

# General practice nursing:

revisited and reinvigorated

For many years general practice nurses (GPNs) have seen themselves as the Cinderellas of the nursing profession. While the focus has been to provide more care in the community, there has been very little investment attempting to address the challenges of recruiting and retaining this element of the primary care workforce. There have been isolated examples of robust GPN development, but for a newly-qualifying nurse, who sees primary care as their future career, the options are very limited and funding sources unreliable.

Publication of the long-awaited *District Nursing and General Practice Nursing Education and Career Framework*, developed by Health Education England (HEE) as part of the National Transforming Nursing for Community and Primary Care Programme is in progress and will be available on the HEE website soon. This aims to provide a much needed career framework for GPNs (including healthcare assistants [HCAs] and advanced nurse practitioners [ANPs]). The new Framework builds on a competence framework developed by the Royal College of General Practitioners (RCGP),<sup>1</sup> which described specific competencies for specific tasks for example cervical screening, and aims to develop this further to provide a coherent career structure for GPNs and HCAs. (The RCGP have also published a similar competence framework for HCAs).

While there is a HCA and GPN competency framework mapped against the NHS Knowledge and Skills Framework, until now there have been no specific national descriptions of practice nursing roles; instead they are usually shaped by the practice and areas they serve. Nursing within a primary care setting is alien to most nurses. The common description of anxiety provoked by having to consult 'behind a closed door' and working for a small business that needs to generate income is something which is not currently addressed within traditional nurse training. The new framework provides a clear pathway of progression, and importantly aligns the qualifications required to practice at each level. It is particularly pleasing to see Masters level education being recognised as

the appropriate route to progression to the most senior roles.

The increasing older population with multimorbidity, the shift to care closer to home, and the recognition that there needs to be a mixture of skills available, means that the capacity and capability of the primary care workforce must be developed; in particular, those of the GPN and their support staff. As part of the new deal for primary care, Jeremy Hunt, the Secretary of State for Health, has pledged to develop 5000 more primary care staff, including practice nurses by 2020, to help deliver the NHS Five Year Forward View (5YFV).<sup>2</sup> However, most of the skills required are not part of pre-registration nurse training, nor are they found in nurses working in other settings, and yet there is currently no mandatory education for GPNs or HCAs.

Therefore, the challenge for general practice is to adopt wholeheartedly the new framework, with GPs recognising their responsibilities in providing both time and resource to facilitate individual career progression. The RCGP was instrumental in developing world-leading programmes of education for medical personnel, and it would seem sensible to build on the structures developed there to facilitate the implementation of the GPN framework in collaboration with HEE who will need to ensure that the commissioning education meets the needs of general practice now, and the new care models of the 5YFV.

Thus, starting at an undergraduate level, there is a need for many more general practice placements, as currently most curricula include only a limited exposure to community nursing, with this mainly being with district nurses. This will of course also require the development of many experienced GPNs to become mentors. Mentoring has been demonstrated to provide a great deal more than just the ability to teach and assess pre-registration nursing students for both the nurses themselves and for their employers. These placements could be arranged through the existing networks of practices, which provide community-based teaching for medical students, and

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by developing new community education provider networks (CEPNs), such as those in London or the Health Education Yorks and Humber Advanced Training Practices.<sup>3</sup> Post-registration it is not difficult to envisage the development of GPN training practices in the same way that we currently have for GP registrars. This model is now being implemented by Health Education Thames Valley who have 24 nurses currently undertaking a fully-funded foundation programme, with salary support to their practices and an education programme commissioned from a local higher education provider who also supports the nurse mentors in practice.

In the 2022 GP document the RCGP recognised the requirement for a greater number and diversity of skilled, generalist-trained professionals who have undergone specific vocational training in community-based settings and are trained for their generalist role, which complements that of the expert generalist physician.<sup>4</sup>

The GPN framework provides an opportunity to revitalise this often-neglected sector. The challenge is there for all of us to make sure that it is implemented in full in order to attract the future GPNs and to ensure that those we have wish to remain within primary care.

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