on tetanus prophylaxis					
Provide education to the patient and assist the patient to become involved in wound care					
National guidelines and referral pathways for wound care and management					
Local enhanced services (LES) for wound care					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

## Further Resources

[www.nice.org.uk/guidance/conditions-and-diseases/injuries--accidents-and-wounds/wound-management](http://www.nice.org.uk/guidance/conditions-and-diseases/injuries--accidents-and-wounds/wound-management)

[www.wounds-uk.com](http://www.wounds-uk.com)

[www.cks.nice.org.uk/lacerations](http://www.cks.nice.org.uk/lacerations)

[www.welshwoundnetwork.org](http://www.welshwoundnetwork.org)

[www.woundsinternational.com](http://www.woundsinternational.com)

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### Health Promotion

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Demonstrate: <ul style="list-style-type: none"> <li>Assessment skills with regard to patients' readiness to change</li> <li>Awareness of screening, its effectiveness and potential limitations</li> <li>Ability to deliver safely primary prevention interventions such as vaccination and immunisation</li> <li>The ability to identify determinants of health in the local area</li> <li>A knowledge of public health issues in the local area including health inequalities</li> <li>An awareness of both local and national health policy</li> <li>An insight into issues which have a bearing on the wider health economy</li> <li>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, making every contact count</li> </ul> MECC					
<ul style="list-style-type: none"> <li>Smoking cessation</li> <li>Diet, eating disorders, obesity prevention</li> <li>Exercise/activity</li> </ul>					

<ul style="list-style-type: none"> <li>Alcohol use</li> <li>Legal or illegal substance abuse</li> <li>Sexual health</li> </ul>					
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

### Health Screening

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Undertake new patient checks recognising health promotion opportunities  Be aware of the factors that may contribute to health inequalities particularly in relation to screening uptake and provision of preventive care (e.g. oral care of vulnerable groups)  Be sensitive to individual values of all patients and possible additional needs of patients with <ul style="list-style-type: none"> <li>learning difficulties</li> <li>language and communication barriers including patients of other ethnicities</li> <li>Memory issues</li> </ul>					
Be familiar with the National Health Cancer Screening Services including <ul style="list-style-type: none"> <li>Breast Cancer</li> <li>Cervical Cancer</li> </ul>					

<ul style="list-style-type: none"> <li>• Bowel Cancer and Prostate Cancer Risk Management</li> <li>• Abdominal Aortic Aneurysm</li> </ul> <p>Especially regarding local implementation and the national and local call and recall system</p>					
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

## Cancer Awareness

The number of people being diagnosed with cancer, and living with the long-term consequences of cancer is increasing. There are currently 2.5 million people in the UK living with cancer, and this number is set to rise to 4 million by 2030. At least 25% of people living with cancer have physical or psychosocial consequences. GP practices are adapting to the changing needs of patients, and the role of practice nurses in supporting people with cancer is recognised.

	First Review		Second Review		
<u>Raising awareness of suspected cancer.</u>	Date	Signature	Date	Signature	Type of evidence
<b>Briefly describe the red flags for suspected cancer:</b>					
Prostate, lung, breast, ovarian, cervical, melanoma.					
Briefly describe the “single cancer pathway”					

### Resources to support you.

[Cancer Awareness \(learnzone.org.uk\)](https://learnzone.org.uk)

[What is cancer? | Cancer Research UK](https://www.cancerresearchuk.org)

[Cancer information and support - Macmillan Cancer Support](https://www.maccmillan.org.uk)

[Welsh Cancer Intelligence and Surveillance unit \(WCISU\) - Public Health Wales \(nhs.wales\)](https://www.wales.nhs.uk)

[wales-cancer-patient-experience-survey-2016.pdf \(gov.wales\)](https://www.gov.wales)

[Rapid referral guidelines \(macmillan.org.uk\)](https://www.maccmillan.org.uk)

[Single Cancer Pathway - NHS Wales Health Collaborative](https://www.nhs.uk)

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<b><u>Support through treatment</u></b>	Date	Signature	Date	Signature	Type of evidence
<b>Demonstrate ability to:</b>					
Give a <b>brief</b> overview of the main treatments for cancer i.e. radiotherapy, chemotherapy, surgery, immunotherapy, hormone therapy, targeted cancer drugs, stem cell and bone marrow transplants.					
Give a <b>brief</b> overview of the potential side effects for the main treatments.					
Briefly show an awareness of cancer emergencies i.e. metastatic spinal cord compression (MSCC) and neutropenic sepsis, and familiarise yourself with the primary care UKONS tool					
Have an awareness of resources and signposting information for someone with cancer who has work and finance related issues.					
Describe 2 common cancer medications used in your area of practice, including indication, mode of action and adverse effects (e.g. prostop, zoladex)					

### **Resources to support you**

[Treatment for cancer](#) | [Cancer in general](#) | [Cancer Research UK](#)

[Malignant spinal cord compression \(MSCC\) - Macmillan Cancer Support](#)

[Neutropenic sepsis \(mariecurie.org.uk\)](#)

[Benefits and financial support - Macmillan Cancer Support](#)  
[| Maggie's \(maggies.org\)](#)

[Get help with money matters - Tenovus Cancer Care](#)

[My Maggie's](#)

[MAC17579 UKONS-PRIMARYCARE-POSTER-JUNE2017-FINAL-PRINTER \(macmillan.org.uk\)](#)

<b>Meeting the needs of people affected by cancer</b>	Date	Signature	Date	Signature	Type of evidence
<b>Demonstrate ability to:</b>					
Describe 6 potential consequences of cancer and its treatment. Explain where you can order patient information leaflets on these consequences, and describe 2 support services available to people for each of the consequences.					
Describe the importance of physical activity for people with cancer					
Describe the potential psychological and emotional effects of cancer and its treatment on patients, their families and carers. Describe 2 resources and 2 support services available.					
Describe 6 national cancer charities, and the services they provide					
Describe 4 local cancer charities, and explain the services they provide.					
Describe 4 cancer specific support groups in your area.					
Describe 2 cancer specific health and wellbeing courses or self-management courses available for people with cancer (Online or face to face).					

Describe the services offered by your local Health Board in reference to Cancer Information Support services (CISS) see your HB intranet.					
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### Resources to support you.

[Consequences of Cancer Toolkit \(rcgp.org.uk\)](http://rcgp.org.uk)

[be.Macmillan](#) [How we can help you - Tenovus Cancer Care](#) [Cancer and your emotions - Macmillan Cancer Support](#)

<https://www.dewis.wales> [Homepage | Cancer Care Map](#) [Login to My Macmillan - Macmillan Cancer Support](#)

[Help to Overcome Problems Effectively \(learnzone.org.uk\)](#) [Support Organisations Folder - NHS Wales Health Collaborative](#)

### **Cancer Care Reviews.**

Once you have completed the above competencies you have the background cancer information required to start carrying out cancer care reviews in your practice. A cancer care review is a discussion between the person living with cancer and the practice nurse about any concerns they may have during and after their cancer treatment. The appointments are designed to help people open up about their cancer experience and understand what information and support is available.

<b><u>Carrying out a cancer care review in your practice.</u></b>	Date	Signature	Date	Signature	Type of evidence
<b>Demonstrate awareness of:</b>					
The "Practice Nurse's Guide to Cancer Care Reviews"					
The "top tips" for carrying out cancer care reviews.					
The 2 methods of carrying out cancer care reviews. 1) Using a holistic needs assessment tool 2) Using the Macmillan template embedded in EMIS and VISION.					

Practice Nurse Guide to carrying out cancer care reviews <https://collaborative.nhs.wales/networks/wales-cancer-network/wcn-documents/clinician-hub/mpccf-documents/mpccf-cancercarereviewsleaflet-en-pdf/>

Top tips for carrying out cancer care reviews. [Cancer Care Reviews - NHS Wales Health Collaborative](#)

[Cancer Care Reviews - NHS Wales Health Collaborative](#)

Macmillan templates [Resources for GPs \(macmillan.org.uk\)](https://www.macmillan.org.uk)

For information about cancer care review courses for practice nurses, contact Macmillan Primary Care Cancer Framework at [WCN.CancerSiteGroups@wales.nhs.uk](mailto:WCN.CancerSiteGroups@wales.nhs.uk).

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## Cervical Screening and Breast Awareness

Cervical screening and breast awareness is run by Cervical Screening for Wales (CSW). The aim of the course is to offer a common core of learning to all health professionals who are involved in smear taking and promoting breast awareness among women.

The e-learning programme aims to deliver the theoretical information required. The course is structured into modules which will facilitate the development of knowledge, skills and competence, which are essential for effective service delivery. There is no single route through this programme, the modules can be worked through individually.

The clinical component will take six months to complete. During this period a required number of supervised and unsupervised smears will be recorded in a clinical practice portfolio, together with a short reflective account of each to demonstrate learning experience. A supervisor in the clinical practice area will need to be allocated. They must be an experienced smear taker, currently taking at least 20 smears a year and be up to date with CSW update training. There will be two clinical assessments by an assessor appointed by CSW.

### **What does the course consist of?**

- Theoretical e-learning package
- Practical study day
- 6 months supervised clinical practice
- 2 clinical assessments
- Submission of a clinical practice portfolio
- 

### **To apply for the course visit**

[www.howis.wales.nhs.uk/screeningprofessionals/smear-taker-training](http://www.howis.wales.nhs.uk/screeningprofessionals/smear-taker-training)

### **Further information visit**

[www.howis.wales.nhs.uk/screeningprofessionals/home](http://www.howis.wales.nhs.uk/screeningprofessionals/home)

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### Women's Health

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Provide support, advice and if appropriate be involved with care for patients presenting with: <ul style="list-style-type: none"> <li>• Vaginal discharge</li> <li>• Urinary incontinence</li> </ul> Make an initial assessment, referring as appropriate, patients presenting with: <ul style="list-style-type: none"> <li>• The effects of the menopause.</li> </ul> <b>Teach and encourage patients to be 'breast aware'.</b>					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

#### **Resources:**

The British Menopause Society

[www.thebms.org.uk](http://www.thebms.org.uk)

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## Contraception and Sexual Health

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Undertake a risk assessment on different methods of contraception using the latest UKMEC and FSRH guidelines					
Discuss and advise on all different contraception methods including combined, progesterone only and non-hormonal methods					
Discuss and advise on LARC methods including hormone injections, implants, IUD, IUS					
Refer for insertion of implant, IUS/IUD					
Perform an annual contraception review					

Demonstrate awareness of:	Date	Signature	Date	Signature	Type of Evidence
National guidelines published by the UKMEC and FSRH					
Protocols and policies for the dispensing of emergency contraception					
Local family planning services and clinics					
Local agencies providing advice for unwanted pregnancies					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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Discuss signs and symptoms of different sexually transmitted infections					
Perform a vaginal swab					
Explain to a patient how to perform a vaginal swab					
	<b>First Review</b>		<b>Second Review</b>		

<b>Demonstrate awareness of:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Local referral pathways and local sexual health clinics					
Local HIV policies and referral pathways					

### Further resources

[www.fsrh.org](http://www.fsrh.org)

[www.bpas.org](http://www.bpas.org)

[www.fpa.org](http://www.fpa.org)

[www.maristopes.org.uk](http://www.maristopes.org.uk)

[www.nupas.co.uk](http://www.nupas.co.uk)

[www.bashh.org/guidelines](http://www.bashh.org/guidelines)

[www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health](http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health) [www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/sexually-transmitted-infections-in-practice](http://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/sexually-transmitted-infections-in-practice)

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### Men's Health

Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
Provide support, advice and if appropriate manage or be involved in care for patients presenting with or for: <ul style="list-style-type: none"> <li>• Prostate disease, including cancer</li> <li>• Erectile dysfunction</li> <li>• PSA</li> </ul>					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

#### Resources:

<https://www.nhs.uk/conditions/erection-problems-erectile-dysfunction/>

<https://www.nhs.uk/conditions/testicular-cancer/>

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## Cardiovascular Disease Management

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Discuss common CVD conditions, including: <ul style="list-style-type: none"> <li>• Signs and symptoms</li> <li>• Investigative procedures</li> <li>• Treatments</li> <li>• Cardiac Rehabilitation</li> </ul>					
Obtain and record an accurate manual blood pressure					
Record vital signs accurately: <ul style="list-style-type: none"> <li>• pulse rate and rhythm</li> <li>• respiratory rate</li> <li>• temperature</li> <li>• oxygen saturation</li> </ul>					
Record height, weight, BMI and waist circumference accurately					
Perform urinalysis and document results					
Give advice on primary prevention and lifestyle counselling					
Understand the criteria for hypertension diagnosis					
Classify hypertension, identify targets and recognise complications					
Apply knowledge of current treatments and guidelines					

Advise and ensure patients' understanding of CVD treatments and regimens					
Undertake a CVD annual review					
Perform a CVD risk assessment using a relevant tool e.g. QRisk3					
Discuss primary and secondary modifiable and non-modifiable risk factors					
Discuss preventative, lifestyle and self-management options with patients					
Refer for home blood pressure monitoring (HBPM) or ambulatory blood pressure monitoring (ABPM)					

Demonstrate awareness of:	Date	Signature	Date	Signature	Type of Evidence
National Guidelines					
Local referral services <ul style="list-style-type: none"> <li>National exercise referral scheme</li> <li>Dietician/weight management</li> <li>Smoking cessation</li> </ul>					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

### Further resources

[www.nice.org.uk/guidance/cg127](http://www.nice.org.uk/guidance/cg127)

[www.bihsoc.org/](http://www.bihsoc.org/)

[www.bhf.org.uk](http://www.bhf.org.uk)

[www.bpassoc.org.uk](http://www.bpassoc.org.uk)

[www.cks.nice.org.uk/lipid-modification-cvd-prevention](http://www.cks.nice.org.uk/lipid-modification-cvd-prevention)

[www.nersdb.info](http://www.nersdb.info)

[www.bdaweightwise.com/](http://www.bdaweightwise.com/)

[www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/](http://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/)

[www.helpmequit.wales](http://www.helpmequit.wales)

### Diabetes

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Describe the risk factors for type 2 (T2) diabetes					
Assess an individual's risk of T2 diabetes and initiate appropriate screening and diagnostic tests.					
Explain the importance of exercise, weight control and the role of a healthy diet.					
Encourage lifestyle changes to prevent or delay T2 diabetes.					
Explain the importance of prevention or delay of onset for T2 diabetes					
<b>Promote self-care, including:</b>					
Discuss the care pathway for individuals newly diagnosed with T2 diabetes					
Support the person to develop self-care skills					
Direct patients to information and support to encourage informed decision making about living with and managing T2 diabetes					
Support the person with T2 diabetes in setting realistic goals and in the achievement of these goals					

<b>Support nutritional needs for diabetes, including:</b>					
List the principles of a healthy balanced diet					
Understand which foods contain carbohydrate and how these affect blood glucose levels.					
Measure and record waist circumference, height and weight accurately. Calculate and interpret BMI.					
Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate.					
Identify the need and make referral to a dietician when appropriate					

<b><u>Blood glucose monitoring</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Perform the test according to manufactures instructions and document and report the results according to local guidelines.					
Recognise and follow local quality assurance procedures including sharps disposal					
Recognise signs and symptoms of hypoglycaemia and treat appropriately.					
Understand and interpret the normal range of glycaemia and report readings outside this range to an appropriate senior clinician					
Teach the test procedure to a patient with diabetes					
Identify situations where testing for ketones is appropriate					

	<b>First Review</b>		<b>Second Review</b>		
<b><u>Oral Therapies</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>

<b>Demonstrate ability to:</b>					
Demonstrate knowledge of the types of oral hypoglycaemic agents and how they work, therapeutic doses and timings of doses					
Demonstrate knowledge of combination therapies					
Describe common side effects					
Describe how progressive nature of type 2 diabetes may require changes in medication over time.					

	First Review		Second Review		
<u><b>Injectable therapies including insulin</b></u>	Date	Signature	Date	Signature	Type of Evidence
<b>Demonstrate ability to:</b>					
Describe the effect of insulin on blood glucose levels.					
Describe when insulin use might be initiated, altered and when to refer.					
Show knowledge of injectable GLP-1 receptor agonists (iGLP-1) and administration devices used locally					
Explain the correct method of self-administration of insulin or iGLP-1					
Explain an awareness of choice of needle type and lengths. Advise on site rotation storage of insulin and single use of needles. Advise of local sharps disposal policy.					

Examine injection sites at least annually for detection of lipo-hypertrophy					
Report concerns related to blood glucose or HbA1c results in a timely and appropriate fashion to the appropriate person (GP)					
Show an understanding of the ongoing nature of the therapy.					

<b><u>Hypoglycaemia</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
State the normal blood glucose range and describe the signs and symptoms of hypoglycaemia					
Identify medications most likely to cause hypoglycaemia					
List possible causes of hypoglycaemia including alcohol consumption and physical activity					
Give appropriate advice to the patient on the correct treatment of hypoglycaemia as per local guidelines					
Describe methods of hypoglycaemia avoidance					

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Check injection technique and injection sites					
Demonstrate knowledge of driving regulations, how they relate to hypoglycaemia and advise the patient appropriately.					



	First Review		Second Review		
<u>Hyperglycaemia and sick day rules</u>	Date	Signature	Date	Signature	Type of Evidence
<b>Demonstrate ability to:</b>					
Take a comprehensive assessment and patient history to identify hypoglycaemia, including initiate appropriate preliminary investigations.					
Describe signs and symptoms of hyperglycaemia					
List possible causes of hyperglycaemia, including non-adherence with current medication and concurrent illness or addition of steroid therapy.					
Recognise that older people may be asymptomatic of hyperglycaemia					
Advise on frequency of blood glucose/ketone monitoring					
Discuss what action to take with medication during illness					

	Date	Signature	Date	Signature	Type of Evidence
<b>Demonstrate ability to:</b>					
Make appropriate referrals for diabetes-related issues					
Encourage self-management as soon as is possible					
Ensure the patient with diabetes is aware of when to seek medical advice					
Know when and who to report to and demonstrate importance of accurate record keeping					
Demonstrate knowledge of the long term impact of hyperglycaemia					

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<b><u>Pregnancy, Pre conception, ante natal and post-natal</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Explain awareness of the need for pre conception care and how this can be achieved					
Discuss knowledge of the appropriate referral system to the specialist diabetes team and make referral where required.					
Show an awareness of the importance of communication with the wider specialist team across primary and secondary care.					

<b><u>Hypertension and CHD</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Show an awareness of CHD and risk factors in diabetes					
Undertake monitoring and assessment of CHD in diabetes.					
Ensure patients with diabetes understand how to take their medications, be aware of any side effects and when to report them					
Refer for appropriate specialist intervention for hypertension or CHD.					

First Review	Second Review
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<b><u>Neuropathy</u></b>	Date	Signature	Date	Signature	Type of Evidence
<b>Demonstrate ability to:</b>					
Show awareness that patients with diabetes are at risk of neuropathy including sexual dysfunction					
Recognise the need for and undertake foot screening for patients with diabetes.					
Identify patients in your care who have neuropathy					
Provide basic foot care and advice					
Report changes in pain, sensitivity, skin integrity, colour and temperature to a doctor					
Show awareness of complications and prevention of neuropathy					
Describe measures to prevent tissue damage in patients with diabetes					
Show awareness of erectile and sexual dysfunction as a neuropathic process and refer when appropriate					
Identify possible neuropathy and make appropriate referrals to confirm diagnosis and for further care					

<b><u>Retinopathy</u></b>	Date	Signature	Date	Signature	Type of Evidence
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<b>Demonstrate ability to:</b>					
Show awareness that all patients with diabetes are at risk of retinopathy					
Encourage patients with diabetes to attend retinal screening appointments and recognise the need for regular retinal screening					
Demonstrate awareness of retinopathy complications and prevention					
Make appropriate referrals to Diabetic Retinal Screening services					

	First Review		Second Review		
<u><b>Nephropathy</b></u>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Show an awareness that all patients with diabetes are at risk of nephropathy					
Perform monitoring in line with National guidelines					
Show an awareness of complications and prevention					
Show awareness of screening tests to detect nephropathy					
Organise or perform microalbuminuria screening, BP and blood tests according to local and national guidelines					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

#### **Further resources**

[www.diabetes.org.uk](http://www.diabetes.org.uk)

<https://trend-uk.org/>  
<https://www.nice.org.uk/guidance/cg10>  
<https://www.nice.org.uk/guidance/cg15>  
<https://www.nice.org.uk/guidance/ng17>  
<https://www.nice.org.uk/guidance/ng28>  
<https://www.nice.org.uk/guidance/ph38>  
<https://www.nice.org.uk/guidance/cg87>  
<https://www.nice.org.uk/guidance/qs109>  
<http://www.diabetesframe.org/>  
[www.rcn.org.uk/development/practice/diabetes](http://www.rcn.org.uk/development/practice/diabetes)  
[www.who.int/diabetes/publications/en/](http://www.who.int/diabetes/publications/en/)  
<http://www.sign.ac.uk/guidelines/fulltext/116/index.html>

### Respiratory

Louise Walby, respiratory nurse facilitator at CTUHB has developed two workbooks: firstly a 'Guideline competency for the management of patients with asthma within a G.P. practice setting' and, secondly, a 'Guideline competency for the management of patients with Chronic Obstructive Pulmonary Disease within a G.P. practice setting'. The competencies from these workbooks are listed below.

First Review		Second Review			
<u>Management of patients with Asthma - Knowledge</u>		Date	Signature	Date	Signature
Demonstrate ability to:					Type of Evidence

Describe the basic pathophysiology of asthma					
List the signs, symptoms, risk factors and triggers of asthma					
Describe the diagnostic criteria used in the diagnosis of asthma using local/national guidelines, including the all-Wales Asthma Guidelines					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Describe the basic principles of care of a person with asthma to achieve good symptom control and minimise future risk of adverse outcomes such as exacerbations, fixed airflow obstruction and medication side effects					
Explain the non-pharmacological approaches to treatment of asthma e.g., smoking cessation, exercise, avoidance of triggers					
Describe the pharmacological approach to treatment and the side effects of the more common pharmacological treatments used in asthma					
Explain the current national guidance on asthma					

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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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List the main co – morbidities of asthma including rhinitis and GORD and describe when to discuss symptoms with GP					
List the different types of inhaler devices and describe the required technique for delivery of each device. Discuss the use of spacers as required					
Describe the signs and symptoms of an exacerbation of asthma, the initial management and when to seek medical attention					
Identify a high risk patient by describing the red flags / risks / complications associated with uncontrolled and unstable asthma and when to discuss with the GP and / or refer to secondary care					

<b><u>Core Skills and Competence</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Clarify diagnosis of asthma through basic history taking and review of past GP records and spirometry/ reversibility results					
Perform vital observations i.e. respiratory rate, oxygen saturations and heart rate					
Assess asthma control using Royal College of Physicians '3 questions' or Asthma Control Test screening tool, use of reliever and preventer therapy and exacerbation history / time off work					

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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Identify triggers of asthma and educate the patient as appropriate. Provide or access appropriate education materials					
Perform and record PEF and Spirometry measurement demonstrating correct pre-checks and procedures in line with ARTP guidance					
Check concordance with regularly prescribed (respiratory) medication including a check of prescription re-fill rate the ideal being > 80%					
Check patient's inhaler technique and provide inhaler education to patients where necessary					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Refer to national and / or local asthma guidance to guide therapeutic intervention and discuss treatment options / changes with the GP					
Deliver primary prevention: advise/support/smoking cessation/Flu vaccination/diet/exercise as appropriate					
Complete, discuss and provide patients with the Asthma UK management plan and the ICST self-management					



apps, to support using peak flow meters and recognising symptoms indicating loss of asthma control					
Discuss with patients how to complete a peak flow /symptom diary at home					

<b>First Review</b>	<b>Second Review</b>
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<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Discuss concerns with the patient regarding asthma including compliance and treatment options					
Discuss the pharmacological treatment of asthma with the patient and assess for side effects					
Complete, discuss and issue patients where appropriate a SMART / MART regime					
Document consultation and arrange appropriate follow up					

<b><u>Management of patient's with COPD – Knowledge</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Describe the basic pathophysiology of COPD					

List the signs and symptoms including risk factors and causes of COPD					
Describe the difference between asthma, chronic asthma, COPD and asthma/COPD overlap syndrome					
Describe the diagnostic criteria used in the diagnosis of COPD in line with local/national guidelines					

<b>First Review</b>	<b>Second Review</b>
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<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Describe the basic principles of care of a person with COPD (to reduce symptoms and reduce risk)					
Describe knowledge of the all-Wales COPD Guidelines					
Describe the principle of using GOLD (2017) Refined ABCD assessment tool to assess impact on patients and help guide therapeutic intervention					
Explain the non-pharmacological approaches to treatment including smoking cessation and pulmonary rehabilitation and know how to refer to local services					

Describe the pharmacological approach to treatment and the side effects of the more common pharmacological treatments used in COPD					
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<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Describe the local prescribing guidance on COPD					
Describe the signs and symptoms of a COPD exacerbation, the initial management including appropriate use of rescue packs and when to seek medical attention					
Describe the red flags / main risks / complications associated with the progression of COPD e.g. frequent exacerbations and discuss when to confer with the GP and/ or refer to secondary care					
List the main co – morbidities / concomitant diseases of COPD and describe when to discuss with the GP (Cardiovascular disease, Diabetes, osteoporosis)					

<b>First Review</b>	<b>Second Review</b>
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<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
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List the different types of inhaler devices, and describe the required technique for delivery of each device (See separate competency)					
Discuss when it may be appropriate to refer a patient to palliative Care					
Discuss the importance of screening for anxiety and depression and know the scoring tools used					

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Clarify diagnosis of COPD through basic history taking and review of past patient GP records and Spirometry results. Identify any key clinical features suggesting asthma or co existing asthma					
Assess symptoms using the Medical Research Council (MRC) and COPD Assessment Test (CAT) scores					
Perform physiological observations to include temperature, blood pressure, pulse, respiratory rate and oxygen saturations					
Perform and record Spirometry measurements demonstrating correct pre checks and procedure in line with ARTP guidance, (all staff who perform spirometry should be fully ARTP trained and accredited)					

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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Check concordance with regularly prescribed (respiratory) medication					
Check patient's inhaler technique and provide inhaler education to patients where necessary					
Refer to national and or local guidance to guide therapeutic intervention and discuss treatment options / changes with the GP					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Discuss the pharmacological treatment of COPD with patients and assess for side effects					
Ascertain smoking status and give cessation advice where appropriate – referring to specialist smoking cessation services as required					
Assess the need to refer a patient for pulmonary rehabilitation and refer appropriately					
Assess the need to refer a patient for a home oxygen assessment and refer appropriately					
Deliver self-management education as above plus: Flu vaccinations / diet / exercise as appropriate					
Signpost a patient to self-management support and resources such as the ICST COPD app.					

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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Discuss the principle of using rescue packs, in line with local policy					
Discuss concerns with the patient regarding COPD including compliance and treatment options, management of symptoms and referrals on					
Document consultation and arrange appropriate follow up					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

### Further resources

[www.asthma.org.uk/](http://www.asthma.org.uk/)

[www.nhs.uk/conditions/asthma/](http://www.nhs.uk/conditions/asthma/)

[www.blf.org.uk/support-for-you/asthma](http://www.blf.org.uk/support-for-you/asthma)

[www.cks.nice.org.uk/asthma](http://www.cks.nice.org.uk/asthma)

[www.nice.org.uk/guidance/ng80](http://www.nice.org.uk/guidance/ng80)

[www.nice.org.uk/guidance/cg101](http://www.nice.org.uk/guidance/cg101)

[www.nice.org.uk/guidance/NG115](http://www.nice.org.uk/guidance/NG115)

[www.cks.nice.org.uk/chronic-obstructive-pulmonary-disease](http://www.cks.nice.org.uk/chronic-obstructive-pulmonary-disease)

[www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd](http://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd)

[www.brit-thoracic.org.uk/guidelines-and-quality-standards/asthma-guideline/](http://www.brit-thoracic.org.uk/guidelines-and-quality-standards/asthma-guideline/)

[www.lunguk.org](http://www.lunguk.org)

[www.ginasthma.org](http://www.ginasthma.org)

[www.goldcopd.org](http://www.goldcopd.org)

### Immunisation

The follow competencies have been produced by the RCN in the document 'Immunisation Knowledge and Skills Competence Assessment Tool' (2018) to support the training and development of nurses. The competences link to the 'National Minimum Standards and Core Curriculum for Immunisation Training' (PHE 2018). Firstly the online e-learning immunisation module needs to be completed, this can be accessed via the NHS Wales Intranet at <http://nwww.immunisation.wales.nhs.uk/elearning>. Nurses can also register for relevant education that can be undertaken away from NHS sites via [www.learning.wales.nhs.uk](http://www.learning.wales.nhs.uk). In addition to acquiring knowledge through a theoretical taught course, practitioners need to develop clinical skills in immunisation and apply their knowledge in practice. A period of supervised practice to allow acquisition and mentor observation of clinical skills and application of knowledge to practice when the practitioner is new to immunisation is therefore strongly recommended (RCN 2018). The mentor needs to be a registered health care professional who is competent in delivering immunisation programmes, to sign-off the competencies once achieved.

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Demonstrate ability to:	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	

Provide evidence of attendance at a specific, comprehensive immunisation training course. The course should cover all of the topics detailed in the Core Curriculum for Immunisation Training and/or provide evidence of completing an immunisation e-learning programme.					
Discuss vaccine-preventable diseases covered by UK immunisation schedule					
Discuss the up to date UK childhood immunisation schedule and know who to consult if there is any uncertainty about any aspects of this					
Access the online Green Book and be aware of the electronic update nature of this publication and other relevant immunisation guidance.					
Advise on appropriate safe, timely administration of the vaccine(s) required by the patient					

<b>First Review</b>	<b>Second Review</b>
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<b><u>Core Skills</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Provide evidence of up-to-date training requirements for anaphylaxis and CPR (normally recommended annually).					
Explain incident response and reporting process in case of a procedural error, needle stick injury, etc. as per local protocol.					

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
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Show knowledge and understanding of the rationale for maintaining the vaccine cold chain. Show use of local protocols for cold chain management and the action to be taken in case of cold chain failure and who to contact.					
Demonstrates good practice in hand hygiene and relevant infection prevention techniques.					
Dispose of sharps, vaccine vials and other vaccine equipment safely in line with local guidance.					

<b><u>Clinical process and procedure</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Check a patient's identity and patient's records prior to vaccination to ascertain previous immunisation history and which vaccines are required e.g.to bring patient up-to-date with national schedule, for planned travel, for specific identified risk, post-exposure prophylaxis etc.					
Explain which vaccines are to be given and able to answer patient's and/ or parent's/carer's questions, referring to leaflets to aid explanations/discussion as appropriate and using interpreter if necessary to ensure patient/parent/carer is informed. Knows who to refer to or who to contact if further detail or advice is required.					
Discuss the risks and benefits of vaccination and able to address any concerns patients and/or parents/carers may have.					

<b>First Review</b>	<b>Second Review</b>
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<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Discuss consent requirements and the particular issues relevant to the area of practice, such as the capacity to consent, Mental Capacity Act and the age of the individual. Ensure consent is obtained prior to vaccination and is appropriately documented.					
Show knowledge and understanding of contraindications and is able to assess appropriately for contraindication or, if necessary, the need to postpone vaccination.					
Check that the vaccine has been appropriately prescribed via a Patient Specific Direction (PSD) or is authorised to be supplied and/or administered via a Patient Group Direction (PGD).					
Check the presentation of vaccine products, the expiry date, how they have been stored prior to use and prepare them according to the summary of product characteristics (SPC).					
Position the patient appropriately and choose appropriate vaccination site(s) e.g. use of anterior lateral aspect of the thigh in babies under one year and/or upper arm in older children and adults for injectable vaccines.					
Choose the correct administration route for the vaccine(s) to be delivered.					
Show correct subcutaneous injection technique, where recommended, for patients with bleeding disorders.					

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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Use correct intramuscular technique e.g. for administration of DTaP vaccine.					
Use correct intranasal technique e.g. for administration of live influenza vaccine to children.					
Use correct oral technique e.g. for administration of live rotavirus vaccine to babies.					
Show an understanding of practice/clinic procedures for the reporting of vaccine reactions and knows how and when to report using the Medicines and Healthcare products Regulatory Authority's (MHRA) Yellow Card Scheme.					
Complete all necessary documentation, recording type and product name of vaccine, batch number, expiry date, dose administered, site(s) used, date given and name and signature.					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Undertake good record keeping and understand the importance of making sure vaccine information is recorded on GP data system, reported to local Child Health Information System (CHIS), in the Personal Child Health Record (PCHR) and the use of appropriate					

methods for reporting unscheduled vaccinations or where vaccines are given outside of GP premises.					
Advise patient/parent/carer on potential post-vaccination reactions as appropriate (e.g., rash, pyrexia) and management of these. Provides patient/parent/carer with a copy of post-immunisation advice sheet such as the NHS leaflet What to expect after vaccination or the product's Patient Information Leaflet (PIL), if appropriate.					

	First Review		Second Review		Type of Evidence
	Date	Signature	Date	Signature	
<b>Demonstrate awareness of:</b>					
The whereabouts of anaphylaxis and emergency care equipment, how and when to use it and the follow-up care required					
Local and national targets for immunisation uptake and why vaccine uptake data is important. If appropriate, know where to find data for their area of practice.					
And able to discuss, any current issues, controversies or misconceptions surrounding immunisation.					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

## Further resources

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PHE Flu training  
recommendations 20: COVID-19



PHE  
Core\_comp

<http://nvw.immunisation.wales.nhs.uk/home>

<http://nwww.immunisation.wales.nhs.uk/green-book>

[www.gov.uk/government/collections/immunisation](http://www.gov.uk/government/collections/immunisation)

[www.gov.uk/government/publications/immunisationtraining-national-minimum-standards](http://www.gov.uk/government/publications/immunisationtraining-national-minimum-standards)

[www.rcn.org.uk/clinical-topics/public-health/immunisation](http://www.rcn.org.uk/clinical-topics/public-health/immunisation)

[www.rcn.org.uk/professional-development/publications/pdf-006943](http://www.rcn.org.uk/professional-development/publications/pdf-006943)

[www.rcn.org.uk/professional-development/publications/pub-007201](http://www.rcn.org.uk/professional-development/publications/pub-007201)

[www.apps.who.int/immunization\\_monitoring/globalsummary/schedules](http://www.apps.who.int/immunization_monitoring/globalsummary/schedules)

[www.vaccine-schedule.ecdc.europa.eu/](http://www.vaccine-schedule.ecdc.europa.eu/)

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## Travel Health

Travel health is an expanding specialist field of practice which is becoming more challenging. In the UK, travel health services are mainly delivered by nurses, mostly in a primary care setting (RCN 2018b). The RCN have developed a document 'Competencies: Travel health nursing: career and competence development' (2018b): the following competencies have been produced from this document.

First Review	Second Review
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<b><u>Demonstrate ability to:</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Provide evidence of attendance of a travel health study day/course					
Make clinical judgements for routine travel health scenarios					
Provide accurate and consistent advice to travellers					

<b><u>Demonstrate ability to:</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Access information and seek further advice					
Refer to a more specialist service as and when appropriate, using appropriate mechanisms					
Work with the patient group directions (PGDs) patient specific directions (PSDs) prescription from a medical or non-medical prescriber					

First Review	Second Review
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<b><u>Consultations</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b><u>Demonstrate ability to:</u></b>					
Demonstrate knowledge of know how to access information about global destinations, including use of up-to-date maps and accessing the internet for such resources.					
Perform a comprehensive risk assessment and know how to carry out a risk assessment effectively.					
Interpret the risk assessment and access the latest recommendations for travel health advice, immunisations required and malaria chemoprophylaxis appropriate to the risk assessment for the journey					
Recognise complex issues beyond personal scope and know who to contact for further information, support and advice					

<b><u>Consultations</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b><u>Demonstrate ability to:</u></b>					
Check schedules are up-to-date and act appropriately if not by knowing how to access information if childhood schedule was undertaken in another country and know					

where to find information on incomplete vaccine schedules					
Demonstrate knowledge of the common travel related illnesses for example, travellers' diarrhoea, hepatitis A					
Communicate information effectively to explain the disease and other travel-related risks, vaccine recommendations and malaria prevention advice appropriate to the risk assessment					

<b>First Review</b>	<b>Second Review</b>
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<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Provide individual advice to the traveller regarding: <ul style="list-style-type: none"> <li>• accident prevention and the importance of adequate travel insurance</li> <li>• safe food, water and personal hygiene protective measures</li> <li>• Safe sex/sexual health</li> <li>• prevention of blood-borne and sexually transmitted diseases</li> <li>• general insect bite prevention</li> <li>• prevention of animal bites particularly rabies including wound management</li> <li>• prevention of sun and heat complications</li> <li>• personal safety and security</li> <li>• malaria awareness, bite prevention, appropriate chemoprophylaxis and the importance of compliance and symptoms of malaria to quickly diagnose and treat a traveller with the disease</li> </ul>					



• Demonstrate awareness of new and emerging infections risks and their implications e.g. Zika virus					
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First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Prioritise appropriately in situations where a patient's time or financial situation does not allow the optimum recommendations					
Show competency in vaccine administration technique					
Complete a patient and administrative record after vaccination					

<u>Professional Responsibility</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
Provide evidence of immunisation training in accordance with PHE 'National Minimum Standards and Core Curriculum for Immunisation Training' for Registered Healthcare Practitioners					

Provide evidence of annual updates on anaphylaxis and CPR training					
Attend an annual travel health update study session/conference at a local, national or international event or online e-learning equivalent					

<b>First Review</b>	<b>Second Review</b>
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<b><u>Professional Responsibility</u></b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
<b>Demonstrate ability to:</b>					
Use recognised online websites on a frequent and regular basis to ensure the latest national recommendations are followed and read the update information to ensure awareness of issues such as disease outbreaks					
Adhere to the principles of vaccine storage, administration and related theory					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

## Further resources

[www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)  
[www.bhiva.org/vaccination-guidelines](http://www.bhiva.org/vaccination-guidelines)  
[www.janechiodini.co.uk/wp-content/uploads/2017/08/PN-Travel-health-update-August-2015.pdf](http://www.janechiodini.co.uk/wp-content/uploads/2017/08/PN-Travel-health-update-August-2015.pdf)  
[www.sciencedirect.com/science/article/abs/pii/S1477893912000671](http://www.sciencedirect.com/science/article/abs/pii/S1477893912000671)  
[www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk](http://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk)  
[nathnacyfzone.org.uk/become-a-yfvc](http://nathnacyfzone.org.uk/become-a-yfvc)  
[www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners](http://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners)  
[www.who.int/ith/other\\_health\\_risks/injuries\\_violence/en/](http://www.who.int/ith/other_health_risks/injuries_violence/en/)  
[www.travax.nhs.uk/](http://www.travax.nhs.uk/)  
[travelhealthpro.org.uk/](http://travelhealthpro.org.uk/)  
[www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)  
[www.janechiodini.co.uk/help/faqs/faq-1-prescribing-travel/](http://www.janechiodini.co.uk/help/faqs/faq-1-prescribing-travel/)  
[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0006/78747/003146.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0006/78747/003146.pdf)

## Mental health and Wellbeing

Demonstrate awareness of:	First Review		Second Review		Type of Evidence
	Date		Date		
Risk factors early signs of mental health problems for the following conditions and a basic understanding of their management in General Practice: <ul style="list-style-type: none"> <li>• Depression</li> <li>• Generalised anxiety disorders</li> <li>• Suicide awareness</li> <li>• Dementia</li> <li>• Work related stress</li> </ul>					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

### **Further Resources**

<https://www.alzheimers.org.uk/about-dementia/types-dementia/what-dementia>

<https://www.dementiauk.org>

<https://web.ntw.nhs.uk/selfhelp>

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### Level 7 General Practice Specialist Nurse

**In addition to the level 5 & 6 requirements** this role requires specialist knowledge and skills in all areas of general nursing practice demonstrating a depth of knowledge, understanding and competence that supports evidenced-informed, complex, autonomous assessment and care-planning decisions that are often complex and unpredictable.

The General Practice (GP) specialist nurse is an experienced registered nurse with NMC-registerable, post-graduate SPQ qualification.

GP specialist nurses at level 7 assess, plan and deliver individual and population-based services, either to a defined patient cohort or a practice population, and therefore need to be able to undertake a population health profile and needs analysis, to be proactive in ensuring services are based on need.

This role requires personal resilience, management, clinical leadership and supervision and mentorship of others in the nursing team, while providing an effective learning environment for staff and students in the wider team.

The role requires the GP specialist nurse to lead innovative approaches to supporting and developing new models and strategies, incorporating inter-professional and inter-agency approaches to monitor and improve care.

This role requires the ability to work independently and collaboratively using freedom to exercise judgement about actions while accepting professional accountability and responsibility.

**In addition to the level 5 and 6 requirements, level 7 General Practice Specialist Nurses** are expected to have demonstrated achievement of the NMC Standards for Specialist Community Nursing Education and Practice (NMC, 2001), through BSc or MSc Higher Education studies. This will result in a NMC registerable qualification.

**Personal Details**

<b>NAME</b>	
<b>PRACTICE</b>	
<b>START DATE</b>	

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**Common Core Competencies for General Practice Specialist Nurses working at level 7** (Taken from the NMC Standards for Specialist Community Nursing Education and Practice (NMC, 2001))

**Clinical nursing practice**

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities					
Plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must Demonstrate ability to adapt to working in people's homes and also small institutions, health centres, surgeries, schools and places of work					
Support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient					
Assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one					
Provide counselling and psychological support for individuals and their carers					
Facilitate learning in relation to identified health needs for patients, clients and their carers					
Prescribe from a nursing formulary, where the legislation permits					

Support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.					
Act independently within a multi-disciplinary/multi-agency context					

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## Care and programme management

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up-to-date and advice given to people on how to access and use them;					
Recognise ethical and legal issues which have implications for nursing practice and take appropriate action;					
Identify the social, political and economic factors which influence patient/client care and impact on health;					
Stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help;					
Identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities;					
Search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care;					
Initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities;					

Empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so and					
Provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.					

### Clinical practice leadership

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Act as a source of expert advice in clinical nursing practice to the primary health care team and others					
Lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources					
Identify individual potential in registered nurses and specialist practitioners, through effective appraisal system. As a clinical expert, advise on educational opportunities that will facilitate the development and support their specialist knowledge and skills to ensure they develop their clinical practice					
Ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment					

### Clinical practice development

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Initiate and lead practice developments to enhance the nursing contribution and quality of care					
Identify, apply and disseminate research findings relating to specialist nursing practice					
Undertake audit review and appropriate quality assurance activities					
Create an environment in which clinical practice development is fostered, evaluated and disseminated					
Explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success					

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**Specific Competencies for General Practice Specialist Nurses working at level 7** (Taken from the NMC Standards for Specialist Community Nursing Education and Practice (NMC, 2001))

**Specialist clinical practice:**

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Assess, plan provide and evaluate specialist clinical nursing care to meet the needs of individuals and groups in the practice populations					
Assess, diagnose and treat specific diseases in accordance with agreed medical/nursing protocols					
Provide direct access to specialist nursing care for undifferentiated patients within the practice population					
Undertake diagnostic, health screening, health surveillance and therapeutic techniques applied to individuals and groups within the practice population					

**Care and programme management**

<b>Demonstrate ability to:</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Type of Evidence</b>
Develop a profile of the practice population in order to initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals and groups					
Initiate and carry out programmes of health screening					
Manage programmes of care for patients with chronic diseases					

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical =P

**Competency framework for  
General Practice Advanced Nurse Practitioners working at level 7**

**Level 7 General Practice Advanced Nurse Practitioner**

**In addition to the level 6 requirements**, this role requires advanced knowledge and skills in specific areas of general practice-based nursing, demonstrating a depth of advanced knowledge, understanding and competence that supports evidenced informed, complex, autonomous assessments and care-planning decisions that are often complex and unpredictable.

The Advanced Nurse Practitioner (ANP) is an experienced, registered nurse with approved post-graduate Master's level qualifications, who has developed and extended their practice and skills beyond their previous professional boundaries.

The ANP is able to use their expert knowledge and complex decision making skills, guided by The Code in unpredictable situations. This includes managing patients with undiagnosed healthcare problems and is shaped by the context of their clinical practice. This advanced level is underpinned by the essence of nursing and the values of caring. It applies the principles of knowledge of the patient as a distinct person and individual whilst respecting and working with their culture and diversity.

This role requires personal resilience, management, clinical leadership and supervision and mentorship of others in the nursing team, while providing an effective learning environment for staff and students in the wider team. The role requires the ANP to lead innovative approaches to supporting and developing new models and strategies, incorporating inter-professional and inter-agency approaches to monitor and improve care.

ANPs in primary care assess, plan and deliver individual and population-based services, either to a defined patient cohort or the practice population, and therefore need to be able to undertake a population health profile and needs analysis, to be proactive in ensuring services are based on need.

This role requires the ability to work independently and collaboratively using freedom to exercise judgement about actions while accepting professional accountability and responsibility.

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## General Practice Advanced Nurse Practitioner: Competency Framework

<b>NAME</b>	
<b>NMC PIN NUMBER</b>	
<b>CLINICAL SUPERVISOR/ASSESSOR NAME &amp; ROLE</b>	
<b>DATE</b>	

ADVANCED PRACTICE MODULES	TITLE OF MODULE	LEVEL ACHIEV ED	CATS POINT S	UNIVERSITY	DATE ACHIEVED OR PENDING

Please note that within Wales, the title of Advanced Practitioner is protected for individuals who have achieved a level of relevant education for their role, which is generally CQFW level 7/Masters or above (NLIAH, 2010)

Further detail on the governance, portfolio and job planning arrangements for Advanced Clinical Practitioners can be found here:

<https://heiw.nhs.wales/transformation/workforce-modernisation/introducing-advanced-practice/>

We are grateful for the assistance and contributions from colleagues at Betsi Cadwaladr University Health Board, who have developed a competency framework for ANPs in general practice. This has been combined with the Core Capabilities Framework

for Advanced Clinical Practice Nurses Working in General Practice/Primary Care in England (Skills for Health, 2020), to produce the GPANP Competency Framework presented here:

## Introduction

This competency framework for General Practice Advanced Nurse Practitioners (GPANPs) is intended to provide a detailed summary of the knowledge base required to underpin the key pillars of Advanced Practice. **The key pillars are: clinical practice, leadership, education and research.**

As the dimensions detailed are extensive and varied it is not expected that any one practitioner will achieve full competence in every indicator – instead this framework is intended to provide an assessment of your baseline knowledge upon applying for or taking up a General Practice ANP position, to enable a detailed picture of your individual training and learning needs to be established together with your Clinical Supervisor/Assessor.

This framework is also intended for established GPANPs to complete on an annual basis, prior to your Performance & Development Review (PADR) and Advanced Practice Revalidation Portfolio assessment, to track progression and to inform your ongoing personal development plan.

As clinical practice is usually the most dominant pillar within General Practice Advanced Practice, the framework is weighted towards this alignment, with the content based primarily on body systems and common presentations.

Please note that although this framework is far reaching it cannot be considered as a complete list of primary care advanced practice topics – therefore space is provided at the end of the document to document any other areas where competence has been reached or further training identified.

### There are nine generic capabilities for ANP practice

The nine generic capabilities detailed below summarise the competencies required of all General Practice Advanced Nurse Practitioners (GPANPs):

#### 1. Ability to promptly identify red flag symptoms and manage common emergencies



- GPANPs should be able to manage the common medical and social emergencies they are likely to encounter. They should be able to promptly recognise and manage critical situations using available resources and facilities.
- GPANPs should be competent to a minimum level of intermediate life support, defibrillation and anaphylaxis. They should be aware of the need for maintenance of any emergency drugs and equipment they may use during their practice.

## **2. Understanding organisational aspects of NHS primary care, nationally and at local level**

- GPANPs should be aware of the processes that are in place both locally and nationally and have an understanding of the provision of independent contractor and managed primary care within the relevant NHS Wales Health Board. They should understand the relationship between team-based approaches to patient care and foster a culture of partnership working with closely affiliated care providers such as secondary care, social services and volunteer organisations.
- GPANPs should have an understanding of how emergencies and health initiatives can impact on care providers and be aware of procedures and policies in place to deal with them. For example, the national system for drug and infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemics and critical incidents. They should be aware of the communication channels required for Primary Care and the IT systems to support them.

## **3. The ability to make appropriate referrals**

- GPANPs should be aware of relevant referral options, local referral pathways and professionals available to support patients. They should be able to communicate effectively and with courtesy with all other professionals involved in the care of the patient, making prompt and appropriate referrals with clear documentation and arrangements for follow up.
- ANPs should respect the roles and skills of others members of the MDT, engage effectively and refer to other sources of care, such as other in-house professionals, local voluntary organisations, ambulance and paramedic services, and secondary care (hospital admission only where appropriate and other options have been exhausted).

## **4. The demonstration of advanced communication and interpersonal skills**

- GPANPs should be able to demonstrate exceptional communication and interpersonal skills to enable rapport to be established with patients and colleagues.
- They should be patient-centred and should demonstrate a high level of skill in difficult situations such as breaking bad news, and in the absence of non-verbal communication.

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- GPANPs should have a detailed understanding of teamwork, be aware of the roles and responsibilities of all professionals and team colleagues and be able to work and communicate with them effectively.

## 5. Advanced clinical skills encompassing all areas of urgent primary care

- GPANPs will need to utilise a vast array of advanced clinical skills to comprehensively consult with patients.
- All consultations should encompass a detailed verbal history of their current condition together with previous medical, social & drug history.
- Examination techniques including listening, inspection, palpation, auscultation and percussion (where appropriate)
- Correct and concise differential diagnosis with an appropriate management plan and follow up procedure / safety netting together with relevant patient education supported with information leaflets whenever possible.

## 6. Contemporaneous record keeping

- The electronic clinical record forms part of the patient's medical notes and as such all contacts with the service should be contemporaneously recorded directly by the clinician involved in the patient's care into the relevant record, in real time.
- Notes should be as detailed as possible, documented clearly and exempt of abbreviations or slang.
- If a patient is being referred to secondary care then a copy of the electronic record should be printed together with a referral letter for transfer with the patient.

## 7. Leadership and management

- As a senior nurse, the GPANP has a responsibility to support junior colleagues, Practice Nurses, Health Care Support Workers and student nurses.
- Cascading of information and knowledge and clinical supervision are other crucial aspects of the role. The ANP may act as a clinical supervisor, assessor or mentor for new staff or for staff who have had skills gaps identified through the audit process. It is expected that the ANP will be competent to support nursing colleagues through the clinical supervision process.
- The GPANP might have a role in the Appraisal and Personal Development Review process for other members of the nursing team.
- The GPANP should endeavour to cascade research evidence to nursing team members and ensure application to own practice.
- Where possible, the ANP should engage with research activity related to aspects of their own professional areas of interest.

## 8. Continuous Professional Development

- It is essential that all GPANPs stay abreast of best practice and evidenced-informed care, and continuously strive to increase their skills and knowledge base. Personal reflection and identification of individual training requirements should be inherent in each ANP's practice.
- Completion of all mandatory training courses is crucial and it is the ANP's responsibility to monitor expiration of training and identify personal training requirements.

## 9. Workload, personal wellbeing, psychological safety and stress management

- The GPANP should be able to manage their time and workload effectively demonstrating good timekeeping, problem solving and the ability to prioritise cases appropriately.
- GPANPs should be aware of the inherent challenges of Primary Care, including autonomous decision making. They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.

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## PRIMARY CARE ADVANCED PRACTICE PILLAR 1: CLINICAL PRACTICE

The clinical competency framework is founded on a number of key clinical presentations that ANPs manage in general practice/primary care, according to the scope of their role. It details assessment and management skills that ANPs must be able to apply appropriately within the context of the competencies and are applicable across the variety of people presenting across the age range.

The application of these will be determined by the **scope of the role of the ANP** and the context in which they operate, which would be **agreed between the ANP and their employer and reflected in the job description**.

It should be noted that some key clinical presentations can be related to more than one system and systems interlink. Therefore, whilst it is important for the ANP to have the appropriate knowledge and skills of each system they must also and importantly understand the complex inter and co-dependencies of systems when providing care to people.

The knowledge statements in each section apply to clinical competencies identified within this framework. It is for the ANP and their Clinical Supervisor to apply the knowledge statements to the appropriate clinical environment.

### **Before each review with the Clinical Supervisor, the ANP should:**

- Undertake and prepare a self-assessment for discussion with mentor/clinical supervisor
- Consider, collect and present any evidence to demonstrate achievement of competence (this is likely to have been collected over time, during learning events and other opportunities)

### **The evidence may include clinical case reviews or scenarios that reflect the breadth and nature of the work being undertaken at advanced level, e.g.:**

1. Referring a patient to community services
2. Referring a patient to secondary care for investigations, acute admissions or routine appointments
3. Risk assessments

4. Terminal care
5. Understanding the need to escalate patient care and when to ask for support or a second opinion.
6. Critical events, reporting and complaints management

INDICATORS	
The ANP should be able to apply basic competencies to each clinical situation:	
	<ul style="list-style-type: none"> <li>Establish rapport for a therapeutic relationship, obtain consent if appropriate taking account of relevant legal &amp; professional considerations.</li> </ul>
	<ul style="list-style-type: none"> <li>Access and interpret all available and relevant patient records to ensure knowledge of the patient's management to date.</li> </ul>
	<ul style="list-style-type: none"> <li>Recognise when a focused history is required relating to a specific presenting problem.</li> </ul>
	<ul style="list-style-type: none"> <li>Recognise that conditions can present differently in people, and that many presentations can be attributed to more than one system</li> </ul>
	<ul style="list-style-type: none"> <li>Understand how individuals' current medication and existing conditions may affect their presenting symptoms</li> </ul>
	<ul style="list-style-type: none"> <li>Make, confirm or understand the working or final diagnosis by systematically considering the various possibilities.</li> </ul>
	<ul style="list-style-type: none"> <li>Undertake an appropriate physical examination and clinical observations.</li> </ul>
	<ul style="list-style-type: none"> <li>Request and interpret relevant investigations necessary to inform treatment options</li> </ul>
	<ul style="list-style-type: none"> <li>Understand the condition(s) being treated, the natural progression and how to assess severity, deterioration and anticipated response to treatment.</li> </ul>
	<ul style="list-style-type: none"> <li>Assess and recognise 'red flags' for the variety of presenting problems and show an awareness of 'masquerading red flags'.</li> </ul>
	<ul style="list-style-type: none"> <li>Review adherence to and effectiveness of current management plan including therapeutic concordance.</li> </ul>
	<ul style="list-style-type: none"> <li>Recognition of normal variations of aging / disease profiles throughout life.</li> </ul>
	<ul style="list-style-type: none"> <li>Refer to or seek guidance from another member of the team or a specialist when necessary.</li> </ul>
	<ul style="list-style-type: none"> <li>Prescribe safely and appropriately, taking account of the option for de-prescribing, delayed prescribing and social prescribing.</li> </ul>
	<ul style="list-style-type: none"> <li>Discuss prognosis and have an understanding of indicators which suggest when a patient is entering the palliative or last stage of life phases.</li> </ul>
	Recognise the importance of supporting people to develop their knowledge, confidence and skills in managing their own health and improving their levels of empowerment.

- |   |
|---|
| <ul style="list-style-type: none"><li>• Formulate a management plan in conjunction with the patient including self-care, continuing care arrangements and safety netting.</li></ul> |
| <ul style="list-style-type: none"><li>• Provide written information and education links / leaflets where appropriate</li></ul>  |

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Alcohol and substance misuse		
<ul style="list-style-type: none"> <li>Demonstrate knowledge of the range of presentations for alcohol and substance misuse, understanding the complex interrelations of bio-psych-social considerations and their inter-dependencies in a person's life.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>Take a structured and appropriate history of a person presenting with an alcohol or substance problem.</li> <li>Understand the implications of misuse or addiction condition.</li> <li>Perform an appropriate physical examination.</li> <li>Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>Identify the need for and initiate immediate treatment of a person</li> <li>Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>Be able to write a comprehensive and appropriate referral letter.</li> </ul>	<ul style="list-style-type: none"> <li>Cirrhosis</li> <li>Portal hypertension</li> <li>Varices</li> <li>Vitamin deficiencies</li> <li>Withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>Relevant alcohol and substance misuse assessment questionnaires (e.g. Alcohol Use Disorders Identification Test/AUDIT)</li> <li>Screening for blood borne viruses</li> <li>Referral to local Drug and Alcohol Services</li> <li>Referral to relevant crisis team</li> <li>Referral to brief intervention team</li> <li>Referral for treatment of ongoing health issues, such as dental infections</li> <li>Safeguarding considerations</li> </ul>

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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<b>Cardiovascular System</b> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the cardiovascular system, analysing potential severity and the impact on related systems.</li> <li>• Demonstrate knowledge of the influencing factors such as psycho-social &amp; family history, risk factors, age, symptomatic and clinical signs.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Identify the need for and initiate immediate treatment of person with obvious cardiovascular emergencies including cardiac arrest, cardiac chest pain.</li> <li>• Understand the implications of an existing cardiovascular condition.</li> <li>• Take a structured and appropriate history of a person presenting with a cardiovascular condition.</li> <li>• Perform appropriate cardiovascular assessment.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Supply and/or administer appropriate therapies.</li> <li>• Instruct &amp; support service users in the use of medicines and devices.</li> <li>• Identify and rationalise need for additional tests such as ECG, X-ray, blood tests, echo etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Chest discomfort</li> <li>• Orthopnoea</li> <li>• Palpitations</li> <li>• Irregular pulse</li> <li>• Oedema</li> <li>• Blood pressure issues</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse rates, rhythm, volume and character</li> <li>• Blood pressure</li> <li>• Respiratory rate</li> <li>• Cardiovascular examination – including inspection, auscultation, percussion &amp; palpation</li> <li>• Chest X-ray</li> <li>• Bloods – FBC, U&amp;Es TFT, ESR, lipid profile, HbA1c, BNP</li> <li>• Electrocardiograph (ECG)</li> <li>• Echocardiogram (Echo)</li> <li>• 24-hour BP monitoring</li> <li>• 24-hour ECG Monitoring</li> <li>• Use of risk factor calculators</li> <li>• Routine, urgent and 2 week wait referral criteria</li> </ul>

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<ul style="list-style-type: none"> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the cardiovascular system and provide lifestyle and health promotion advice or referral, such as weight loss, exercise and smoking cessation etc.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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<b>Dermatology</b> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the dermatological system including the gross and surface anatomy of skin.</li> <li>• Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with a skin problem.</li> <li>• Understand the implications of an existing skin condition.</li> <li>• Perform an appropriate skin and or wound examination.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Use of appropriate descriptors such as ABCDE</li> <li>• Identify the need for and initiate immediate treatment of a person with obvious skin emergencies.</li> <li>• Identify and initiate appropriate treatment for people presenting with minor wounds.</li> <li>• Follow national guidance and national navigation pathways to identify and rationalise need for additional tests such as biopsy, swab, doppler etc.</li> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Rash – localised</li> <li>• Rash – systemic</li> <li>• Itching</li> <li>• Infestation</li> <li>• Spots</li> <li>• Skin lesions, moles</li> <li>• Nail issues/changes</li> <li>• Changes in pigmentation</li> <li>• Skin ulcers</li> <li>• Skin wound – minor &amp; complex</li> <li>• Post-operative wounds</li> <li>• Minor injury</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse rate</li> <li>• Inspection, palpation</li> <li>• Skin and/or nail scrapings/samples</li> <li>• Blood tests FBC, calcium, U&amp;Es, LFT, ESR, CRP, TFT, haematinics,</li> <li>• Routine, urgent and 2 week wait referral criteria</li> </ul>

<ul style="list-style-type: none"> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the skin and provide information, lifestyle and health promotion advice or referral.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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## Ears, Nose, Throat and Mouth care

- Demonstrate knowledge of the ear, nose and throat systems and mouth care.
- Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with a person presenting with an ears, nose and/or throat condition.</li> <li>• Understand the implications of an existing ENT condition.</li> <li>• Perform an appropriate ENT examination/assessment. Including ear, nose/nasal, pharynx, mouth.</li> <li>• Identify the need for and initiate immediate treatment of a person with obvious ENT and dental emergencies.</li> <li>• Supply and/or administer appropriate therapies.</li> <li>• Identify and rationalise need for additional tests such as swabs, blood tests etc.</li> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Vertigo</li> <li>• Otalgia</li> <li>• Otorrhoea</li> <li>• Sinus pain</li> <li>• Nasal pain, obstruction</li> <li>• Mouth pain and infection</li> <li>• Neck swelling</li> <li>• Sore throat</li> <li>• Throat swellings</li> <li>• Tinnitus</li> <li>• Hearing loss</li> <li>• Snoring</li> <li>• Voice changes</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse rate</li> <li>• Respiratory rate</li> <li>• Assessment for lymphadenopathy</li> <li>• Blood tests – FBC, calcium, glandular fever screen, TFT</li> <li>• Routine, urgent and 2 week wait referral criteria</li> <li>• Otoscopy</li> <li>• Routine, urgent and 2 week wait referral criteria</li> <li>•</li> </ul>

<ul style="list-style-type: none"> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the ENT and oral system and provide information, lifestyle and health promotion advice or referral.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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Emergency Presentations		
<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the range of emergency person presentations, understanding the complex interrelations of body systems and their inter-dependencies on life.</li> <li>• Demonstrate knowledge of what appropriate actions to take in a range of emergency situations.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with a skin problem.</li> <li>• Understand the implications of an existing skin condition.</li> <li>• Perform an appropriate skin and or wound examination.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Use of appropriate descriptors such as ABCDE</li> <li>• Identify the need for and initiate immediate treatment of a person</li> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> </ul>	<ul style="list-style-type: none"> <li>• Respiratory distress</li> <li>• Cardiovascular adverse signs</li> <li>• Anaphylaxis</li> <li>• Angioedema</li> <li>• Collapse</li> <li>• Seizure</li> <li>• Sepsis</li> <li>• Non blanching rash</li> <li>• Overdose/poisoning</li> <li>• Suspected diabetic ketoacidosis</li> <li>• Meningism</li> <li>• Limp child</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency procedures for seeking assistance and calling ambulance</li> <li>• How to use the emergency equipment including basic life support, oxygen and defibrillator</li> <li>• Administration of adrenalin</li> <li>• Administration of benzylpenicillin or equivalent for those with penicillin allergy</li> <li>• Initiation of the sepsis guidelines</li> <li>• Initiation of NEWS score if used locally</li> <li>• Notification of clinically suspected notifiable infectious diseases</li> </ul>

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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<b>Eyes</b> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the ophthalmic system and any impact on related systems.</li> <li>• Demonstrate knowledge of how to recognise the influence of mechanism of injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with an eye problem.</li> <li>• Understand the implications of an existing eye condition.</li> <li>• Perform an appropriate ocular, fundoscopic and visual examination / assessment.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Identify the need for and initiate immediate treatment of a person with obvious eye emergencies.</li> <li>• Identify and rationalise need for additional tests such as fluorescein staining, slit lamp or conjunctival swabs and referral for such if required</li> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> </ul>	<ul style="list-style-type: none"> <li>• Red eye</li> <li>• Painful red eye</li> <li>• Painful eye – including eye &amp; or lids</li> <li>• Visual disturbance – blurred vision, diplopia, flashing lights, floaters</li> <li>• Acute loss of vision</li> <li>• Eye discharge</li> <li>• Eye injury</li> <li>• Foreign Body</li> <li>• Swollen eye/lid</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse rate</li> <li>• Blood pressure</li> <li>• Eye examination including inspection and palpitation</li> <li>• Visual acuity</li> <li>• Fundoscopy</li> <li>• Pupils</li> <li>• Routine, urgent and 2 week wait referral criteria</li> <li>• Wales Eye Care Service</li> </ul>



<ul style="list-style-type: none"> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the eye and provide</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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Family Planning & Sexual Health		
<ul style="list-style-type: none"> <li>• Demonstrate knowledge of male and female reproductive systems and any impact on related systems.</li> <li>• Demonstrate knowledge of how to recognise any injury, psycho-social, family &amp; occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in people.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Understand the implications of an existing relevant condition.</li> <li>• Conduct and document a relevant health history, including a comprehensive obstetric, gynaecological &amp; sexual health history as appropriate.</li> <li>• Work collaboratively with the multi-professional team and outside agencies in managing sexual health and care.</li> <li>• Collaboratively provide care and access to appropriate health care professionals as indicated by a person's circumstances.</li> <li>• Carry out an assessment, using appropriate tests and make onward referrals as required.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Promote sexual health including immunisation and offer risk assessments and management of people who have sexual health concerns which may include contraception, and sexually transmitted infections.</li> <li>• Have a clear understanding of safeguarding issues including but not limited to female genital mutilation.</li> </ul>	<ul style="list-style-type: none"> <li>• Genital rashes</li> <li>• Vaginal/penial discharge</li> <li>• Contraception including general advice, counselling on, problems with</li> <li>• Emergency contraception</li> <li>• Unprotected sexual intercourse</li> <li>• Sexual assault</li> <li>• Inability to conceive</li> </ul>	<ul style="list-style-type: none"> <li>• Family Planning Clinic referral</li> <li>• Genito Urinary Medicine (GUM) /Sexual Health Clinic referral</li> <li>• Swabs</li> <li>• Blood tests – female- rubella status, mid-luteal progesterone (day 21 of 28d cycle), FSH &amp; LH on day 1-5 of 28d cycle), TFT</li> <li>• Blood tests - male – testosterone, FSH &amp; LH</li> <li>• Semen analysis</li> <li>• Fertility referral</li> </ul>

<ul style="list-style-type: none"> <li>• Advocate public screening and immunisations in line with local and national programmes.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

<b>Gastrointestinal &amp; Hepatic System</b>		
<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the gastrointestinal system.</li> <li>• Demonstrate knowledge of the hepatic system, analysing severity and its impact on related systems. Understand how to recognise the influence of psychosocial &amp; family history, age, risk factors, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology of the person</li> </ul>		
<b>Core Clinical Skills</b>	<b>Indicative presentations</b>	<b>Key clinical investigations / referrals (may include but not be limited to)</b>
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with an abdominal or associated condition.</li> <li>• Understand the implications of an existing GI/hepatic condition.</li> <li>• Perform appropriate abdominal examination/assessment including digital rectal examination.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Identify the need for and initiate immediate treatment of person with obvious GI &amp; hepatic emergencies.</li> <li>• Supply and/or administer appropriate therapies.</li> </ul>	<ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Faecal leaking/incontinence</li> <li>• Change in bowel habit – blood in stools, mucus in stools</li> <li>• Nausea &amp; / Vomiting</li> <li>• Haematemesis</li> <li>• Weight loss</li> <li>• Indigestion</li> <li>• Jaundice</li> <li>• Rectal pain</li> <li>• Rectal bleeding</li> <li>• Abnormal blood results – deranged Liver function tests (LFTs), anaemia</li> <li>• High risk behaviours &amp; concerns – intravenous (IV) drug use, sexual history, contact with suffers of</li> <li>• Stoma issues</li> </ul>	<ul style="list-style-type: none"> <li>• Stool sample – culture and sensitivity, faecal calprotectin, helicobacter-pylori testing, FIT testing or FOB</li> <li>• Abdominal examination – including inspection, auscultation, percussion &amp; palpation</li> <li>• Assessment for lymphadenopathy</li> <li>• Digital rectal examination</li> <li>• Abdominal Ultrasound</li> <li>• Direct referral for gastroscopy, endoscopy, routine, urgent and wait referral criteria</li> </ul>

<ul style="list-style-type: none"> <li>• Identify and rationalise need for additional tests such as urinalysis, stool and blood tests etc.</li> <li>• Identify the need for additional clinical and professional support such as referral, second opinion, notification of infectious diseases for public health management etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Identify and manage complications with medical devices, such as stomas.</li> <li>• Recognise the effect lifestyle that the environment, lifestyle and genetics can have the GI and hepatic systems and provide preventative advice regarding high risk behaviours, importance of screening and immunisations along with, information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> <li>• Provide advice to prevent secondary transmission e.g. hygiene advice and refer to appropriate services where patient contact management required.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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<b>Learning Disability</b> <ul style="list-style-type: none"> <li>• Have knowledge on how to access additional specialist advice and help support people and their relatives/carers.</li> <li>• Have knowledge on how to undertake an annual health check with a person with a learning disability</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Demonstrate the ability to engage with people with a Learning Disability.</li> <li>• Demonstrate sensitivity to the impact of any change, such as hospital appointments, admission or any transition which people may find particularly distressing, as they are unfamiliar.</li> <li>• Support people to be fully informed and involved in their care decisions thereby empowering them to be autonomous.</li> <li>• Support people in accessing regular health checks and other universal services they are entitled to benefit from (including immunisations, regular preventative oral care).</li> <li>• Ensure that where people with a Learning Disability also have another condition that appropriate attention is made to their specific needs and their care is tailored to these.</li> </ul>	<ul style="list-style-type: none"> <li>• Any of the presentations included in this table</li> </ul>	<ul style="list-style-type: none"> <li>• Using Kerr et al's Learning Disability Annual Health Check criteria, undertake a full systems enquiry and assessment</li> <li>• Specialist Learning Disability Services</li> <li>• Advocacy Groups</li> <li>• Peer Networks</li> </ul>

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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Medication Review & Medication Issues		
<ul style="list-style-type: none"> <li>• Demonstrate an understanding of necessary monitoring requirements of medicines and how to act on the results.</li> <li>• Demonstrate an understanding of how to document the details of a medication review on the clinical system.</li> <li>• Demonstrate an understanding of how repeat prescribing works within the general practice/primary care and wider team – e.g. community pharmacy.</li> <li>• Demonstrate an understanding of relevant professional guidelines, including the Royal Pharmaceutical Society Competency Framework for All Prescribers</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Be able to review medication in terms of efficacy, need, side effects, safety, clinical cost and in line with local and national prescribing guidelines.</li> <li>• Assess for concordance and compliance issues considering the people individual circumstances and requirements.</li> <li>• Help people to understand what medication they have been prescribed (or not prescribed) and why.</li> <li>• Act appropriately on alerts issued by the MHRA.</li> <li>• Understand the traffic light system for local formulary and medications issued only under shared care agreements.</li> <li>• Ensure that prescribing activities are within your scope of practice</li> </ul>	<ul style="list-style-type: none"> <li>• Adverse side effects</li> <li>• Ineffective medication</li> <li>• Poor compliance</li> <li>• Overuse of medication</li> <li>• Misuse of medication</li> <li>• Issues with polypharmacy</li> <li>• Abnormal blood test monitoring results</li> <li>• Higher risk groups – requiring risk reduction medicines</li> <li>• Mouth ulcers/infections/dry mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Blood monitoring – U&amp;E, LFT, FBC, drug levels, CRP, TFT</li> <li>• Referral back to secondary care when required</li> </ul>

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P



## Male & Female Anatomical Health

- Demonstrate knowledge of the anatomy and physiology of the male & female genitalia and related systems, including prostate and breasts.
- Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.
- Have knowledge and understanding of issues related to male & female anatomical health.
- Be aware of a variety of potential of issues that may present differently in males and females including but not limited to domestic abuse, female genital mutilation, sexual abuse, menopausal symptoms, erectile dysfunction & depression.

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Understand the implications of an existing relevant condition.</li> <li>• Take a structured and appropriate history including sexual health history when appropriate.</li> <li>• Assess disease risk factors specific to male or female anatomy.</li> <li>• Understand how to refer, in a timely manner, using national and local guidelines.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Have a clear understanding of adult safeguarding issues.</li> <li>• Be able to carry out male or female genital examination, prostate examination or breast examination when appropriate and with consent.</li> <li>• Request further investigations appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Testicular pain</li> <li>• Testicular lumps</li> <li>• Genital rashes/irritation</li> <li>• Urinary symptoms including nocturia, changes in urinary stream</li> <li>• Penile pain</li> <li>• Penile discharge</li> <li>• Erectile dysfunction</li> <li>• Groin swelling</li> <li>• Breast symptoms including pain, lump, nipple discharge, skin changes</li> <li>• Pelvic pain/mass</li> <li>• Inter-menstrual bleeding</li> <li>• Post-coital bleeding</li> <li>• Menstrual problems – including dysmenorrhoea, menorrhagia, oligomenorrhoea, primary &amp; secondary amenorrhoea</li> <li>• Dyspareunia</li> <li>• Vaginal irritation</li> <li>• Vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Blood tests FBC, U&amp;Es, HbA1c, lipids, testosterone, SHBG, free androgen index, FSH/LH +/- prolactin, CA125, PSA</li> <li>• Routine, urgent and wait referral criteria</li> </ul>

<ul style="list-style-type: none"> <li>• Advocate public screening and immunisations in line with local and national programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Hirsutism</li> <li>• Menopausal symptoms – including hot flushes, night sweats, vaginal dryness</li> </ul>	
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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## Mental Health

- Demonstrate knowledge of the range of different mental health needs and their impact on physical, behavioural, emotional and psychological wellbeing.
- Demonstrate knowledge of how to recognise any trigger & the importance of psycho-social, family & occupational history, age, symptomatic and clinical signs.
- Demonstrate an understanding of mental health and related services, and the policies and procedures for referring individuals to them.
- Demonstrate knowledge of the range of actions you can take when people may have mental health needs and/or related issues, and how to decide what action is appropriate. Understand the services which can be accessed by people in your locality who have specific mental health requirements including the eligibility criteria.
- Demonstrate knowledge of how to assess the required degree of urgency when referring people to services and how to assess risk.

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Understand the implications of a relevant existing mental health condition.</li> <li>• Take a structured and appropriate history.</li> <li>• Assess the impact of the person's complaint on their daily life, including work life, home life, social life, dietary intake, sleep, illicit drug use, prescription drug misuse, thought of deliberate self-harm, suicidal ideation.</li> <li>• Develop, maintain &amp; utilise links with other agencies in support of people with mental health issues.</li> <li>• Be aware of local guidelines &amp; pathways for referral to other agencies to support</li> </ul>	<ul style="list-style-type: none"> <li>• Stress</li> <li>• Panic</li> <li>• Post-natal mental health issues</li> <li>• Visual/auditory hallucinations</li> <li>• Paranoia</li> <li>• Anger</li> <li>• Bereavement</li> <li>• Eating disorders</li> <li>• Substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Generalised Anxiety Disorder Questionnaire (GAD7)</li> <li>• Edinburgh Post Natal Depression Questionnaire</li> <li>• Referral to the crisis team</li> <li>• Urgent and routine referral to secondary care</li> <li>• Referral for counselling/psychotherapy</li> <li>• Referral to other agencies</li> </ul>

<p>this client group including psychiatry, counselling, support groups.</p> <ul style="list-style-type: none"> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Understand the need for multi-agency working for adult safeguarding and know how to make a referral when there are concerns.</li> <li>• Understand how to make a referral to the crisis team.</li> <li>• Understand the procedures &amp; protocols in place both within &amp; outside of the practice in relation to adult safeguarding, care of vulnerable adults.</li> <li>• Understand the effect of long-term conditions and other diagnoses on mental and psychological health.</li> <li>• Recognise the effect that the environment, lifestyle and genetics can have on mental health and provide information, lifestyle and health promotion advice or referral.</li> <li>• Understand ways to promote recovery.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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<b>Musculoskeletal System</b> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the musculoskeletal system and its impact on related systems.</li> <li>• Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</li> <li>• Demonstrate knowledge of the gross and surface anatomy of the musculoskeletal system relevant to joint/area being assessed and presenting pathology.</li> </ul>		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with a musculoskeletal issue.</li> <li>• Understand the implications of an existing musculoskeletal condition.</li> <li>• Perform an appropriate musculoskeletal examination/assessment. Including examination of the spine, shoulder, elbow, wrist, hand &amp; fingers: the pelvis, hip, knee, ankle, foot &amp; toes.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Identify the need for and initiate immediate treatment of obvious musculoskeletal emergencies.</li> <li>• Supply and/or administer appropriate therapies.</li> <li>• Identify and rationalise need for additional tests such as X-ray, ultrasound, MRI, CT, blood tests etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Swelling</li> <li>• Redness</li> <li>• Stiffness</li> <li>• Difficulty with movement – spasticity</li> <li>• Minor injury</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse rate</li> <li>• Examination of spine, including neck. Shoulders, elbows, wrists, hands &amp; fingers. Hips, pelvis, knee, ankle, feet and toes.</li> <li>• Blood tests – FBC, calcium, ESR, CRP, vitamin D, rheumatoid factor, anti CCP, urate, autoimmune antibodies</li> <li>• X-ray</li> <li>• Ultrasound • Computerised Tomography (CT Scan)</li> </ul>

<ul style="list-style-type: none"> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc. (could be but not limited to physiotherapy, occupational therapy, orthotics, orthopaedics).</li> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the musculoskeletal system and provide information, lifestyle and health promotion advice or referral.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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## Neurological System

- Demonstrate knowledge of the neurological system, and its impact on related systems.
- Demonstrate knowledge of how to recognise the influencers of mechanism of injury, psycho-social & family history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.
- Demonstrate a sound understanding of the Mental Capacity Act (2005) and its application in practice including the relative testing procedures including:
  - The ethos underpinning the Mental Capacity Act and the role of family and friends, and advanced directives.
  - The conditions under which capacity is decided.

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with a neurological condition or head injury.</li> <li>• Understand the implications of an existing neurological condition.</li> <li>• Perform an appropriate neurological examination/assessment.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Identify the need for and initiate immediate treatment of a person with obvious neurological emergencies.</li> <li>• Supply and/or administer appropriate therapies.</li> <li>• Identify and rationalise need for additional tests such as CT head, MRI Scan, blood tests etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Altered power, tone, sensitivity</li> <li>• Paraesthesia</li> <li>• Altered level of consciousness</li> <li>• Weakness -localised, general</li> <li>• Altered gait</li> <li>• Facial palsy</li> <li>• Tremor</li> <li>• Speech Changes</li> <li>• Headache</li> <li>• Head Injury</li> <li>• Memory problems</li> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Neurological examination – including inspection, palpation, reflexes, power, tone, strength, pupils and nystagmus</li> <li>• Cranial nerve examination</li> <li>• Mini mental state examination (MMSE)</li> <li>• Computerised Tomography (CT Scan)</li> <li>• Magnetic Resonance Imaging (MRI Scan)</li> <li>• Routine, urgent and 2 week wait referral criteria including TIA clinic</li> <li>• Glasgow Coma Scale</li> <li>• Blood tests – ESR, U&amp;E, drug levels e.g. anticonvulsants</li> </ul>

<ul style="list-style-type: none"> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the neurological system and provide information, lifestyle and health promotion advice or referral.</li> </ul>		
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## Older Person

### Demonstrate knowledge and understanding of:

- Factors that affect the older person's physiological, psychological and social health.
- Local guidelines & pathways for older persons' health and well-being.
- The need for multi-agency working for older adult protection and know how to liaise with other health professionals/social services.
- How to make a referral to older person's and frailty teams and document appropriately.

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"><li>• Understand the implications of existing, co-morbid relevant condition/s.</li><li>• Understand the implications of polypharmacy and drug interactions during assessment of an older person</li><li>• Take a history, examine appropriately, make an assessment, refer for further investigation as necessary, and refer to other services effectively, with consideration of the age of the older person.</li><li>• Promote the health of the older person &amp; support them, families and carers in making informed choices.</li><li>• Manage key conditions and red flag conditions for older persons.</li><li>• Be aware of depression, social isolation, loneliness, bereavement and financial factors relating to health and well-being</li></ul>		<ul style="list-style-type: none"><li>• Temperature</li><li>• Pulse rate, rhythm, volume and character</li><li>• Blood pressure</li><li>• Respiratory rate</li><li>• Oxygen saturation</li><li>• Capillary refill time</li><li>• Appropriate systems review depending on presenting problem</li><li>• Memory assessment (e.g. 6CIT, GPCOG)</li><li>• Depression (e.g. HADS)</li><li>• Comprehensive Geriatric Assessment</li><li>• Falls assessment</li><li>• Blood tests appropriate to presentation</li><li>• Referrals to relevant specialty, frailty or community resource team</li><li>• Safeguarding</li><li>• Referral for regular eye and oral preventive care</li></ul>

<ul style="list-style-type: none"> <li>• Emphasise the importance of relevant immunisations and promote uptake in accordance with national schedules.</li> <li>• Be aware of local guidelines &amp; pathways for referral to teams and agencies that support older persons' health within your area.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> </ul>		
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## Paediatrics

### Demonstrate knowledge and understanding of:

- Factors that affect the child's health, growth/development. E.g. genetic background, family history, demographics, prenatal factors, family & cultural influences.
- Local guidelines & pathways for referral to paediatrics, community paediatrics, health visitors and school health team.
- The need for multi-agency working for child protection and know how to liaise with other health professionals/social services regarding children in need or with a child protection plan.
- Procedures & protocols in place both within & outside of the practice in relation to child safeguarding.
- How to make a referral to child safeguarding team and document appropriately.
- The role of the midwife, health visitor and school health team and know when and how to make a referral.

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Understand the implications of an existing relevant condition.</li> <li>• Take a history, examine appropriately, make an assessment, refer for further investigation as necessary, refer to other services effectively, with consideration of the age of the child/young person.</li> <li>• Have a sound understanding of factors that affect the child's/young person's health, growth/development. E.g. genetic background, demographics, prenatal factors, family &amp; cultural influences.</li> <li>• Promote the health of the child &amp; support parents in making informed choices.</li> <li>• Be aware of local guidelines &amp; pathways for referral to paediatrics, community</li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerable child</li> <li>• Rashes including inflammatory, infected, localised and systemic, napkin rashes</li> <li>• Pyrexia of unknown origin</li> <li>• Crying baby</li> <li>• Ear symptoms including otalgia, discharge</li> <li>• Eye symptoms including eye discharge, pink eye, red eye, visual symptoms</li> <li>• Cough/wheeze/stridor/respiratory distress/nasal symptoms</li> <li>• Sore throat</li> <li>• Vomiting, feeding problems, failure to thrive</li> <li>• Bowel symptoms including diarrhoea, constipation, worms</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse rate, rhythm, volume and character</li> <li>• Blood pressure</li> <li>• Respiratory rate</li> <li>• Oxygen saturation</li> <li>• Capillary refill time</li> <li>• Appropriate systems review depending on presenting problem</li> <li>• Referral criteria for midwife, health visitor, school health team, paediatrician, community paediatrician, child safeguarding</li> <li>• Blood tests – only when absolutely necessary – appropriate to presentation</li> </ul>

<p>paediatrics, health visitors and school health team.</p> <ul style="list-style-type: none"> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Manage key conditions and red flag paediatric conditions.</li> <li>• Emphasise the importance of childhood immunisations and promote uptake in accordance with the national schedule.</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary symptoms</li> <li>• Abdominal pain</li> <li>• Problem behaviour</li> <li>• Limp</li> <li>• Muscular-skeletal symptoms</li> <li>• Dental neglect</li> <li>• Behavioural problems</li> </ul>	
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## **Pain: assessment and management**

### **Demonstrate knowledge and understanding of:**

- Pain physiology as it relates to clinical presentation of pain and the effects of pain on the person.
- Pain assessment tools and methods.
- Atypical presentation of pain.

<b>Core Clinical Skills</b>	<b>Indicative presentations</b>	<b>Key clinical investigations / referrals (may include but not be limited to)</b>
<ul style="list-style-type: none"><li>• Understand the implications of an existing relevant condition.</li><li>• Demonstrate the ability to assess both acute and chronic pain.</li><li>• Recognise and acknowledge the effect of pain on the person's activities of daily living and well-being.</li><li>• Prescribe appropriately including the need for multimodal analgesic provision.</li><li>• Initiate and review treatment options.</li><li>• Recognise pain as potential cause of delirium and/or agitation.</li><li>• Promote multi-disciplinary and palliative care teams in working with people in pain.</li><li>• Carry out an assessment, using appropriate tests and make onward referrals as required.</li><li>• Be able to write a comprehensive and appropriate referral letter.</li></ul>	<ul style="list-style-type: none"><li>• Acute pain</li><li>• Chronic pain</li><li>• Worsening of pain</li><li>• Change in type of pain</li><li>• Ineffective management of pain</li><li>• Pain affecting sleep</li></ul>	<ul style="list-style-type: none"><li>• Pain Management Teams</li><li>• Investigations appropriate to presentation</li></ul>

Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

<b>Palliative &amp; End of Life</b>  <b>Demonstrate applied knowledge and understanding of:</b>  Key legal framework relating to end of life care such as, DNACPR, Advanced Directives, Lasting Power of Attorney, Allow Natural Death Orders and Treatment Escalation Plans.		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting in palliative care or in the last year to days of life.</li> <li>• Perform appropriate system and symptom assessment and examination.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan, to include the use of non-pharmacological interventions.</li> <li>• Identify the need for immediate treatment of oncology related palliative care emergencies such as metastatic spinal cord compression, superior vena cava obstruction and hypercalcaemia.</li> <li>• Identify and rationalise any need for additional support for the person and</li> </ul>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Nausea/vomiting</li> <li>• Agitation</li> <li>• Low mood</li> </ul>	<ul style="list-style-type: none"> <li>• Referral criteria and processes for pain &amp; symptomatic relief</li> <li>• Appropriate systems review depending on presenting problem</li> <li>• Referral for care – e.g. district nurses, palliative care, Macmillan</li> </ul>

<p>carer / family, socially, psychologically and medically.</p> <ul style="list-style-type: none"> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> </ul>		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

## Pharmaco-Therapeutics

- Demonstrate knowledge of the broad range of pharmaco-therapeutics considerations for medicines management in relevant ANP practice

## Core Clinical Skills

- Completion of the Royal Pharmaceutical Society Prescribing Competency Framework or local competency frameworks where these are in place
- Personal Formulary agreed and approved, if relevant.
- Primary Care Prescribing Number issued.
- Orientation of digital prescribing system.
- Awareness of Antibiotic Stewardship
- Complexity of prescribing in co-morbidities and balance of risk and benefit
- Methods of explaining risks to patients including patient info leaflets and decision aid resources
- Multiple drug interactions common in Primary Care prescribing
- Reporting mechanisms for adverse drug reactions
- Ethical considerations of pharmaceutical representatives, promotion regulations and conflict of interest
- Role of the Medicines Management Team & Advanced Pharmacy Practitioners within Primary Care
- Influenza, Pneumococcal and other relevant immunisation campaigns.
- Social Prescribing within Primary Care
- Opportunities and process for de-prescribing

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## Renal & Genito Urinary System

### Demonstrate applied knowledge and understanding of:

- The renal system, analysing severity and its impact on related systems.
- How the influencers of psych-social, family history, age, risk factors, symptomatic and clinical signs, are relevant to the normal and abnormal anatomy and physiology in people
- How the identifying relevant symptoms, clinical signs and the potential anatomical and physiological features are evident in:
  - People with Acute Kidney Injury.
  - People with Chronic Kidney Failure

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Identify the need for and initiate immediate treatment of person with obvious renal emergencies.</li> </ul> <p>Understand the implications of an existing GU/renal condition.</p> <ul style="list-style-type: none"> <li>• Take a structured and appropriate history of a person presenting with a renal or GU system problem.</li> <li>• Perform appropriate abdominal / genitourinary examination/assessment.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Supply and/or administer appropriate therapies.</li> <li>• Identify and rationalise need for additional tests such as urinalysis,</li> </ul>	<ul style="list-style-type: none"> <li>• Haematuria</li> <li>• Urinary symptoms – dysuria, frequency, urgency, hesitancy, incontinence, retention</li> <li>• Abnormal blood results – deranged renal function including chronic kidney disease (CKD) and Acute Kidney Injury (AKI)</li> <li>• Family history of kidney problems/diseases</li> <li>• Catheter issues</li> <li>• Recurrent infection</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Blood tests U&amp;Es, PSA, ACR</li> <li>• Abdominal examination – including inspection, auscultation, percussion &amp; palpation</li> <li>• Prostate examination</li> <li>• Urinalysis</li> <li>• Mid-stream urine culture</li> <li>• Ultrasound Kidneys, Ureters, Bladder (KUB)</li> <li>• Routine, urgent and 2 week wait referral criteria</li> </ul>

<p>ultrasound scan (KUB) and blood tests etc.</p> <ul style="list-style-type: none"> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Identify and manage complications with medical devices, such as urinary catheters and urostomies.</li> <li>• Recognise the effect lifestyle that the environment, lifestyle and genetics can have the renal &amp; GU systems and provide information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> </ul>		
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## Respiratory System

### Demonstrate applied knowledge and understanding of:

- The respiratory system, analysing severity, and its impact on related systems.
- How to recognise the influence of psycho-social, occupational family history, age, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology in people.

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Identify the need for and initiate immediate treatment of a person with obvious respiratory emergencies including respiratory arrest, respiratory distress and anaphylaxis.</li> <li>• Understand the implications of an existing respiratory condition.</li> <li>• Take a structured and appropriate history of a person presenting with a respiratory condition.</li> <li>• Perform appropriate respiratory assessment including inspection, palpation, percussion and auscultation.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Supply and/or administer appropriate therapies.</li> </ul>	<ul style="list-style-type: none"> <li>• Shortness of breath, breathing difficulties</li> <li>• Pain on breathing</li> <li>• Cough, including haemoptysis</li> <li>• Wheeze</li> <li>• Sleep apnoea</li> <li>• Pallor, cyanosis</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature,</li> <li>• Pulse rate, rhythm, volume and character</li> <li>• Blood pressure</li> <li>• Respiratory rate</li> <li>• Oxygen saturation</li> <li>• Respiratory examination – including inspection, auscultation, percussion &amp; palpation</li> <li>• Assessment for lymphadenopathy</li> <li>• Sputum sample</li> <li>• Chest X-ray</li> <li>• Blood tests –FBC, ESR</li> <li>• Peak flow rate</li> <li>• FeNO testing</li> <li>• Spirometry</li> <li>• Epworth Score</li> <li>• Routine, urgent and 2 week wait referral criteria</li> </ul>

<ul style="list-style-type: none"> <li>• Identify and rationalise need for additional tests such as X-Ray, blood tests, respiratory function tests etc.</li> <li>• Identify the need for additional clinical and professional support such as referral, second opinion etc.</li> <li>• Be able to write a comprehensive and appropriate referral letter.</li> <li>• Recognise the effect that the environment, lifestyle and genetics can have on the respiratory system and provide lifestyle and health promotion advice or referral, such as smoking cessation etc.</li> <li>• Recognise the impact of the presenting problem on the lifestyle and day to day living of the person.</li> </ul>		
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Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<b>Additional key clinical presentations</b>  Demonstrate knowledge and understanding of a range of additional clinical presentations, pertinent to the scope of practice of the individual practitioner.		
<ul style="list-style-type: none"> <li>• Take a structured and appropriate history.</li> <li>• Perform an appropriate examination/assessment.</li> <li>• Provide well evidenced differential diagnosis and suggested management/personalised care and support plan.</li> <li>• Identify the need for and initiate immediate treatment needs of a person.</li> <li>• Make suitable and appropriate referrals.</li> </ul>	<ul style="list-style-type: none"> <li>• Tired all the time</li> <li>• Generalised aches and pain</li> <li>• Lymphadenopathy</li> <li>• Sleep issues</li> <li>• Fever</li> <li>• Substance / alcohol misuse</li> <li>• Overdose / poisoning</li> <li>• Vulnerable adult</li> <li>• Family/carer concern</li> <li>• Genetic predisposition</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse</li> <li>• Blood tests – FBC, TFT, HbA1c, LFT, U&amp;Es</li> <li>• Appropriate systems review as per other sections depending on presenting problem</li> <li>• Referral to substance/alcohol misuse treatment services</li> <li>• Support services for carer/families</li> <li>• How to access information from poisons centre</li> <li>• Referral criteria and processes for assessment and support of vulnerable adults</li> <li>• Referral criteria for genetic screening, counselling</li> </ul>

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**Alternative modes of consultation (telephone, email, Skype, home visits, group, via interpreter etc.)**

**Demonstrate application of knowledge and understanding of:**

- The challenges of consulting using an alternative mode of consultation.
- The impact of non-verbal communication when using alternative modes of consultation.
- Adapting the consultation appropriately with special consideration of confidentiality (e.g. ensuring you are speaking to the correct person, consent etc.)
- The challenges of history taking remotely (e.g. without visual cues).

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> <li>• Have the skills to interpret with the use of an interpreter – this may be for language which may require a face to face or telephone interpreter e.g. British sign language interpreter, use of hearing loop, or Makaton interpreter.</li> <li>• Provide information to the person &amp; the interpreter about the purpose and the nature of the interaction.</li> <li>• Agree with the interpreter their role, any interventions they should make, and the level of detail required in the communication.</li> <li>• Explain to the interpreter any specific terms and concepts that the person may not understand.</li> </ul>	<ul style="list-style-type: none"> <li>• Any of the above presentations in the context of alternative modes of consultation context</li> </ul>	<ul style="list-style-type: none"> <li>• Interpreter services</li> <li>• Advocacy groups</li> <li>• Local Government/Social care</li> <li>• Third-Sector organisations</li> </ul>

<ul style="list-style-type: none"> <li>• Clarify with the interpreter any communications from the person that you are not able to understand.</li> <li>• Support the interpreter to work in ways that promote the person's rights and choices, respect their experiences, expertise and abilities and promote inclusion.</li> <li>• Ensure the interpreter allows sufficient time for the person to communicate fully their thoughts, views, opinions and wishes.</li> <li>• Monitor the understanding of all involved and the effectiveness of the interpretation.</li> <li>• Modify interactions to improve communication and understanding.</li> <li>• Summarise communication at appropriate points to ensure that all involved agree what has been communicated and any actions to be taken.</li> </ul>		
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<b>PRIMARY CARE ADVANCED PRACTICE PILLAR 2: MANAGEMENT &amp; LEADERSHIP</b>	<b>Date/Sig</b>	<b>Evidence</b>	<b>Date/Sig</b>	<b>Evidence</b>
<b>Demonstrate application of knowledge and understanding of:</b>				
• Identifying the need for change				
• Leading innovation				
• Managing change				
• Service development				
• Developing the case for change				
• Negotiation & influencing skills				
• Networking				
• Team Development				
<b>PRIMARY CARE ADVANCED PRACTICE PILLAR 3: EDUCATION</b>	<b>Date/Sig</b>	<b>Evidence</b>	<b>Date/Sig</b>	<b>Evidence</b>
<b>Demonstrate application of knowledge and understanding of:</b>				
• Principles of teaching & learning				
• Supporting others to develop their skills & knowledge				
• Promotion of learning / facilitating a learning environment				

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• Service user teaching and information giving				
• Developing service user education materials				
• Teaching, mentorship & coaching				
• Clinical supervision coordination				
<b>PRIMARY CARE ADVANCED PRACTICE PILLAR 4: RESEARCH</b>	<b>Date/Sig</b>	<b>Evidence</b>	<b>Date/Sig</b>	<b>Evidence</b>
<b>Demonstrate application of knowledge and understanding of:</b>				
• Ability to access research / use information systems				
• Critical appraisal / evaluation skills				
• How to become involved in undertaking or participating in clinical research				
• Qualitative research				
• Quantitative research				
• Systematic reviews & meta-analysis				
• The 'hierarchy of evidence' and strength of research				
• Involvement in audit and service evaluation				
• Ability to implement research findings into practice				

• Development of policies, protocols & guidelines				
• Conference presentations				
• Publications				
• NIHR Good Clinical Practice Certificate achieved.				

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Personal Development Plan

TRAINING PRIORITIES AGREED	DETAIL OF UNDERPINNING THEORY & PRACTICAL SUPERVISION	TIMELINE FOR ATTAINMENT
ASSESSED BY:		
DATE:		
NEXT REVIEW PERIOD:		

## Appendices

### Appendix 1

#### The Continuum from Advanced Practitioner to Consultant Practitioner

The four pillars that articulate advanced practice roles map closely to the five components of Nurse, Midwife and AHP Consultant roles for NHS Wales, as articulated in the non-medical Consultant Practitioner Guidance (Healthcare Inspectorate Wales (HIW), 2007).

The five Consultant components are:

- Expert advanced practice
- Education, training and development
- Leadership and consultancy
- Research and evaluation
- Strategic service development.

It is expected that the Consultant role reaches high/expert levels across all these components, compared with the Advanced Practitioner, where the requirement is fully realised expert advanced practice, with lower levels of expertise and practice in the other components/pillars. In particular, there is not a general remit for strategic service development in the advanced practice role.

From Advanced Practice Framework for Wales (2010)

**Appendix 2**

**Contributors to the GPN Competence Framework for Wales**

**Alyson Lloyd-Thomas**  
Primary Care Nurse Advisor  
Hywel Dda University Health Board (UHB)

**Dr Angela Roberts**  
Lead Nurse Primary Care (central)  
Betsi Cadwaladr UHB

**Catrin Macey**  
Clinical Lead Nurse Primary Care West  
Betsi Cadwaladr UHB

**Chiquita Cusens**  
National Lead Nurse for Primary and  
Community Care,  
Strategic Programme for Primary Care,  
Wales

**Chris Poole**  
Team Leader for Primary Care Nursing  
Service  
Cwm Taf Morgannwg UHB

**Chrissie Owens**  
Senior Nurse Infection Prevention and  
Control  
Powys Teaching Health Board

**Dawn Parry**  
Primary Care and Community Advanced  
Nurse Practitioner  
Aneurin Bevan UHB

**Emily Davies**  
Senior Nurse for Sustainability, Primary  
Care, Community & Therapy Group  
Swansea Bay UHB

**Helen Earland**  
Clinical Operational Lead, PCIC & GP  
OOH  
Cardiff and Vale UHB

**Juliet Norwood**  
South-East Wales Regional Nurse.  
Macmillan Primary Care Cancer  
Framework

**Kate Wakeling**

Nurse Practitioner, PCIC  
Cardiff and Vale UHB

**Louise Walby**  
Senior Nurse, Primary Care Team  
Cwm Taf Morgannwg UHB

**Lucy Kings**  
Head of Nursing Primary Care  
Aneurin Bevan UHB

**Lynne Cronin**  
Senior Nurse, PCIC  
Cardiff and Vale UHB

**Marie Davies**  
Deputy Director of Nursing  
Powys Teaching Health Board

**Michelle Treasure**  
Clinical Educator, PCIC  
Cardiff and Vale UHB

**Natalie Janes**  
Senior Nurse, Primary Care and  
Community  
Aneurin Bevan UHB

**Nia Boughton**  
Consultant Nurse - Primary Care  
Betsi Cadwaladr UHB

**Pam Penman**  
Independent Sector and Community  
Advisor  
RCN Wales

**Paul Labourne**  
Nursing Officer  
Welsh Government

**Polly Leet**  
Senior Nurse Primary Care  
Hywel Dda UHB

**Rebecca Gill**  
Clinical Practice Educator  
Cwm Taf Morgannwg UHB

**Shelley Lewis**  
Practice Development Nurse, Primary  
Care  
Betsi Cadwaladr UHB

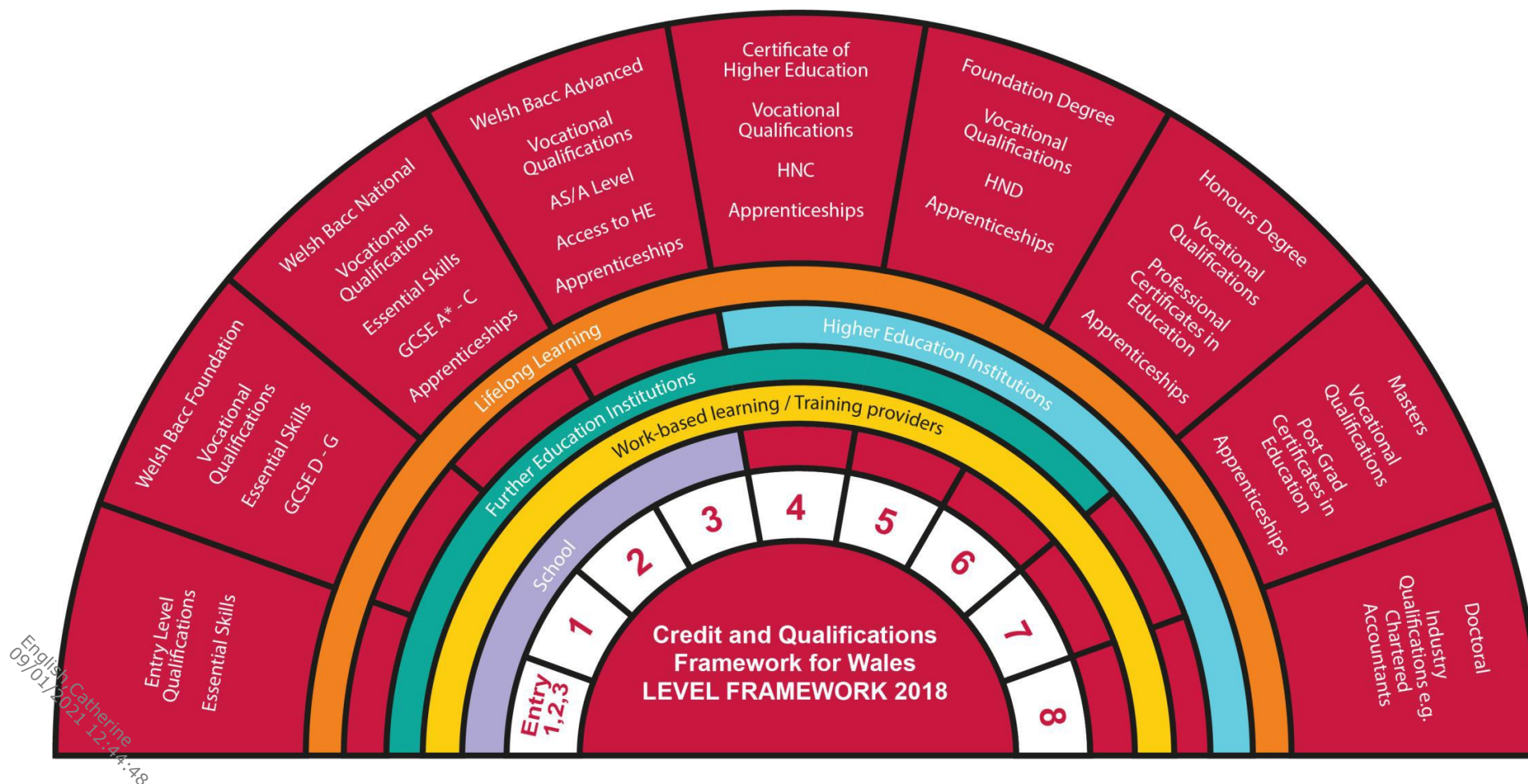
**Dr Sue Thomas**  
Primary Care Advanced Nurse  
Practitioner, Wellspring Medical Centre &  
Primary Care Cluster Lead, Newport West  
Aneurin Bevan UHB

English Catherine  
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## Appendix 3

### Credit and Qualifications Framework for Wales: Learning and Progression Routes (From CQFW, 2018)

The Levels capture all learning from the very initial stages (Entry) to the most advanced (Level 8). The Fan diagram illustrates the levels and examples of qualifications and learning provision that are included in it.



## Appendix 4

# KEY ELEMENTS OF THE CAREER FRAMEWORK

9	<b>More Senior Staff - Level 9</b> Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.
8	<b>Consultant Practitioners- Level 8</b> Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.
7	<b>Advanced Practitioners - Level 7</b> Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.
6	<b>Senior Practitioners/Specialist Practitioners - Level 6</b> Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.
5	<b>Practitioners - Level 5</b> Most frequently registered practitioners in their first and second post-registration/ professional qualification jobs.
4	<b>Assistant Practitioners/Associate Practitioners - Level 4</b> Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.
3	<b>Senior Healthcare Assistants/Technicians - Level 3</b> Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).
2	<b>Support Workers - Level 2</b> Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.
1	<b>Initial Entry Level Jobs - Level 1</b> Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.

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From Skills for Health, 2003



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