

The General Practice Nursing (GPN) Minimum Education Standards – 2021 Self-Assessment Document for education providers

The GPN Minimum Education Standards were developed to provide a benchmark against which education providers, nurses and employers can determine whether training courses are 'Education Standard-compliant' and therefore meet the 6 standards agreed as essential to prepare nurses new to General Practice.

| Organisation: | Completed by: | Date Completed: | |
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Programme review meeting date:

Attendees:

The Education Standards relate to the knowledge and skills required by a nurse <u>new to General Practice</u>. As such, the requirement of education programmes is to support the GPN in their initial training to undertake a junior role. A programme at this level is not expected to equip the GPN to perform advanced skills as they will be on the first rung of a professional development ladder. The standards therefore often refer to 'introduction' in relation to several specialisms; the GPN and employer will need to judge what further training is required according to their individual role.





Health Education England

The 6 Standards for GPN education– Assessment for education providers and partners: please add responses to columns

| Standard | Met | Not Met | Why | Actions to meet standard – by whom and by when |
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| 1. Curriculum overarching standard | | | | |
| Each educational programme designed to prepare nurses for working in General Practice will have a clearly stated course outline, which will as a minimum describe: | | | | |
| a) An overview of the programme, b) Who it is aimed at, c) How it can be accessed, d) The mode of delivery and the outcomes in terms of qualification | | | | |
| 2. Common core curriculum elements – minimum content provided by education provider | | | | |
| The aim of the common core curriculum is to provide a broadly consistent and comprehensive programme, ensuring that all nurses new to primary care receive standardised and quality assured training to become confident and competent in their new career in general practice. There may be additional optional topics available in some institutions. Please tick whether these topics are covered at an introductory level: | | | | |
| 1. Intro to Primary Care and GP Nursing | | | | |
| 2. NHS Political and Economic context | | | | |
| 3. Induction/preceptorship & Clinical Supervision | | | | |
| 4. Communication & Consultation Skills | | | | |
| 5. Risk Assessment and Indemnity | | | | |
| 6. Lone working and MDT working, including | | | | |



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| Care Homes | | - |
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| 8. Digital Technology and care in General Practice 9. Infection prevention & control, recognising sepsis 9. Infection prevention & control, recognising sepsis 9. 10. Emergencies in General Practice 9. 11. Cervical Cytology (2 days National Guidance) 9. 12. Intro to Sexual Health & Contraception 9. 13. Childhood Immunisation (National 2 Days theory) 9. 14. Immunology in relation to infectious diseases 9. 15. Travel Health - vaccinations and advice 9. 16. Wound Care 9. 17. Introduction to Long Term Conditions. 9. 18. Motivational Interviewing 9. 19. Group Consultation, 9. 20. Cancer as a Long Term Condition 9. 21. Public Health England Cancer Screening 9. 22. Palliative and End of Life Care 9. 23. Advanced Care Directives 9. 24. Principles of Diabetic care 9. 25. Principles of COPD 9. 27. Cardiovascular Disease, Hypertension and Heart 17. 28. Acute kidney injury 9. 29. Introduction to Frailty and Dementia 9. 30. Mental Health 9. | Care Homes | |
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| | 33. Career opportunities and leadership | |
| | 34. Networking and Professional Support | |

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| 3. Specified essential skills and competencies | | |
| Below are the Specified Skills topic headings. Please tick whether GPN students are assessed for each topic: | | |
| a) Communication and Consultation Skills | | |
| b) Cervical Sampling: Theory and Practical | | |
| c) Childhood Immunisations and adult vaccinations: Theory and practice | | |
| d) Travel Health – general advice and preparation | | |
| e) Ear Care – if provided by the practice | | |
| f) Wound Care – principles and practice | | |
| g) Long term conditions; diabetes and respiratory care – practical skills | | |
| h) Mental health – recognising anxiety and depression | | |
| i) Learning disability – consent and duty of care | | |
| j) Hypertension – recognising and referral | | |
| k) Cardiovascular disease – assessing risk | | |
| I) Infection control and recognising sepsis | | |
| m) Frailty and dementia – compassionate care | | |
| n) Health promotion advice | | |

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| 4 R | end of academic and practical assessment | 1 | |
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| Each a flex adeq learn | education provider will need to demonstrate ible approach to ensuring students receive uate academic and work-based practical ing, with evidence of a formal arrangement in for practice assessment and supervision. | | |
| a) | Agreed standard assessment documentation across academic and work setting. | | |
| b) | Minimum core competencies required to pass. | | |
| c) | Clarity about responsibilities for supervision and assessment in practice. | | |
| d) | Training offered for supervisors, educators and assessors in practice. | | |
| e) | Mentoring in place by academic educator to support supervisors and assessors in practice. | | |
| f) | Academic educator visits practice to support learner. | | |
| g) | Clear communication with practice, ensuring timing of practical assessment matches academic input. | | |
| h) | Tri-partite agreement between HEI/provider, employer and student regarding responsibilities to support learning. | | |



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| i) Contract with Training Hubs, promoting work- based learning and supported clinical placements. | |
| 5. Academic credits awarded | |
| Student self-assessment against a competency framework (HEE/RCGP) could start the process enabling skills to be transferred from previous nursing roles, highlighting whether there is the possibility of accreditation for prior learning. The programme relies on work-based learning so educators will need to be prepared to teach within the practice setting to facilitate work-based learning. Practice Mentors should have accredited training available in the HEI for their own development. | |
| Accreditation: a) Accreditation needs to be proportionate to the length and level of study. | |
| b) Standard-compliant programmes should be at graduate level, allowing GPNs to accumulate credits towards a further academic award. | |
| c) Graduate certificate as a short course could be offered with 60 credits at Level 6. Graduate Certificate can build on modules as a foundation for Advanced Care Practitioner pathway. This will support GPNs who have a 2:2 or 3rd to access a Masters' Programme | |



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| d) Suggested Post graduate diploma- 120 credits at Level 7 with additional higher level content as appropriate. | |
| 6. Quality monitoring procedures for HEIs | |
| Benchmarking education providers against the Education Standards will help the HEI'S, HEE and training hubs improve the quality of training provided and commissioned. Education providers are expected to provide evidence of the following: | |
| a) Employ appropriately qualified lecturers and educators, ideally with GPN experience. In addition, co-opt external associate teachers within the programme (e.g., clinical specialists like Macmillan) and not rely solely on HEI's own teaching teams. | |
| b) Gather regular, formal feedback from students, employers, mentors and assessors about the quality of the programme and share with practices, Training Hubs/HEE | |
| c) Develop and implement comprehensive Continuous Improvement Plans working closely with key stakeholders. | |
| d) Share independent scrutiny and quality assurance processes and outcomes | |
| e) Highlight the priority areas to focus on for quality improvement | |
| f) Identify potential areas for local audit | |
| g) Work jointly with local system partners responsible for primary care workforce | |

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| | development to ensure education remains relevant to clinical practice | |
| h) | Work in collaboration with Integrated Care Systems and Primary Care Networks to develop high quality education programmes based on population health data | |
| i) | Core and optional components- based on local population needs and services commissioned | |
| j) | Identify decommissioning options by highlighting potential for cost saving or identifying services that are of poor quality. | |
| k) | Ensure practitioners are supported to provide safe care in partnership with their practice | |
| I) | Provide support for whistle-blowing | |

| Summary of Actions | By whom and by when | Review date |
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Date of next review meeting: