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Health Education and
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An NHS Wales Competence Framework for Nurses working in General Practice

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)

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

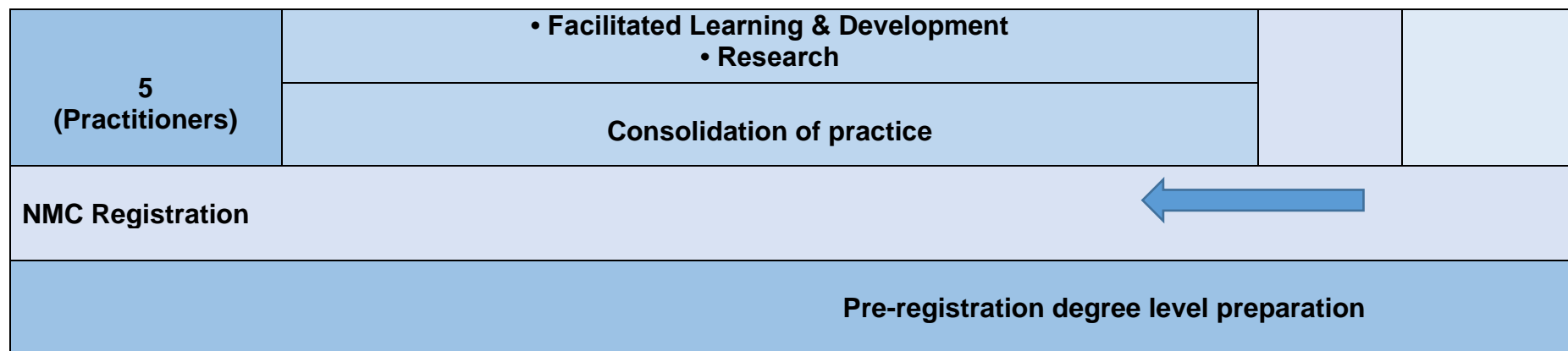
The Post Registration Nursing Career Framework for Wales (Welsh Government, 2009) was developed to *"set out the expectations of clinical skills and behaviours at different levels on the route from novice to expert and iron out inequalities in roles that may have developed in ad hoc ways that cause confusion 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)	Consultant, senior and strategic level roles, Senior clinical academic and academic/research roles. Continued education in the “4 pillars”, plus (where relevant) - Strategic service planning and development - Corporate skills/responsibilities		Post graduate to doctoral level study
8 (Consultant/senior staff)			
7 (Advanced practitioners)	Advanced generalist and specialist roles, ward manager posts, management, education and research posts Continued education in the “4 pillars”		
Advanced practice			
6 (Senior practitioners)	Generalist and specialist clinical posts, academic and teaching posts. Continued education in the “4 pillars” of: • Clinical/Professional Practice • Leadership and Management		Graduate and post graduate level study



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.

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	HC Support Worker (HCSW)	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"> • Phlebotomy (and assist in anticoagulation monitoring) • Assist in some clinical activities such as injections, ECGs, CCM clinics • Perform health checks • Undertake health promotion activities • Process laboratory samples • Restock consulting rooms • Maintain equipment supplies 	<ul style="list-style-type: none"> • Level 3 or 4 diplomas in subjects relevant to working in general practice 	<p>Ability to:</p> <ul style="list-style-type: none"> • Develop and maintain competence in all relevant areas of clinical activity, in line with the NHS Wales' Framework for HCSWs (2015)
5	General Practice Nurse (GPN)	<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"> • Treatment room & clinical procedures • Assisting with and undertaking uncomplicated conditions and health reviews, whilst developing further skills, knowledge and application to practice • Administration of vaccines and injectable medications • ECG and diagnostic procedures 	<ul style="list-style-type: none"> • NMC registered • Level 6 post graduate courses for clinical activities. • Smear takers course • CPD, courses and study events. 	<p>Ability to:</p> <ul style="list-style-type: none"> • Develop and maintain competence in all areas relating to safe undertaking of the job description • Support students and members of the nursing team • Undertake clinical supervision activity

			<ul style="list-style-type: none"> • Familiarisation of primary care approaches, such as promotive, preventive, curative, palliative care • Familiarisation of general practice IT and administration processes 		<ul style="list-style-type: none"> • Take part in professional development, education and research activity
6	General Practice Nurse (GPN)	<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"> • Contraception reviews • Childhood and adult immunisation schedules • Travel health • Cervical screening • Health risk assessment, health promotion and lifestyle support, including signposting • 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 	<ul style="list-style-type: none"> • NMC registered • In addition to previous level: • Level 6 post graduate courses e.g. in women’s health, chronic disease, minor illness. • Working towards Specialist Practice Qualification (SPQ) in general practice 	<p>Ability to:</p> <ul style="list-style-type: none"> • Develop and maintain competence in all areas relating to safe undertaking of the job description • Support members of the nursing team • Support students • Undertake clinical supervision activity • Take part in professional development, education and research activity • Work towards Master’s degree study, if planning career progression

7	Specialist Nurse in General Practice	<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"> • 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 • Management of nurse-led women's health programmes, including contraception, HRT, cervical screening • Management of nurse-led clinical interventions relevant to the practice and patients registered with the practice • Includes independent prescribing of medicines for patients 	<ul style="list-style-type: none"> • NMC registered • In addition to previous level: • Level 6 (level 7 if post-grad and available locally) • Specialist Practice Qualification (SPQ) in general practice. (i.e. Mastery of the specialist area of practice nursing) e.g. health and chronic conditions areas. • Portfolio of Advanced Practice • Independent prescribing • Relevant post graduate qualifications 	<p>Ability to:</p> <ul style="list-style-type: none"> • Assess patient needs, order and interpret tests, diagnose and formulate management and treatment plans, including independent prescribing. • Use validated tools to assess population health needs • Use an evidence base to identify and lead in developing support measures, following needs assessment • Lead the nursing team in clinical supervision, professional development, education and research. • Lead the support of students • Lead and undertake research activity within the practice environment • Work towards PhD
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7	Advanced Nurse Practitioner (ANP) in General Practice	<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"> • Nurse-led assessment, diagnosis and clinical care planning and conditions management for individual patients with a range of undifferentiated and undiagnosed health concerns • Management of nurse-led clinical interventions relevant to the practice and patients registered with the practice • Includes independent prescribing of medicines for patients 	<ul style="list-style-type: none"> • NMC registered • In addition to previous level: • Level 7 MSc (i.e. Mastery of "4 Pillars" of advanced clinical practice) • Portfolio of Advanced Practice • Independent prescribing • Relevant post graduate qualifications 	<p>Ability to:</p> <ul style="list-style-type: none"> • Undertake undifferentiated clinical patient assessment, investigation, diagnosis and management/treatment, including independent prescribing • Lead the nursing team in clinical supervision, professional development, education and research. • Lead the support of students • Lead and undertake research activity within the practice environment • Work towards PhD
8	Nurse partner in general practice	<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"> • Identifying and leading the nursing contribution to improvements in patient care and business sustainability and growth within the practice • Managing and planning resources allocated to the nursing team, including personnel and financial budget 	<ul style="list-style-type: none"> • NMC registered • As above, relevant to clinical role undertaken • Relevant post graduate qualifications, including for e.g. leadership, 	<p>Ability to:</p> <ul style="list-style-type: none"> • Provide leadership and clinical governance • 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 • Manage aspects of the practice's contractual

				business management <ul style="list-style-type: none"> • Maintaining 4 Pillars of advanced practice 	obligations to provide safe and effective health care to registered patients <ul style="list-style-type: none"> • Manage financial and personnel aspects of the practice business
8	Consultant Nurse in Primary Care	<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"> • Provide expert clinical advice and mentorship, professional development and educational support to nurses in general practice across a geographical area. • Lead and undertake research activity across a geographical patch of general practices 	<ul style="list-style-type: none"> • NMC registered • Working towards or achieved PhD • Independent prescribing • Relevant post graduate qualifications • Maintaining 4 Pillars of advanced practice 	Ability to: <ul style="list-style-type: none"> • Provide expert clinical advice and mentorship, professional development and educational support • Take a strategic and operational role in clinical supervision, professional development and education • Identify, initiate, lead and undertake research activity across a geographical patch of general practices

		and research), including job planning.			
9	Primary Care Cluster (PCC) Lead	<p>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.</p> <p>(Recommended 20% clinical pillar and 80% leadership, education</p>	<ul style="list-style-type: none"> • Lead the PCC in development of a strategic delivery plan, in line with the annual planning cycle • Oversee aspects of service development, delivery and transformation with the PCC area • Remodel care pathways, in partnership with key stakeholders across the cluster area • Ensure stewardship of substantial PCC resources, in line with HB standing financial instructions 	<ul style="list-style-type: none"> • NMC registered • Achieved PhD • Relevant post graduate qualifications, including: leadership, resource management, business planning, population needs assessment, service redesign, project management, 	<p>Ability to:</p> <ul style="list-style-type: none"> • Provide leadership across a broad network of primary care & community partnerships • Take a strategic approach to population needs assessment, service transformation, governance and stewardship

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

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:

Self and colleague health and wellbeing

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

Professional and Legal Aspects of Nursing in General Practice

	First Review		Second Review		
Nurses at all levels should demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
• Maintain effective NMC registration					
• Undertake 3-yearly NMC revalidation https://www.nmc.org.uk/revalidation/resources/					
• 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					
Nurses at all levels should demonstrate up-to-date knowledge and competence in the core areas of:					
<ul style="list-style-type: none"> • Applying the NMC Code in daily practice • Revalidation and Fitness to Practice • Duty of Care • Safeguarding • Child and vulnerable adult protection • Duty of Candour • Vicarious liability and professional indemnity • Record keeping 					

<ul style="list-style-type: none"> • Access to health records • Accountability and Delegation • Use of clinical guidelines/protocols/patient group directions/patient specific directions • Basic Life Support • Anaphylaxis • Manual handling • Fire safety • Health and safety • Infection control 					
Nurses at all levels 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					
Demonstrate knowledge and understanding of:					

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

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

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

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

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

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					

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"> • definition of consent, • valid consent • informed consent/consent by co-operation • capacity to consent 					
apply the principles of consent to practice, including; <ul style="list-style-type: none"> • who should seek consent and when • who can provide consent • form of consent i.e. written, verbal, non – verbal • duration of consent 					
apply the principles of consent and confidentiality to practice, including; <ul style="list-style-type: none"> • Consent for sharing information and • When information be shared without consent 					
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					

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)					

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					
Demonstrate awareness of:					
local contacts and access information for voluntary and statutory services that may be useful to patients					

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					

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

	First Review		Second Review		
Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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"> • Collapse • Asphyxia • Anaphylaxis • Vasovagal Syncope • Acute chest Pain • Cerebrovascular episode • Convulsions • Head Injury • Hyper and Hypoglycaemia • Acute respiratory problems • Haemorrhage • Poisoning • Burns • Fractures 					

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

Health & Safety

	First Review		Second Review		
Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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"> • Violence and Aggression • Fire • Manual handling risks • Safe Management of Sharps 					
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					
Demonstrate awareness of:					
local policies and procedures including; <ul style="list-style-type: none"> • Needle stick Injuries • Manual Handling • Monitoring the state of equipment and furniture • Current recommendations for the safe use of VDU screens and workspaces 					

Infection Control

	First Review		Second Review		
Demonstrate ability to:	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"> • Covid-19 or any relevant infection spread risk • Hand washing • Universal hygiene precautions 					

<ul style="list-style-type: none"> • Collection and handling of laboratory specimens • Segregation and disposal of waste materials • Decontamination of instruments and clinical equipment • Dealing with blood and body fluid spillages 					
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"> • Anaphylaxis • Basic Life Support • Manual Handling • Fire Safety • Infection Control/ANTT 					
Demonstrate awareness of:					
<ul style="list-style-type: none"> • National and local IPC policies, including for Covid-19 • The lead nurse for IPC in local area 					

<ul style="list-style-type: none">• Antimicrobial resistance and the nurse role in antibiotic safeguarding					
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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

NAME

PRACTICE

START DATE

REVIEWER/MENTOR NAME

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"> • Gaining insight into yourself and your own behaviours through reflection on events • obtaining, analysing and acting on feedback from a variety of sources • accessing coaching if appropriate • being able to identify and manage your own emotions and prejudices, understanding how these can affect your own judgment and behaviour and how they can impact on patients and colleagues • being able to professionally manage the emotions of others • upholding and being a good model of personal and professional ethics and values • recognising and respecting the values and ethics of others 					
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		
Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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					
Demonstrate awareness of:					
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

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.					
Demonstrate awareness of:					
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					

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"> • Urinalysis and preparation of specimens for Path lab investigation • Blood pressure • Home blood pressure monitoring • Manual pulse rate and rhythm • Respiratory rate • Temperature • Height/Weight/BMI • Waist Circumference • ECGs • Blood glucose monitoring • Venepuncture • Patients inhaler techniques and undertaking peak flow readings 					
<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"> • Ear/nose/throat/groin/wound • Chlamydia/HVS • Urine 					

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

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

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"> the outer ear the ear canal the tympanic membrane 					
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

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

Guidelines and protocols - www.earcarecentre.com

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.

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

www.wounds-uk.com

www.cks.nice.org.uk/lacerations

www.welshwoundnetwork.org

www.woundsinternational.com

Health Promotion

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

<ul style="list-style-type: none"> • Alcohol use • Legal or illegal substance abuse • Sexual health 					
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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"> • learning difficulties • language and communication barriers including patients of other ethnicities • Memory issues 					
Be familiar with the National Health Cancer Screening Services including <ul style="list-style-type: none"> • Breast Cancer • Cervical Cancer 					

<ul style="list-style-type: none"> • Bowel Cancer and Prostate Cancer Risk Management • Abdominal Aortic Aneurysm <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
Briefly describe the red flags for suspected cancer:					
Prostate, lung, breast, ovarian, cervical, melanoma.					
Briefly describe the “single cancer pathway”					

Resources to support you.

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

[What is cancer? | Cancer Research UK](#)

[Cancer information and support - Macmillan Cancer Support](#)

[Welsh Cancer Intelligence and Surveillance unit \(WCISU\) - Public Health Wales \(nhs.wales\)](#)

[wales-cancer-patient-experience-survey-2016.pdf \(gov.wales\)](#)

[Rapid referral guidelines \(macmillan.org.uk\)](#)

[Single Cancer Pathway - NHS Wales Health Collaborative](#)

<u>Support through treatment</u>	Date	Signature	Date	Signature	Type of evidence
Demonstrate ability to:					
Give a brief 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 brief 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 \(macmillan.org.uk\)](#)

Meeting the needs of people affected by cancer	Date	Signature	Date	Signature	Type of evidence
Demonstrate ability to:					
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.

<u>Carrying out a cancer care review in your practice.</u>	Date	Signature	Date	Signature	Type of evidence
Demonstrate awareness of:					
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/resources-for-gps)

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

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

Further information visit

www.howis.wales.nhs.uk/screeningprofessionals/home

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"> • Vaginal discharge • Urinary incontinence Make an initial assessment, referring as appropriate, patients presenting with: <ul style="list-style-type: none"> • The effects of the menopause. Teach and encourage patients to be 'breast aware'.					

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

Resources:

The British Menopause Society

www.thebms.org.uk

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					
	First Review		Second Review		

Demonstrate awareness of:	Date	Signature	Date	Signature	Type of Evidence
Local referral pathways and local sexual health clinics					
Local HIV policies and referral pathways					

Further resources

www.fsrh.org

www.bpas.org

www.fpa.org

www.maristopes.org.uk

www.nupas.co.uk

www.bashh.org/guidelines

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

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"> • Prostate disease, including cancer • Erectile dysfunction • PSA 					

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/>

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"> • Signs and symptoms • Investigative procedures • Treatments • Cardiac Rehabilitation 					
Obtain and record an accurate manual blood pressure					
Record vital signs accurately: <ul style="list-style-type: none"> • pulse rate and rhythm • respiratory rate • temperature • oxygen saturation 					
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"> National exercise referral scheme Dietician/weight management Smoking cessation 					

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

Further resources

www.nice.org.uk/guidance/cg127

www.bihsoc.org/

www.bhf.org.uk

www.bpassoc.org.uk

www.cks.nice.org.uk/lipid-modification-cvd-prevention

www.nersdb.info

www.bdaweightwise.com/

www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/

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					
Promote self-care, including:					
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					

Support nutritional needs for diabetes, including:					
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					

<u>Blood glucose monitoring</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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					

	First Review		Second Review		
<u>Oral Therapies</u>	Date	Signature	Date	Signature	Type of Evidence

Demonstrate ability to:					
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>Injectable therapies including insulin</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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.					

<u>Hypoglycaemia</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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		Type of Evidence
	Date	Signature	Date	Signature	
<u>Hyperglycaemia and sick day rules</u>					
Demonstrate ability to:					
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
Demonstrate ability to:					
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					

First Review	Second Review
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<u>Pregnancy, Pre conception, ante natal and post-natal</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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.					

<u>Hypertension and CHD</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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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<u>Neuropathy</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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					

<u>Retinopathy</u>	Date	Signature	Date	Signature	Type of Evidence

Demonstrate ability to:					
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>Nephropathy</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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

<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
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	Type of Evidence
Demonstrate ability to:					

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					

First Review	Second Review
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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					

<u>Core Skills and Competence</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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					

First Review	Second Review
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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					

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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					

<u>Management of patient's with COPD – Knowledge</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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					

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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)					

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence

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					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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 ARTTP guidance, (all staff who perform spirometry should be fully ARTTP trained and accredited)					

First Review	Second Review
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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.					

First Review	Second Review
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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/

www.nhs.uk/conditions/asthma/

www.blf.org.uk/support-for-you/asthma

www.cks.nice.org.uk/asthma

www.nice.org.uk/guidance/ng80

www.nice.org.uk/guidance/cg101

www.nice.org.uk/guidance/NG115

www.cks.nice.org.uk/chronic-obstructive-pulmonary-disease

www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd

www.brit-thoracic.org.uk/guidelines-and-quality-standards/asthma-guideline/

www.lunguk.org

www.ginasthma.org

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. 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.

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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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					

First Review	Second Review
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<u>Core Skills</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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.					

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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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.					

<u>Clinical process and procedure</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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.					

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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.					

First Review	Second Review
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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	
Demonstrate awareness of:					
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



PHW Flu training



PHE
recommendations 20: COVID-19Core_comp

<http://nww.immunisation.wales.nhs.uk/home>

<http://nwww.immunisation.wales.nhs.uk/green-book>

www.gov.uk/government/collections/immunisation

www.gov.uk/government/publications/immunisationtraining-national-minimum-standards

www.rcn.org.uk/clinical-topics/public-health/immunisation

www.rcn.org.uk/professional-development/publications/pdf-006943

www.rcn.org.uk/professional-development/publications/pub-007201

www.apps.who.int/immunization_monitoring/globalsummary/schedules

www.vaccine-schedule.ecdc.europa.eu/

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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<u>Demonstrate ability to:</u>	Date	Signature	Date	Signature	Type of Evidence
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					

<u>Demonstrate ability to:</u>	Date	Signature	Date	Signature	Type of Evidence
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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<u>Consultations</u>	Date	Signature	Date	Signature	Type of Evidence
<u>Demonstrate ability to:</u>					
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					

<u>Consultations</u>	Date	Signature	Date	Signature	Type of Evidence
<u>Demonstrate ability to:</u>					
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					

First Review	Second Review
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Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
Provide individual advice to the traveller regarding: <ul style="list-style-type: none"> • accident prevention and the importance of adequate travel insurance • safe food, water and personal hygiene protective measures • Safe sex/sexual health • prevention of blood-borne and sexually transmitted diseases • general insect bite prevention • prevention of animal bites particularly rabies including wound management • prevention of sun and heat complications • personal safety and security • 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 					

• 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					

First Review	Second Review
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<u>Professional Responsibility</u>	Date	Signature	Date	Signature	Type of Evidence
Demonstrate ability to:					
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
www.bhiva.org/vaccination-guidelines
www.janechiodini.co.uk/wp-content/uploads/2017/08/PN-Travel-health-update-August-2015.pdf
www.sciencedirect.com/science/article/abs/pii/S1477893912000671
www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk
nathnacyfzone.org.uk/become-a-yfvc
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/
www.travax.nhs.uk/
travelhealthpro.org.uk/
www.gov.uk/foreign-travel-advice
www.janechiodini.co.uk/help/faqs/faq-1-prescribing-travel/
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"> • Depression • Generalised anxiety disorders • Suicide awareness • Dementia • Work related stress 					

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>

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

NAME
PRACTICE
START DATE

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

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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					

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

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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					

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:

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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

Demonstrate ability to:	Date	Signature	Date	Signature	Type of Evidence
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.

General Practice Advanced Nurse Practitioner: Competency Framework

NAME	
NMC PIN NUMBER	
CLINICAL SUPERVISOR/ASSESSOR NAME & ROLE	
DATE	

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.

- 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.

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:	
•	Establish rapport for a therapeutic relationship, obtain consent if appropriate taking account of relevant legal & professional considerations.
•	Access and interpret all available and relevant patient records to ensure knowledge of the patient's management to date.
•	Recognise when a focused history is required relating to a specific presenting problem.
•	Recognise that conditions can present differently in people, and that many presentations can be attributed to more than one system
•	Understand how individuals' current medication and existing conditions may affect their presenting symptoms
•	Make, confirm or understand the working or final diagnosis by systematically considering the various possibilities.
•	Undertake an appropriate physical examination and clinical observations.
•	Request and interpret relevant investigations necessary to inform treatment options
•	Understand the condition(s) being treated, the natural progression and how to assess severity, deterioration and anticipated response to treatment.
•	Assess and recognise 'red flags' for the variety of presenting problems and show an awareness of 'masquerading red flags'.
•	Review adherence to and effectiveness of current management plan including therapeutic concordance.
•	Recognition of normal variations of aging / disease profiles throughout life.
•	Refer to or seek guidance from another member of the team or a specialist when necessary.
•	Prescribe safely and appropriately, taking account of the option for de-prescribing, delayed prescribing and social prescribing.
•	Discuss prognosis and have an understanding of indicators which suggest when a patient is entering the palliative or last stage of life phases.
•	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">• Formulate a management plan in conjunction with the patient including self-care, continuing care arrangements and safety netting. |
| <ul style="list-style-type: none">• Provide written information and education links / leaflets where appropriate |

Alcohol and substance misuse		
<ul style="list-style-type: none"> • 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. 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with an alcohol or substance problem. • Understand the implications of misuse or addiction condition. • Perform an appropriate physical examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of a person • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. 	<ul style="list-style-type: none"> • Cirrhosis • Portal hypertension • Varices • Vitamin deficiencies • Withdrawal 	<ul style="list-style-type: none"> • Relevant alcohol and substance misuse assessment questionnaires (e.g. Alcohol Use Disorders Identification Test/AUDIT) • Screening for blood borne viruses • Referral to local Drug and Alcohol Services • Referral to relevant crisis team • Referral to brief intervention team • Referral for treatment of ongoing health issues, such as dental infections • Safeguarding considerations

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

Cardiovascular System <ul style="list-style-type: none"> • Demonstrate knowledge of the cardiovascular system, analysing potential severity and the impact on related systems. • Demonstrate knowledge of the influencing factors such as psycho-social & family history, risk factors, age, symptomatic and clinical signs. 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Identify the need for and initiate immediate treatment of person with obvious cardiovascular emergencies including cardiac arrest, cardiac chest pain. • Understand the implications of an existing cardiovascular condition. • Take a structured and appropriate history of a person presenting with a cardiovascular condition. • Perform appropriate cardiovascular assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Supply and/or administer appropriate therapies. • Instruct & support service users in the use of medicines and devices. • Identify and rationalise need for additional tests such as ECG, X-ray, blood tests, echo etc. 	<ul style="list-style-type: none"> • Chest pain • Chest discomfort • Orthopnoea • Palpitations • Irregular pulse • Oedema • Blood pressure issues 	<ul style="list-style-type: none"> • Temperature • Pulse rates, rhythm, volume and character • Blood pressure • Respiratory rate • Cardiovascular examination – including inspection, auscultation, percussion & palpation • Chest X-ray • Bloods – FBC, U&Es TFT, ESR, lipid profile, HbA1c, BNP • Electrocardiograph (ECG) • Echocardiogram (Echo) • 24-hour BP monitoring • 24-hour ECG Monitoring • Use of risk factor calculators • Routine, urgent and 2 week wait referral criteria

<ul style="list-style-type: none"> • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • 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. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Dermatology <ul style="list-style-type: none"> • Demonstrate knowledge of the dermatological system including the gross and surface anatomy of skin. • 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"> • Take a structured and appropriate history of a person presenting with a skin problem. • Understand the implications of an existing skin condition. • Perform an appropriate skin and or wound examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Use of appropriate descriptors such as ABCDE • Identify the need for and initiate immediate treatment of a person with obvious skin emergencies. • Identify and initiate appropriate treatment for people presenting with minor wounds. • Follow national guidance and national navigation pathways to identify and rationalise need for additional tests such as biopsy, swab, doppler etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. 	<ul style="list-style-type: none"> • Rash – localised • Rash – systemic • Itching • Infestation • Spots • Skin lesions, moles • Nail issues/changes • Changes in pigmentation • Skin ulcers • Skin wound – minor & complex • Post-operative wounds • Minor injury 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Inspection, palpation • Skin and/or nail scrapings/samples • Blood tests FBC, calcium, U&Es, LFT, ESR, CRP, TFT, haematinics, • Routine, urgent and 2 week wait referral criteria

<ul style="list-style-type: none"> • Be able to write a comprehensive and appropriate referral letter. • Recognise the effect that the environment, lifestyle and genetics can have on the skin and provide information, lifestyle and health promotion advice or referral. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Ears, Nose, Throat and Mouth care <ul style="list-style-type: none"> • 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"> • Take a structured and appropriate history of a person presenting with a person presenting with an ears, nose and/or throat condition. • Understand the implications of an existing ENT condition. • Perform an appropriate ENT examination/assessment. Including ear, nose/nasal, pharynx, mouth. • Identify the need for and initiate immediate treatment of a person with obvious ENT and dental emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as swabs, blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. 	<ul style="list-style-type: none"> • Dizziness • Vertigo • Otalgia • Otorrhoea • Sinus pain • Nasal pain, obstruction • Mouth pain and infection • Neck swelling • Sore throat • Throat swellings • Tinnitus • Hearing loss • Snoring • Voice changes 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Respiratory rate • Assessment for lymphadenopathy • Blood tests – FBC, calcium, glandular fever screen, TFT • Routine, urgent and 2 week wait referral criteria • Otoscopy • Routine, urgent and 2 week wait referral criteria •

<ul style="list-style-type: none"> • 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. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Emergency Presentations <ul style="list-style-type: none"> • Demonstrate knowledge of the range of emergency person presentations, understanding the complex interrelations of body systems and their inter-dependencies on life. • Demonstrate knowledge of what appropriate actions to take in a range of emergency situations. 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with a skin problem. • Understand the implications of an existing skin condition. • Perform an appropriate skin and or wound examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Use of appropriate descriptors such as ABCDE • Identify the need for and initiate immediate treatment of a person • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. 	<ul style="list-style-type: none"> • Respiratory distress • Cardiovascular adverse signs • Anaphylaxis • Angioedema • Collapse • Seizure • Sepsis • Non blanching rash • Overdose/poisoning • Suspected diabetic ketoacidosis • Meningism • Limp child 	<ul style="list-style-type: none"> • Emergency procedures for seeking assistance and calling ambulance • How to use the emergency equipment including basic life support, oxygen and defibrillator • Administration of adrenalin • Administration of benzylpenicillin or equivalent for those with penicillin allergy • Initiation of the sepsis guidelines • Initiation of NEWS score if used locally • Notification of clinically suspected notifiable infectious diseases

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

Eyes <ul style="list-style-type: none"> • Demonstrate knowledge of the ophthalmic system and any impact on related systems. • 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. 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with an eye problem. • Understand the implications of an existing eye condition. • Perform an appropriate ocular, fundoscopic and visual examination / assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of a person with obvious eye emergencies. • Identify and rationalise need for additional tests such as fluorescein staining, slit lamp or conjunctival swabs and referral for such if required • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. 	<ul style="list-style-type: none"> • Red eye • Painful red eye • Painful eye – including eye & or lids • Visual disturbance – blurred vision, diplopia, flashing lights, floaters • Acute loss of vision • Eye discharge • Eye injury • Foreign Body • Swollen eye/lid 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Blood pressure • Eye examination including inspection and palpitation • Visual acuity • Fundoscopy • Pupils • Routine, urgent and 2 week wait referral criteria • Wales Eye Care Service

<ul style="list-style-type: none"> • Recognise the effect that the environment, lifestyle and genetics can have on the eye and provide • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Family Planning & Sexual Health		
<ul style="list-style-type: none"> • Demonstrate knowledge of male and female reproductive systems and any impact on related systems. • Demonstrate knowledge of how to recognise any injury, psycho-social, family & occupational history, age, symptomatic and clinical signs are 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"> • Understand the implications of an existing relevant condition. • Conduct and document a relevant health history, including a comprehensive obstetric, gynaecological & sexual health history as appropriate. • Work collaboratively with the multi-professional team and outside agencies in managing sexual health and care. • Collaboratively provide care and access to appropriate health care professionals as indicated by a person's circumstances. • Carry out an assessment, using appropriate tests and make onward referrals as required. • Be able to write a comprehensive and appropriate referral letter. • 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. • Have a clear understanding of safeguarding issues including but not limited to female genital mutilation. 	<ul style="list-style-type: none"> • Genital rashes • Vaginal/penial discharge • Contraception including general advice, counselling on, problems with • Emergency contraception • Unprotected sexual intercourse • Sexual assault • Inability to conceive 	<ul style="list-style-type: none"> • Family Planning Clinic referral • Genito Urinary Medicine (GUM) /Sexual Health Clinic referral • Swabs • Blood tests – female- rubella status, mid-luteal progesterone (day 21 of 28d cycle), FSH & LH on day 1-5 of 28d cycle), TFT • Blood tests - male – testosterone, FSH & LH • Semen analysis • Fertility referral

<ul style="list-style-type: none"> • Advocate public screening and immunisations in line with local and national programmes. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Gastrointestinal & Hepatic System		
<ul style="list-style-type: none"> • Demonstrate knowledge of the gastrointestinal system. • Demonstrate knowledge of the hepatic system, analysing severity and its impact on related systems. Understand how to recognise the influence of psychosocial & family history, age, risk factors, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology of the person 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with an abdominal or associated condition. • Understand the implications of an existing GI/hepatic condition. • Perform appropriate abdominal examination/assessment including digital rectal examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of person with obvious GI & hepatic emergencies. • Supply and/or administer appropriate therapies. 	<ul style="list-style-type: none"> • Diarrhoea • Faecal leaking/incontinence • Change in bowel habit – blood in stools, mucus in stools • Nausea & / Vomiting • Haematemesis • Weight loss • Indigestion • Jaundice • Rectal pain • Rectal bleeding • Abnormal blood results – deranged Liver function tests (LFTs), anaemia • High risk behaviours & concerns – intravenous (IV) drug use, sexual history, contact with suffers of • Stoma issues 	<ul style="list-style-type: none"> • Stool sample – culture and sensitivity, faecal calprotectin, helicobacter-pylori testing, FIT testing or FOB • Abdominal examination – including inspection, auscultation, percussion & palpation • Assessment for lymphadenopathy • Digital rectal examination • Abdominal Ultrasound • Direct referral for gastroscopy, endoscopy, routine, urgent and wait referral criteria

<ul style="list-style-type: none"> • Identify and rationalise need for additional tests such as urinalysis, stool and blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion, notification of infectious diseases for public health management etc. • Be able to write a comprehensive and appropriate referral letter. • Identify and manage complications with medical devices, such as stomas. • 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. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. • Provide advice to prevent secondary transmission e.g. hygiene advice and refer to appropriate services where patient contact management required. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Learning Disability <ul style="list-style-type: none"> • Have knowledge on how to access additional specialist advice and help support people and their relatives/carers. • Have knowledge on how to undertake an annual health check with a person with a learning disability 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Demonstrate the ability to engage with people with a Learning Disability. • 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. • Support people to be fully informed and involved in their care decisions thereby empowering them to be autonomous. • Support people in accessing regular health checks and other universal services they are entitled to benefit from (including immunisations, regular preventative oral care). • 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. 	<ul style="list-style-type: none"> • Any of the presentations included in this table 	<ul style="list-style-type: none"> • Using Kerr et al's Learning Disability Annual Health Check criteria, undertake a full systems enquiry and assessment • Specialist Learning Disability Services • Advocacy Groups • Peer Networks

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

Medication Review & Medication Issues		
<ul style="list-style-type: none"> • Demonstrate an understanding of necessary monitoring requirements of medicines and how to act on the results. • Demonstrate an understanding of how to document the details of a medication review on the clinical system. • Demonstrate an understanding of how repeat prescribing works within the general practice/primary care and wider team – e.g. community pharmacy. • Demonstrate an understanding of relevant professional guidelines, including the Royal Pharmaceutical Society Competency Framework for All Prescribers 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Be able to review medication in terms of efficacy, need, side effects, safety, clinical cost and in line with local and national prescribing guidelines. • Assess for concordance and compliance issues considering the people individual circumstances and requirements. • Help people to understand what medication they have been prescribed (or not prescribed) and why. • Act appropriately on alerts issued by the MHRA. • Understand the traffic light system for local formulary and medications issued only under shared care agreements. • Ensure that prescribing activities are within your scope of practice 	<ul style="list-style-type: none"> • Adverse side effects • Ineffective medication • Poor compliance • Overuse of medication • Misuse of medication • Issues with polypharmacy • Abnormal blood test monitoring results • Higher risk groups – requiring risk reduction medicines • Mouth ulcers/infections/dry mouth 	<ul style="list-style-type: none"> • Blood monitoring – U&E, LFT, FBC, drug levels, CRP, TFT • Referral back to secondary care when required

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"> • Understand the implications of an existing relevant condition. • Take a structured and appropriate history including sexual health history when appropriate. • Assess disease risk factors specific to male or female anatomy. • Understand how to refer, in a timely manner, using national and local guidelines. • Be able to write a comprehensive and appropriate referral letter. • Have a clear understanding of adult safeguarding issues. • Be able to carry out male or female genital examination, prostate examination or breast examination when appropriate and with consent. • Request further investigations appropriately. 	<ul style="list-style-type: none"> • Testicular pain • Testicular lumps • Genital rashes/irritation • Urinary symptoms including nocturia, changes in urinary stream • Penile pain • Penile discharge • Erectile dysfunction • Groin swelling • Breast symptoms including pain, lump, nipple discharge, skin changes • Pelvic pain/mass • Inter-menstrual bleeding • Post-coital bleeding • Menstrual problems – including dysmenorrhoea, menorrhagia, oligomenorrhoea, primary & secondary amenorrhoea • Dyspareunia • Vaginal irritation • Vaginal discharge 	<ul style="list-style-type: none"> • Blood tests FBC, U&Es, HbA1c, lipids, testosterone, SHBG, free androgen index, FSH/LH +/- prolactin, CA125, PSA • Routine, urgent and wait referral criteria

<ul style="list-style-type: none"> • Advocate public screening and immunisations in line with local and national programmes. 	<ul style="list-style-type: none"> • Hirsutism • Menopausal symptoms – including hot flushes, night sweats, vaginal dryness 	
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Mental Health <ul style="list-style-type: none"> • 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"> • Understand the implications of a relevant existing mental health condition. • Take a structured and appropriate history. • 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. • Develop, maintain & utilise links with other agencies in support of people with mental health issues. • Be aware of local guidelines & pathways for referral to other agencies to support 	<ul style="list-style-type: none"> • Stress • Panic • Post-natal mental health issues • Visual/auditory hallucinations • Paranoia • Anger • Bereavement • Eating disorders • Substance misuse 	<ul style="list-style-type: none"> • Generalised Anxiety Disorder Questionnaire (GAD7) • Edinburgh Post Natal Depression Questionnaire • Referral to the crisis team • Urgent and routine referral to secondary care • Referral for counselling/psychotherapy • Referral to other agencies

<p>this client group including psychiatry, counselling, support groups.</p> <ul style="list-style-type: none"> • Be able to write a comprehensive and appropriate referral letter. • Understand the need for multi-agency working for adult safeguarding and know how to make a referral when there are concerns. • Understand how to make a referral to the crisis team. • Understand the procedures & protocols in place both within & outside of the practice in relation to adult safeguarding, care of vulnerable adults. • Understand the effect of long-term conditions and other diagnoses on mental and psychological health. • Recognise the effect that the environment, lifestyle and genetics can have on mental health and provide information, lifestyle and health promotion advice or referral. • Understand ways to promote recovery. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Musculoskeletal System <ul style="list-style-type: none"> • Demonstrate knowledge of the musculoskeletal system and its impact on related systems. • 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. • Demonstrate knowledge of the gross and surface anatomy of the musculoskeletal system relevant to joint/area being assessed and presenting pathology. 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with a musculoskeletal issue. • Understand the implications of an existing musculoskeletal condition. • Perform an appropriate musculoskeletal examination/assessment. Including examination of the spine, shoulder, elbow, wrist, hand & fingers: the pelvis, hip, knee, ankle, foot & toes. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of obvious musculoskeletal emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as X-ray, ultrasound, MRI, CT, blood tests etc. 	<ul style="list-style-type: none"> • Pain • Swelling • Redness • Stiffness • Difficulty with movement – spasticity • Minor injury 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Examination of spine, including neck. Shoulders, elbows, wrists, hands & fingers. Hips, pelvis, knee, ankle, feet and toes. • Blood tests – FBC, calcium, ESR, CRP, vitamin D, rheumatoid factor, anti CCP, urate, autoimmune antibodies • X-ray • Ultrasound • Computerised Tomography (CT Scan)

<ul style="list-style-type: none"> • 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). • 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. • Be able to write a comprehensive and appropriate referral letter. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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"> • Take a structured and appropriate history of a person presenting with a neurological condition or head injury. • Understand the implications of an existing neurological condition. • Perform an appropriate neurological examination/assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of a person with obvious neurological emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as CT head, MRI Scan, blood tests etc. 	<ul style="list-style-type: none"> • Altered power, tone, sensitivity • Paraesthesia • Altered level of consciousness • Weakness -localised, general • Altered gait • Facial palsy • Tremor • Speech Changes • Headache • Head Injury • Memory problems • Confusion 	<ul style="list-style-type: none"> • Neurological examination – including inspection, palpation, reflexes, power, tone, strength, pupils and nystagmus • Cranial nerve examination • Mini mental state examination (MMSE) • Computerised Tomography (CT Scan) • Magnetic Resonance Imaging (MRI Scan) • Routine, urgent and 2 week wait referral criteria including TIA clinic • Glasgow Coma Scale • Blood tests – ESR, U&E, drug levels e.g. anticonvulsants

<ul style="list-style-type: none"> • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • 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. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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">• Understand the implications of existing, co-morbid relevant condition/s.• Understand the implications of polypharmacy and drug interactions during assessment of an older person• 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.• Promote the health of the older person & support them, families and carers in making informed choices.• Manage key conditions and red flag conditions for older persons.• Be aware of depression, social isolation, loneliness, bereavement and financial factors relating to health and well-being		<ul style="list-style-type: none">• Temperature• Pulse rate, rhythm, volume and character• Blood pressure• Respiratory rate• Oxygen saturation• Capillary refill time• Appropriate systems review depending on presenting problem• Memory assessment (e.g. 6CIT, GPCOG)• Depression (e.g. HADS)• Comprehensive Geriatric Assessment• Falls assessment• Blood tests appropriate to presentation• Referrals to relevant specialty, frailty or community resource team• Safeguarding• Referral for regular eye and oral preventive care

<ul style="list-style-type: none"> • Emphasise the importance of relevant immunisations and promote uptake in accordance with national schedules. • Be aware of local guidelines & pathways for referral to teams and agencies that support older persons' health within your area. • Be able to write a comprehensive and appropriate referral letter. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

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"> • Understand the implications of an existing relevant condition. • 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. • 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 & cultural influences. • Promote the health of the child & support parents in making informed choices. • Be aware of local guidelines & pathways for referral to paediatrics, community 	<ul style="list-style-type: none"> • Vulnerable child • Rashes including inflammatory, infected, localised and systemic, napkin rashes • Pyrexia of unknown origin • Crying baby • Ear symptoms including otalgia, discharge • Eye symptoms including eye discharge, pink eye, red eye, visual symptoms • Cough/wheeze/stridor/respiratory distress/nasal symptoms • Sore throat • Vomiting, feeding problems, failure to thrive • Bowel symptoms including diarrhoea, constipation, worms 	<ul style="list-style-type: none"> • Temperature • Pulse rate, rhythm, volume and character • Blood pressure • Respiratory rate • Oxygen saturation • Capillary refill time • Appropriate systems review depending on presenting problem • Referral criteria for midwife, health visitor, school health team, paediatrician, community paediatrician, child safeguarding • Blood tests – only when absolutely necessary – appropriate to presentation

<p>paediatrics, health visitors and school health team.</p> <ul style="list-style-type: none"> • Be able to write a comprehensive and appropriate referral letter. • Manage key conditions and red flag paediatric conditions. • Emphasise the importance of childhood immunisations and promote uptake in accordance with the national schedule. 	<ul style="list-style-type: none"> • Urinary symptoms • Abdominal pain • Problem behaviour • Limp • Muscular-skeletal symptoms • Dental neglect • Behavioural problems 	
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Pain: assessment and management Demonstrate knowledge and understanding of: <ul style="list-style-type: none"> • 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. 		
Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Understand the implications of an existing relevant condition. • Demonstrate the ability to assess both acute and chronic pain. • Recognise and acknowledge the effect of pain on the person's activities of daily living and well-being. • Prescribe appropriately including the need for multimodal analgesic provision. • Initiate and review treatment options. • Recognise pain as potential cause of delirium and/or agitation. • Promote multi-disciplinary and palliative care teams in working with people in pain. • Carry out an assessment, using appropriate tests and make onward referrals as required. • Be able to write a comprehensive and appropriate referral letter. 	<ul style="list-style-type: none"> • Acute pain • Chronic pain • Worsening of pain • Change in type of pain • Ineffective management of pain • Pain affecting sleep 	<ul style="list-style-type: none"> • Pain Management Teams • Investigations appropriate to presentation

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

Palliative & End of Life Demonstrate applied knowledge and understanding of: 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"> • Take a structured and appropriate history of a person presenting in palliative care or in the last year to days of life. • Perform appropriate system and symptom assessment and examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan, to include the use of non-pharmacological interventions. • Identify the need for immediate treatment of oncology related palliative care emergencies such as metastatic spinal cord compression, superior vena cava obstruction and hypercalcaemia. • Identify and rationalise any need for additional support for the person and 	<ul style="list-style-type: none"> • Pain • Nausea/vomiting • Agitation • Low mood 	<ul style="list-style-type: none"> • Referral criteria and processes for pain & symptomatic relief • Appropriate systems review depending on presenting problem • Referral for care – e.g. district nurses, palliative care, Macmillan

carer / family, socially, psychologically and medically. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter.		
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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

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

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"> • Identify the need for and initiate immediate treatment of person with obvious renal emergencies. <p>Understand the implications of an existing GU/renal condition.</p> <ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with a renal or GU system problem. • Perform appropriate abdominal / genitourinary examination/assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as urinalysis, 	<ul style="list-style-type: none"> • Haematuria • Urinary symptoms – dysuria, frequency, urgency, hesitancy, incontinence, retention • Abnormal blood results – deranged renal function including chronic kidney disease (CKD) and Acute Kidney Injury (AKI) • Family history of kidney problems/diseases • Catheter issues • Recurrent infection 	<ul style="list-style-type: none"> • Blood pressure • Blood tests U&Es, PSA, ACR • Abdominal examination – including inspection, auscultation, percussion & palpation • Prostate examination • Urinalysis • Mid-stream urine culture • Ultrasound Kidneys, Ureters, Bladder (KUB) • Routine, urgent and 2 week wait referral criteria

<p>ultrasound scan (KUB) and blood tests etc.</p> <ul style="list-style-type: none"> • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Identify and manage complications with medical devices, such as urinary catheters and urostomies. • Recognise the effect lifestyle that the environment, lifestyle and genetics can have the renal & GU systems and provide information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Respiratory System Demonstrate applied knowledge and understanding of: <ul style="list-style-type: none"> • 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"> • Identify the need for and initiate immediate treatment of a person with obvious respiratory emergencies including respiratory arrest, respiratory distress and anaphylaxis. • Understand the implications of an existing respiratory condition. • Take a structured and appropriate history of a person presenting with a respiratory condition. • Perform appropriate respiratory assessment including inspection, palpation, percussion and auscultation. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Supply and/or administer appropriate therapies. 	<ul style="list-style-type: none"> • Shortness of breath, breathing difficulties • Pain on breathing • Cough, including haemoptysis • Wheeze • Sleep apnoea • Pallor, cyanosis 	<ul style="list-style-type: none"> • Temperature, • Pulse rate, rhythm, volume and character • Blood pressure • Respiratory rate • Oxygen saturation • Respiratory examination – including inspection, auscultation, percussion & palpation • Assessment for lymphadenopathy • Sputum sample • Chest X-ray • Blood tests –FBC, ESR • Peak flow rate • FeNO testing • Spirometry • Epworth Score • Routine, urgent and 2 week wait referral criteria

<ul style="list-style-type: none"> • Identify and rationalise need for additional tests such as X-Ray, blood tests, respiratory function tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • 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. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
Additional key clinical presentations 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"> • Take a structured and appropriate history. • Perform an appropriate examination/assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment needs of a person. • Make suitable and appropriate referrals. 	<ul style="list-style-type: none"> • Tired all the time • Generalised aches and pain • Lymphadenopathy • Sleep issues • Fever • Substance / alcohol misuse • Overdose / poisoning • Vulnerable adult • Family/carer concern • Genetic predisposition 	<ul style="list-style-type: none"> • Temperature • Pulse • Blood tests – FBC, TFT, HbA1c, LFT, U&Es • Appropriate systems review as per other sections depending on presenting problem • Referral to substance/alcohol misuse treatment services • Support services for carer/families • How to access information from poisons centre • Referral criteria and processes for assessment and support of vulnerable adults • Referral criteria for genetic screening, counselling

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

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">• 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.• Provide information to the person & the interpreter about the purpose and the nature of the interaction.• Agree with the interpreter their role, any interventions they should make, and the level of detail required in the communication.• Explain to the interpreter any specific terms and concepts that the person may not understand.	<ul style="list-style-type: none">• Any of the above presentations in the context of alternative modes of consultation context	<ul style="list-style-type: none">• Interpreter services• Advocacy groups• Local Government/Social care• Third-Sector organisations

<ul style="list-style-type: none"> • Clarify with the interpreter any communications from the person that you are not able to understand. • Support the interpreter to work in ways that promote the person's rights and choices, respect their experiences, expertise and abilities and promote inclusion. • Ensure the interpreter allows sufficient time for the person to communicate fully their thoughts, views, opinions and wishes. • Monitor the understanding of all involved and the effectiveness of the interpretation. • Modify interactions to improve communication and understanding. • Summarise communication at appropriate points to ensure that all involved agree what has been communicated and any actions to be taken. 		
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Type of Evidence: Written = W, Observed = O, Discussed = D, Practical = P

PRIMARY CARE ADVANCED PRACTICE PILLAR 2: MANAGEMENT & LEADERSHIP	Date/Sig	Evidence	Date/Sig	Evidence
Demonstrate application of knowledge and understanding of:				
• Identifying the need for change				
• Leading innovation				
• Managing change				
• Service development				
• Developing the case for change				
• Negotiation & influencing skills				
• Networking				
• Team Development				
PRIMARY CARE ADVANCED PRACTICE PILLAR 3: EDUCATION	Date/Sig	Evidence	Date/Sig	Evidence
Demonstrate application of knowledge and understanding of:				
• Principles of teaching & learning				
• Supporting others to develop their skills & knowledge				
• Promotion of learning / facilitating a learning environment				

• Service user teaching and information giving				
• Developing service user education materials				
• Teaching, mentorship & coaching				
• Clinical supervision coordination				
PRIMARY CARE ADVANCED PRACTICE PILLAR 4: RESEARCH	Date/Sig	Evidence	Date/Sig	Evidence
Demonstrate application of knowledge and understanding of:				
• 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.				

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

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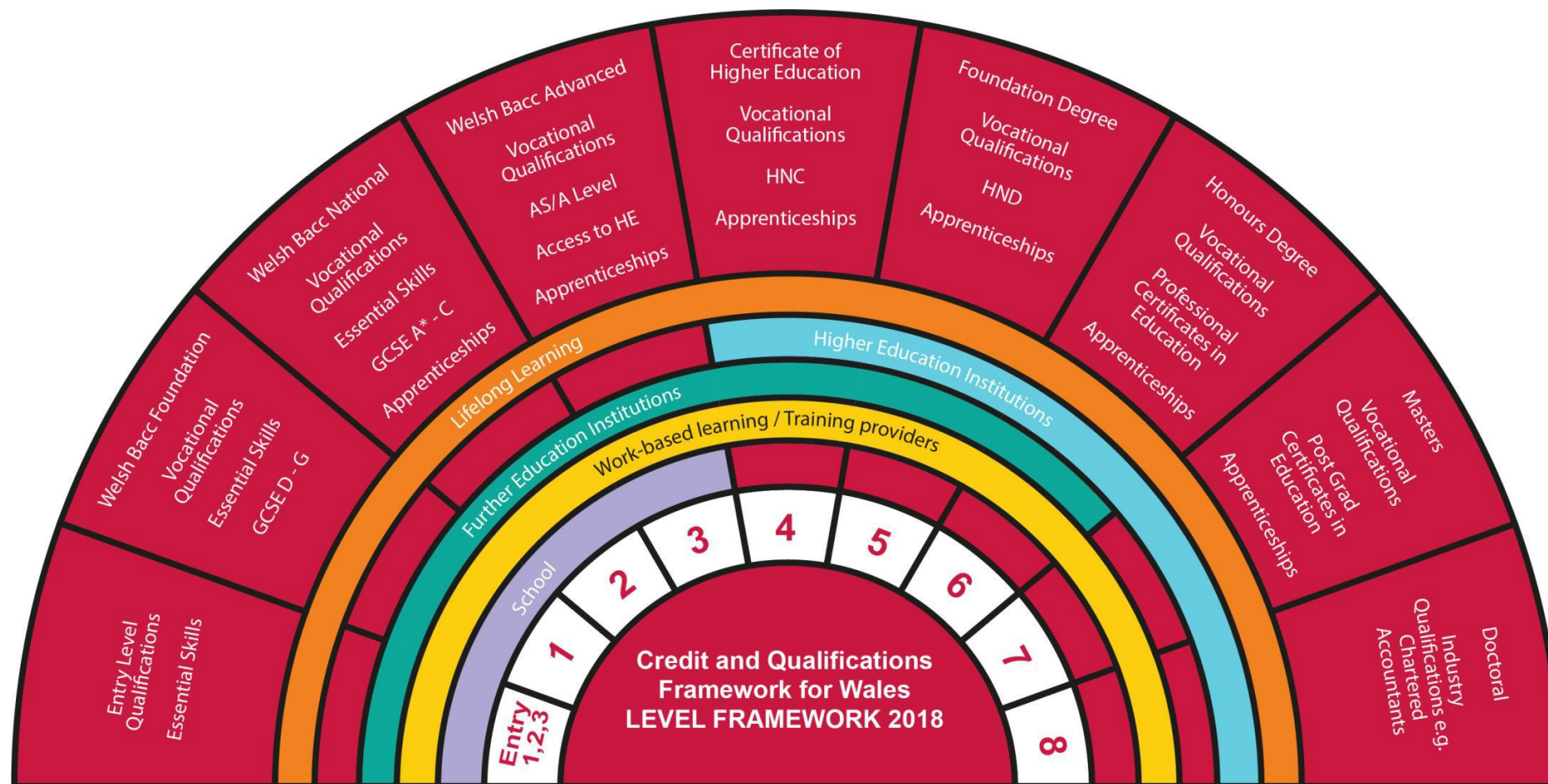
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Appendix 3

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	More Senior Staff - Level 9 Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.
8	Consultant Practitioners- Level 8 Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.
7	Advanced Practitioners - Level 7 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	Senior Practitioners/Specialist Practitioners - Level 6 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	Practitioners - Level 5 Most frequently registered practitioners in their first and second post-registration/ professional qualification jobs.
4	Assistant Practitioners/Associate Practitioners - Level 4 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	Senior Healthcare Assistants/Technicians - Level 3 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	Support Workers - Level 2 Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.
1	Initial Entry Level Jobs - Level 1 Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.

From Skills for Health, 2003

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