

General Practice Staff Induction Template

Practice: _____

PCN: _____

Staff Role: _____

Name of Employee:

Role:

Organisation:

Indemnity - checked suitable level of cover: (Please circle)

Yes

No

Membership number:

Disclosure and Barring Service (DRB) required? (Please circle)

Yes

No

Probationary period: (Please circle)

3 months

6 months

Other.....

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Background

Within General Practice, it has been identified that there are significant variations between different practices in relation to orientation and induction of staff into this new work environment. Some staff are offered structured courses that develop and steer them into the role gradually, while others are more informal.

General Practice employers are aware of the importance of staff induction programmes to support those transitioning into roles which often challenge them with new ways of working. This template will offer guidance and shape the experience of new staff members to practice as they progress and develop their careers.

Introduction

This Induction Template is designed for staff in a first career destination in General Practice. It may also be beneficial to those who require induction, having recently moved from a hospital or other community health environment. It is recognised that the template may be useful to those who may have been working in primary care for some time, but who would like some updating on their knowledge of general practice issues or preparing for a primary care placement.

This template will provide guidance for practices employing new staff. The template is underpinned by General Practice – developing confidence, capability and capacity and assist with good practice around induction and orientation, by developing a bespoke checklist with common ‘national’ elements that can be adapted to suit local areas.

Aim

The aim of this Induction Template is to provide a consistent and comprehensive system, ensuring that all staff who are new to primary care receive an effective period of induction that assists and supports them to become confident and competent in their new career.

Objectives

- To enable employees to understand the requirements of this new role in a structured format
- To recognise the importance of a well-considered orientation and induction programme
- To enable safe and effective working within a new work environment
- To provide guidance to the employer on how to induct new staff to general practice
- Advise employees on the Educational & Training requirements of this role beyond initial registration

There will be an emphasis on the Education and Training of the staff member within this template and the importance of identifying learning needs early, beyond their initial training, to develop additional skills as well as recognising any knowledge deficits that will need to be addressed.

The template will refer to the reader in the ‘first person’ throughout, to support them to identify the learning in this document as they embark on their new career in primary care.

Employment Review

Contract of Employment and Probationary Period

If not already signed, the employee will sign a contract of employment within their first few days. The main difference when embarking upon a career in Primary Care is that most employers are independent businesses and the responsibility lies with the practice for recruiting and developing their own employees, which may differ from recruitment processes within the NHS. Probationary periods may vary somewhat with different stipulations around performance as an independent employer.

Annual Appraisal

A performance appraisal, also referred to as a performance review, is a method by which job performance of an employee is documented and evaluated. This process of career development will be discussed on an annual basis but may also have a mid-year review.

Employers Information

Employers

The HEE (2017) Workforce Development Plan – Recognise, Rethink and Reform stated that:

We recognise that Practices are aware of the impact of induction to support those staff who are transitioning into new roles which often challenges them with new ways of working.

This section will provide an overview of the areas that an employer could consider when inducting new staff into this new setting. It discusses the preemployment checks that should be in place in the initial stages and develops a narrative around the ethos of the specific organisation, including a mission statement and business objectives.

Introducing the new employee to policy and procedures and the world of regulation and monitoring is given with a more detailed explanation of Quality Outcomes Frameworks and the role of the Care Quality Commission.

There is an emphasis on the responsibility of the employer from a Health and Safety perspective and consideration of any reasonable adjustments that need to be made in order to support the new employee to be able to carry out their role.

The Quality Outcomes Framework (QOF)

The QOF consists of ‘clinical domains’ that relate to long term or enduring medical conditions that patients may present with, such as diabetes. Practices are required to hold registers of their patients with these specified conditions and to meet specific targets relating to their management, in order to achieve the additional funding. There are also public health domains such as the primary prevention of cardiovascular disease.

Each domain is worth a fixed number of points and practices score points according to the level of achievement within each domain. The higher the number of points achieved, the higher the financial reward to the practice. The aim of the QOF is to improve standards of care, provide information and to enable practices to benchmark themselves against local and national achievements (The Health and Social Care Information Centre, 2012).

Useful Resources

- 2018 /19 The General Medical Services GMS contract Quality Outcomes Framework
- [QOF – Guidance for GMS Contract April 2018](#)
- [Quality Outcomes Framework](#)

Primary Care Networks

All GP practices are part of a local primary care network. Primary care networks are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act. CCG's are now being replaced as commissioners by ICS, under NHS England proposals.

NHS England want all CCGs to merge across the ICS boundaries by 2022 as legislation changes

What are Integrated Care Systems?

Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. All parts of England are now covered by one of 42 ICSs

ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the [NHS Long Term Plan](#). It is [hoped that they will be a vehicle](#) for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

ICSs also have the potential to drive improvements in [population health](#) and tackle health inequalities by reaching beyond the NHS to work alongside local authorities and other partners to address social and economic determinants of health. Evidence consistently shows that it is the wider conditions of people's lives – their homes, financial resources, opportunities for education and employment, access to public services, and the environments in which they live – that exert the greatest impact on health and wellbeing

It would be an advantage for you to find out more about your local CCG/ICS and Primary Care Network.

Federations

Federations are large-scale primary care providers rooted in general practice and the values of the NHS, formed by constituent members of individual practices and primary care networks (PCNs). There are around 200 federations across the country.

Banes Enhanced Medical Services (BEMS) is an example of a Federation. We are a local not-for-profit organisation that works across the community to improve patient care through providing high quality community based clinical services and by linking together local General Practices to help develop and provide those services.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high quality care. As a Primary Care employee you may from time to time be involved when the CQC comes to inspect your place of work. You may also be aware of their monitoring role in your day to day practices as the organisation adheres to their recommendations, action points and reporting measures to improve quality care.

Our new strategy combines this learning and experience and we've developed it with valuable contributions from the public, service providers and all our partners. It means our regulation will be more relevant to the way care is now delivered, more flexible to manage risk and uncertainty, and will enable us to respond in a quicker and more proportionate way as the health and care environment continues to evolve.

This new strategy strengthens our commitment to deliver our purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. Our strategy is purposefully ambitious, and to implement it we will need to work closely with others to make it a reality. We'll review this strategy regularly so we can adapt to changes and be prepared for what the future holds.

Our purpose and our role as a regulator won't change – but how we work will be different.

We set out our ambitions under four themes

- **People and communities**: Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services
- **Smarter regulation**: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response
- **Safety through learning**: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives
- **Accelerating improvement**: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most

Core ambitions

Running through each theme are two core ambitions:

- **Assessing local systems**: Providing independent assurance to the public of the quality of care in their area
 - **Tackling inequalities in health and care**: Pushing for equality of access, experiences and outcomes from health and social care services
- The ratings are categorised as:
- Outstanding
 - Good
 - Requires Improvement
 - Inadequate

How the CQC monitors, inspects, and regulates NHS GP Practices

https://www.cqc.org.uk/sites/default/files/20180306_how-we-regulate-primary-medicalservices-gp-practices_updated.pdf

Sources of information CQC Insight includes a range of information on practice activity and patient experience, including from:

- Quality and Outcomes Framework (NHS Digital)
- GP Patient Survey (NHS England)
- NHS Business Services Authority

- Public Health England

To read more about the Care Quality Commission visit their website.

Employers' Checklist

Role and Organisation Induction Within the first few weeks	Date Completed
DOCUMENTATION & INFORMATION REQUIRED	
Documents confirming proof of eligibility to work in the UK. Plus, an additional two pieces of ID showing address.	
Head and shoulders picture for the HR file / staff notice board	
P45 / National Insurance Number	
Salary Information – bank details & paperwork	
Pension Details	
Emergency Contact details	
DBS/NMC Pre- Employment Checks / Revalidation date	
Driving Licence if applicable	
Proof of Vaccinations and Immunisation as per guidance such as: https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff	
EMPLOYER INTRODUCTION	
Organisations – Mission or Values Statement/ Business Objectives	
Business Objectives- to include QOF Commitments	
Organisations Structure – lines of responsibility and accountability	
Area of work or Department / Staff Meetings	
Allocation of Mentor	

TERMS & CONDITIONS OF EMPLOYMENT	
Contract of Employment	
Job Description – clarity of duties and role of new staff member	
Indemnity Insurance details	
Probationary Period – 3month date / Action Planning	
Period of notice	
ID badges / access codes / smart cards / car parking	
Uniform Policy	
Leave Policy – annual, sick, maternity, paternity, compassionate, study - All leave booking protocols	
Initial PDR / Appraisal / Performance Review	
Clinical Supervision / Support	
Confidentiality – data protection GDPR Policy	
HEALTH & SAFETY	
Emergency Procedures	
Risk Assessment	
Reporting of Incidents	
Health Surveillance Procedures	
The role of the Safety Representative	
Safety Handbook	

COVID-19 Risk assessment https://www.bma.org.uk/media/3820/bma-covid-19-risk-assessment-tool-february-2021.pdf	
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WORKER / EMPLOYER RELATIONS	
Ascertain any 'special requirements' of staff member that may require reasonable adjustments	
Trade Union Membership	
Access to local Trust Policies (if applicable)	
WELFARE & WORKER BENEFITS / FACILITIES	
Protective Clothing – supply / replacement	
Medical services	
Savings scheme	
Transport / Parking arrangements	
Practice discounts	
POLICY & PROCEDURES	
Audit – Patient Assessment & Monitoring Policy (Track and Trigger tools)	
Complaints Procedure	
Safeguarding contacts/ Flow charts	
Whistleblowing	
Serious Untoward Incidents	
Bullying & Harassment Policy	
Grievance & Disciplinary Policy	

Appeals Processes	
Duty of Candour	
Primary Care & Community Care Structures / Role of the Clinical Commissioning Groups – Link	
REGULATION	
Care Quality Commission – CQC	
EMPLOYEE DEVELOPMENT	
Career options including promotion	
Training & Education Provision	
Statutory & Mandatory Training Checklist	
Study Leave Entitlement	

NB This list is not exclusive, and topics can be added or removed according to area of practice.

Orientation Introduction

A good initial orientation into a new work setting could be the difference between retaining an employee, or them deciding that it is too daunting and deciding to leave. Orientation 'sets the scene' for what the employee can expect from an employer, colleagues, clients, and the whole organisation.

The beginning of a new career can be challenging, and initial experience can shape how they develop in their career, so to assist in the best possible start, it is essential that a quality orientation is adopted in a structured and considered manner. The physical introduction to an organisation cannot be underestimated and a planned timely guided tour will in the first instance provide a warm welcome.

Providing information regarding health and safety requirements and responsibilities ensures that the new staff member knows who to contact and where to go to if safety is compromised. By discussing all terms and conditions of employment and setting a detailed induction programme for the individual, communicates clearly early on the commitment to them as a new employee.

Orientation Checklist

Introduction to Workplace Within the first few days	Date Completed
INTRODUCTION TO THE PRACTICE	
Tour of practice premises / site – including emergency exits, opening and closing procedures, signing in and out procedures and door codes.	
Practice Profile / Local Hospitals	
Fire Procedures, location of alarms (how to operate) and emergency exits, extinguishers, evacuation, and assembly points. Fire wardens	
Location of Emergency equipment e.g. Defib, Oxygen, ECG, Emergency Kit bag, Spillage kit	
Dining facilities /coffee area, fridges, safe storage	
Location of toilets, cloakroom	
Dress code requirements and organisation policy, also access to uniform	
Identification of any special requirements in order that 'reasonable adjustments' can be made	
Introduction to practice profile: Staff members & numbers, key people, immediate colleagues and contact details for key people e.g. PM	
Introduction to a previous identified mentor or buddy	
Socialisation – how to develop and build new relationships within a new team	
General Support	
DOCUMENTATION & INFORMATION	
Health & Safety in the workplace	

Health & Safety Procedures – Moving & Handling, Infection Control/ Sharps	
Accident Reporting & COSHH Folders	
Confidentiality	
TERMS & CONDITIONS OF EMPLOYMENT	
Working hours, shifts, rotas, and breaks	
Security of personal belongings/property, personal safety whilst working	
Safe Working – Security / Panic button / Chaperones	
Lone worker Policy	
Appointment System / Admission & Discharge processes / Handover	
Direct to and provide equipment for role eg computer, stationary, diaries, mobile phones – including passwords and access to IT support	
All equipment shown and discussed, and training needs discussed	
Prescribing Protocols, Referral, Test Requests	
Infection Control / Sharps Disposal / Handwashing Techniques / autoclave requirements	
How to order equipment, clinical storage, specimen collection and storage	
Stock Management	
Identification of all local area or Trust specific Induction	
Statutory & Mandatory Training Checklist	

General (Written) plan and discussion of further Induction into the organisation and role	
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NB This list is not exclusive, and topics can be added or removed according to area of practice.

Conclusion

This section has demonstrated that comprehensive orientation to a new work environment is crucial for any new staff member, with an emphasis on ensuring true integration to this new area of practice.

Appraisals

Appraisals

The primary aim of an appraisal is to identify personal and professional development and educational needs, with the aim of improving future performance and in turn patient care. Appraisals will take place annual, and a typical appraisal features two main aspects:

- looking back at achievements and challenges and lessons learnt, including reviewing the previous year's personal development plan objectives
- looking forwards to their aspirations, learning needs and the recording of new personal development plan objectives.

The appraisal meeting is key for CPD, but they also allow the appraiser and appraisee to raise any issues that might impact on performance and working environments and relationships.

Appraisal meetings should be held in private, on a one-to-one basis. A meeting date and time should be agreed by both employer and employee in advance. The appraisee should complete an appraisal form prior to the meeting as part of the process. Post appraisal meeting a document detailing all aspects discussed at the time of the meeting should be completed and signed off by both the line manager and employee. This document should be kept confidential and stored as a record of the employee's development and progress.

Wessex LMC have made guidance and example appraisal documents which can be accessed [here](#). These documents can be used in line with your in-house documents and policies to create a comprehensive appraisal procedure.

Statutory and Mandatory Training

Statutory & Mandatory Training

Statutory training normally refers to training that an organisation is legally required to provide as defined by law, or where a statutory body has instructed organisations to provide training based on legislation. Mandatory training refers to essential training that an organisation provides for the safe and efficient running in order to reduce organisational risks and comply with policies, government guidelines. Essential or compulsory are also terms used to describe mandatory training. Some organisations use mandatory training as a 'catch all' phrase to cover mandatory and statutory training. There are many frameworks under which employers should be delivering mandatory training. Frameworks will vary depending on the risks encountered in the working environment, the needs of the workforce, insurers' standards, and the governance and legal frameworks in place and country specific requirements.

Statutory & Mandatory Training Checklist

Ongoing	Date completed	Signed
Basic life support		
Fire Safety		
Health, Safety & welfare		
Conflict resolution		
Information governance and cyber security		
Equality and Diversity		
Safeguarding Adults working towards L3		
Safeguarding Children working towards L3		
Sepsis and unwell patient		
Infection prevention and control		
Chaperone training		
Moving and handling		
Prevent		

NB This list is not exclusive, and aspects can be added or removed according to area of practice

Registered Nurses/ Nurse Associates

Nursing in practice

Primary care and general practice are ever evolving to meet the increasing and more complex needs of local communities/populations. This will involve the need for new ways of working and the development of primary care and general practice/primary care teams. The role of the nurse and support worker has evolved across all clinical settings. Nurses have in many ways been the pioneers of a variety of roles within general practice and primary care.

The role of registered Nurse has been one such role which has developed in ways to meet both service demand and patient need. As more care is being managed and delivered in the primary care setting there are opportunities for a wider range of nursing knowledge, skills and attributes including mental health, learning disabilities and children's nursing. The NHS needs a workforce that is fit for the future and nurses can play an integral part in the multi-professional team. Personalised care is one of the five major practical changes to the NHS that will take place over the next five years, as set out in the recently published NHS Long term Plan. Personalised care means people have choice and control over the way their care is planned and delivered.

Primary care staff can create the opportunity for people to collaborate and be involved in their own health and care, if that is what is important to them at that moment. In an often-challenging clinical environment where people are cared for across the life span, often with multiple, complex problems, it is imperative to ensure safe and effective practice by nurses working in primary care and general practice. The career and core capability framework will help to promote and support nurses, employers, workforce planners and people to understand the wealth of knowledge, skills and attributes that the nursing profession can provide in primary care/general practice, to meet the needs of the population.

Taken from Health Education England

Professional Indemnity Insurance

In 2014 the UK Government introduced a new requirement for all healthcare professionals to hold an appropriate indemnity insurance arrangement in order to practice and provide care. The new five-year GP Contract (2019) in England that comes into effect from April 2019 and will be run by NHS Resolution, will see all NHS GP service providers, including out-of-hours, become eligible to have their indemnity costs covered by NHS England. It means practices will no longer have to cover staff insurance payments out of their own income. However, the clinical negligence scheme will not cover personal legal costs, so it is wise for the individual to maintain their own personal scheme.

Nursing and Midwifery Council Revalidation

Nursing and Midwifery Council (NMC) Revalidation is the responsibility of nurses, midwives and Nurse Associates themselves and this revalidation applies in exactly the same way in the primary care setting. One of the main strengths of revalidation is that it reinforces the NMC Code by asking nurses, midwives and Nurse Associates to use it as the reference point for all the requirements, including their written reflective accounts and reflective discussion. This should highlight the Code's central role in the nursing, midwifery and Nurse Associates professions and encourage nurses, midwives and Nurse Associates to consider how it applies in their everyday practice.

Key skills required for Registered Nurse and Nurse associate

Patient skills

- Therapeutic relationships, patient advocate, self-management, listening to patient voice, evaluation of needs and review, supporting people with deteriorating physical and mental health

Education and knowledge

- Needs assessment, strategy, local and national policy, evidence based practice, health promotion and education

Running a clinic in a GP surgery

- Organisational skills which may include running a clinic, managing own workload, prioritising resources, business acumen and having a clear understanding of General Practice care delivery requirements.

Teamwork skills

Complex care co-ordinator, multi-agency working, inter-professional working, signposting, referral, written and verbal skills

Technical skills

- Holistic assessment, clinical decision making, clinical skills, medicines management and interpersonal and communication skills

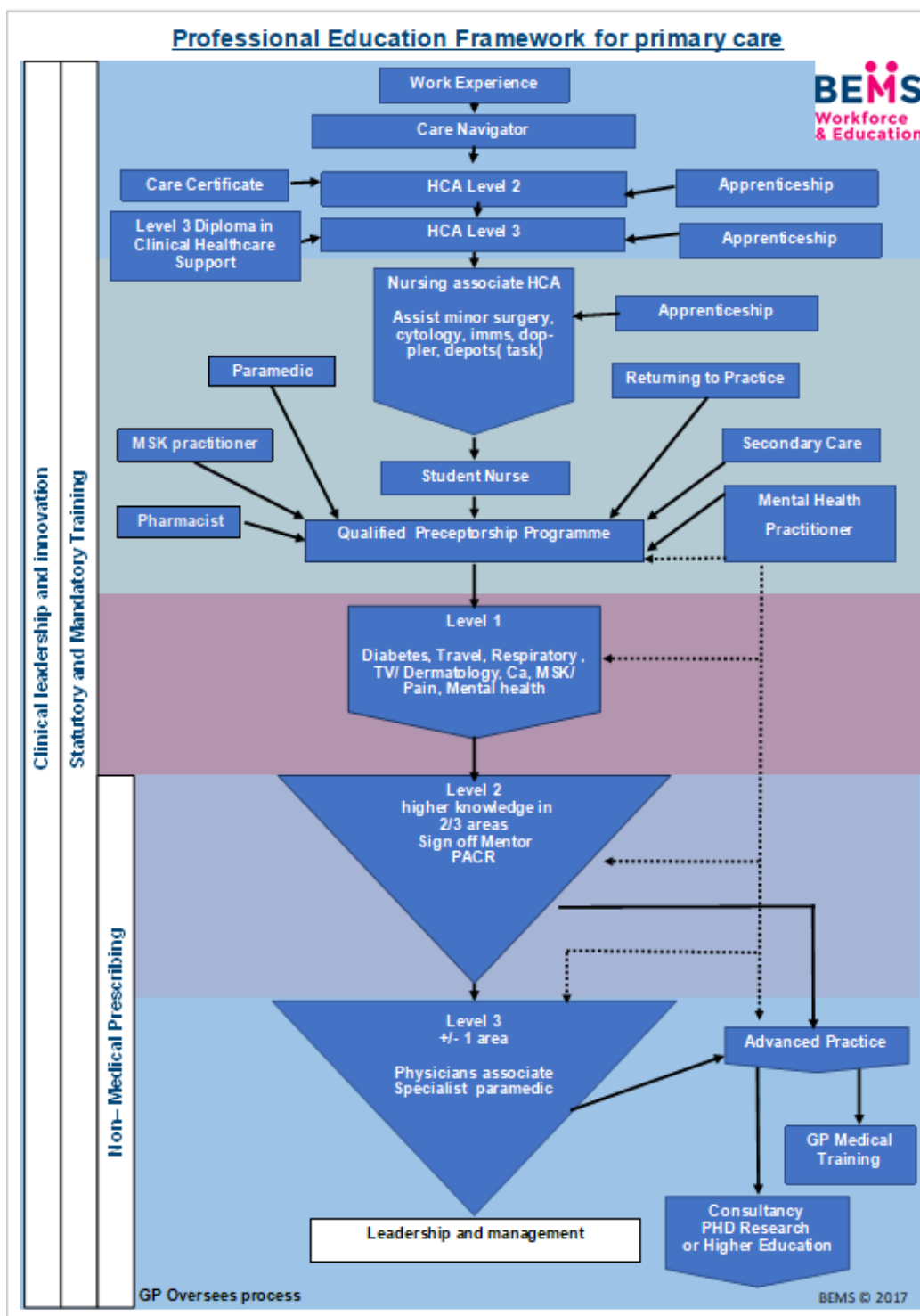
Leadership skills

- Autonomous practice, manages self and others, educator and teacher, service design and redesign

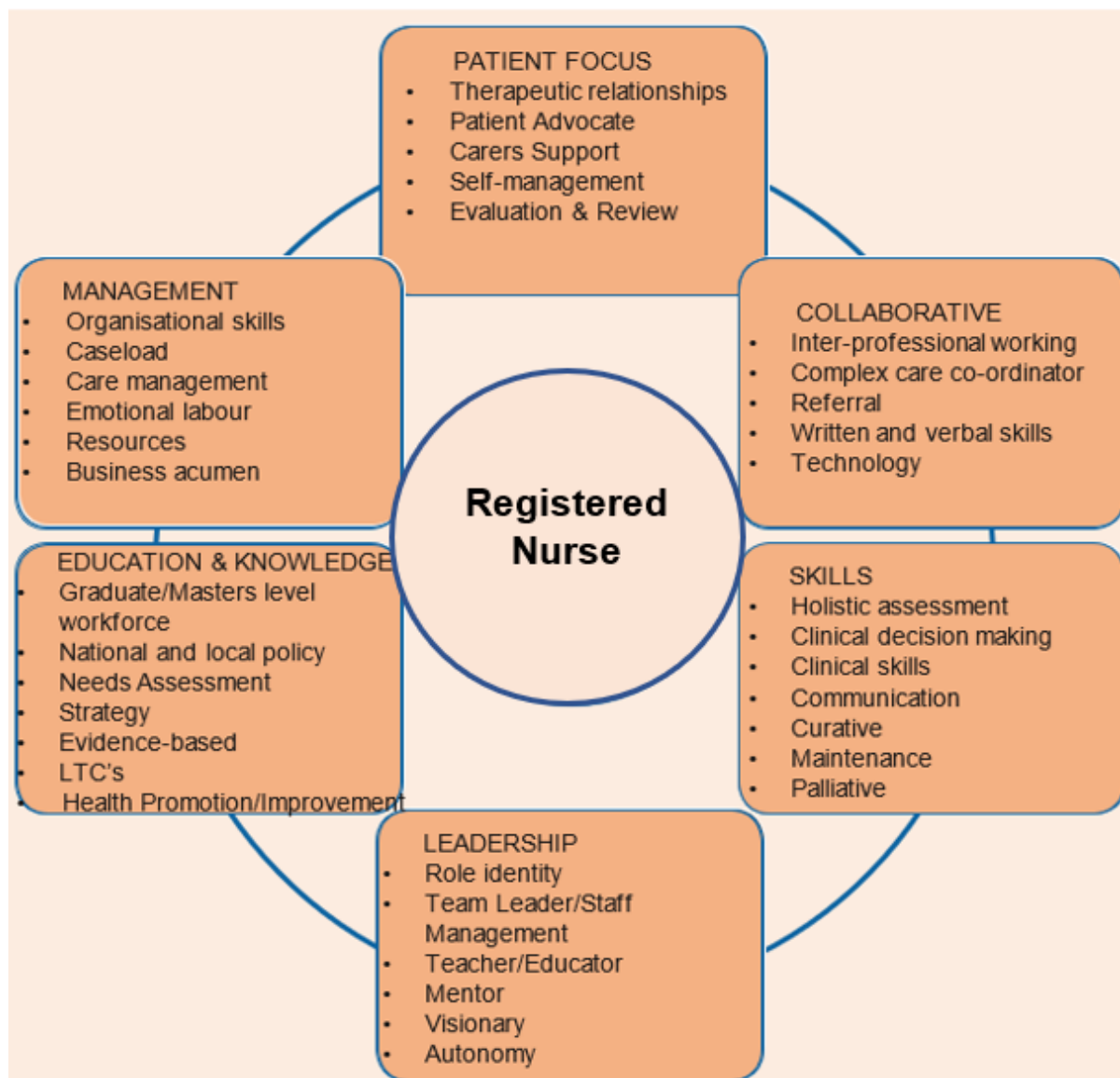
Primary Care Competency Framework

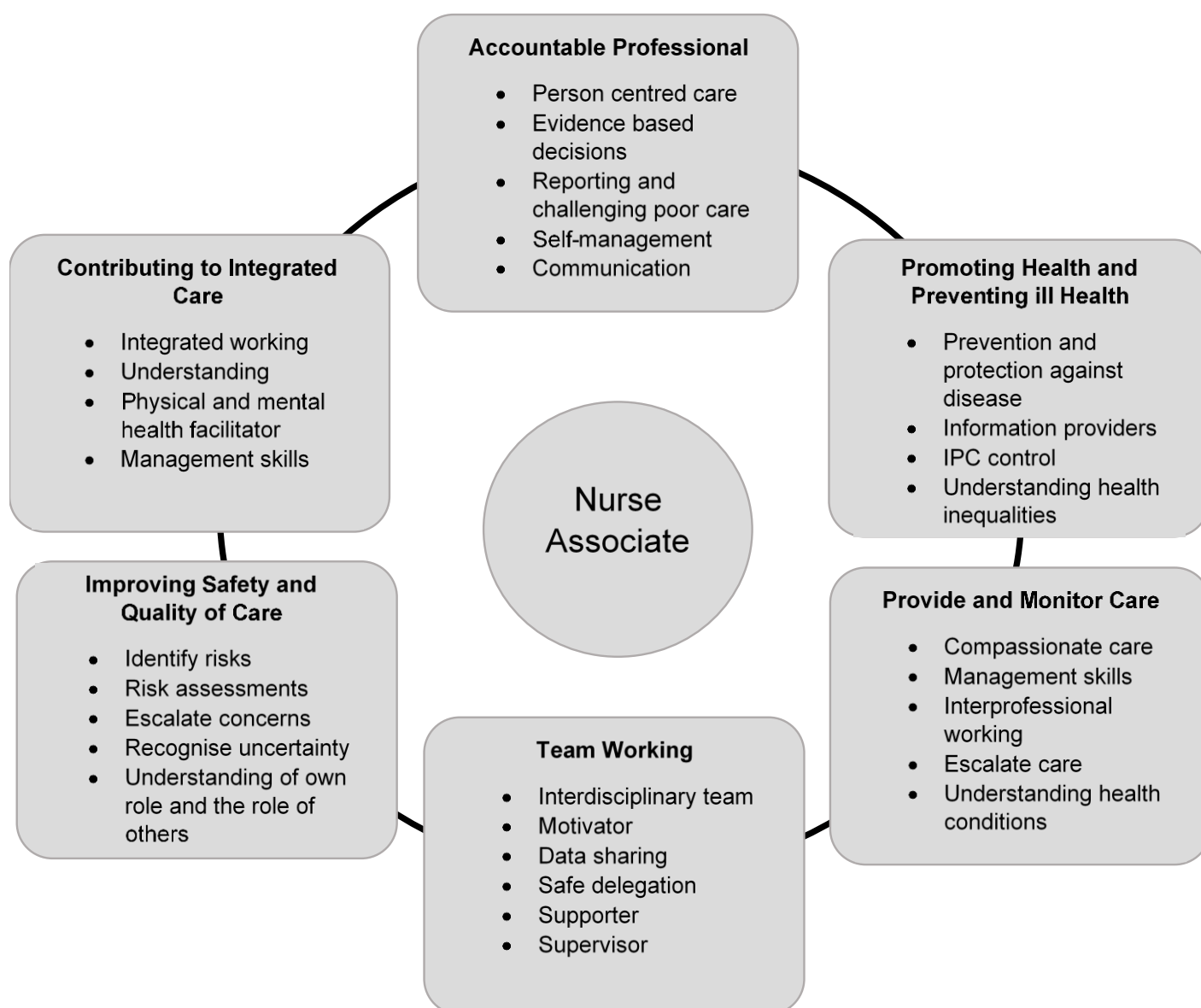
The Training Hub has initiated a professional education framework for Primary Care to use as a tool when looking at the roles and skill mix required within their practice. The framework identifies a structure that assists Practices/PCNs to ensure efficient ways of working so that care is being delivered by the right person with the right skills within the right time frame.

Find this framework [here](#)



In 2022 HEE have released a competency framework which supports and underpins the framework developed for this document. This can be accessed [here](#).





National Resources

- HEE (2015) District Nursing and General Practice Nursing Education and Career Framework
- [A Day in the life of a GPN](#)

Local Resources

- [Primary Care Competency Framework for General Practice – BANES specific](#)

Transferable Skills Assessment – Four Fields of Practice

Currently in the UK, students qualify in a specific field of nursing practice and may apply to enter the NMC register as a nurse in one or more of four fields: adult, mental health, learning disabilities and children's nursing. All nurses in all four fields of nursing must demonstrate competencies across four areas: professional values, communication and interpersonal skills, nursing practice and decision making and leadership, management and team working.

The NMC (2018) new standards will give nurses a greater understanding across all four fields of nursing practice, in particular mental health - while also increasing the emphasis on teamwork and leadership. Nurses will also have greater responsibilities in the area of public health and will be given the skills to train as prescribers immediately after qualifying - rather than wait three years to be able to undertake this role.

The competencies for General Practice are very different to those in secondary care; however skills from pre-registration education and previous experience are transferable.

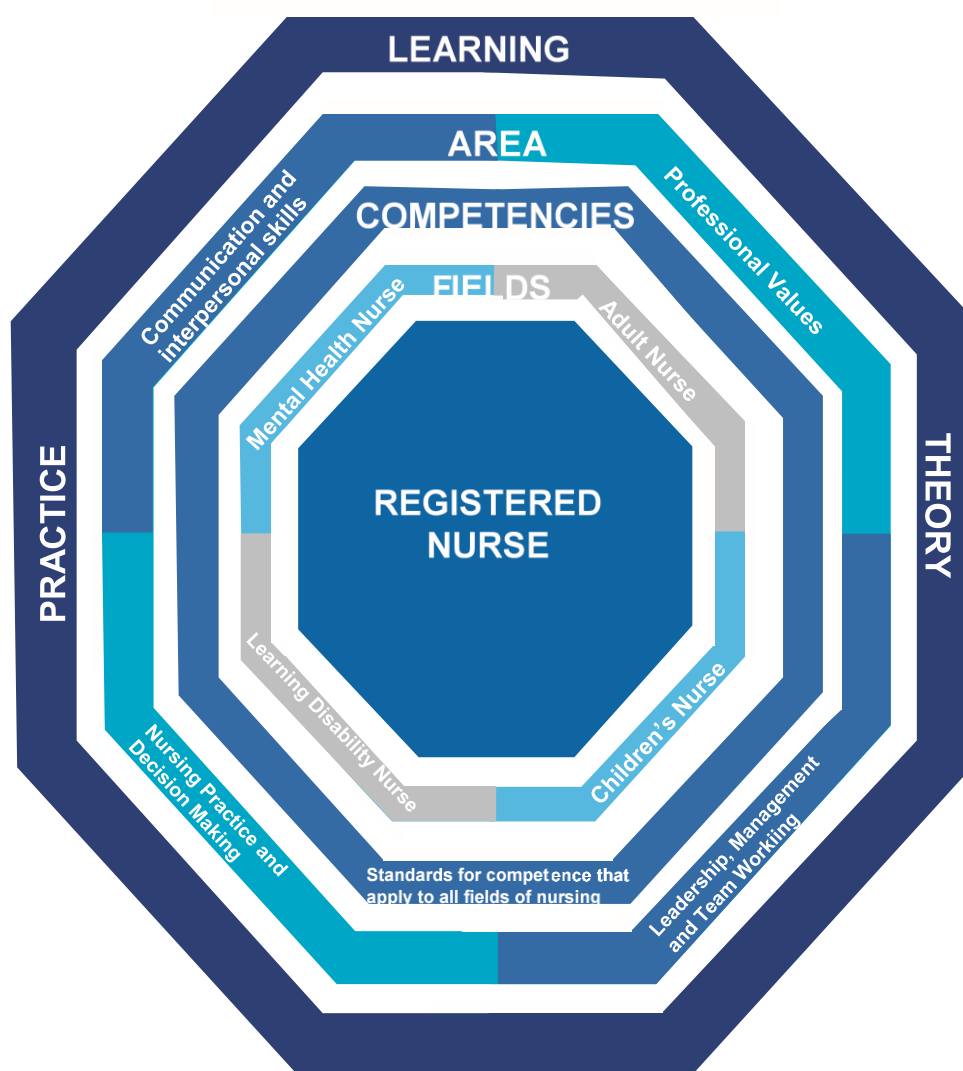


Diagram developed by Aaron Bent (2019)

Personal Skills Assessment

In some instances, a Strengths Weaknesses Opportunities and Threats (SWOT) analysis is a good way to establish an insight into your own abilities. Take a sheet of paper and divide it into four cells and label them 'strengths' 'weaknesses' 'opportunities' and 'threats'. Under each heading within each cell write down as many things that you can think of that relate to your role in your practice. You can then ask yourself, 'What are the threats that the weaknesses expose us to?' and 'What opportunities arise because of your strengths?' Doing a SWOT analysis allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally.

Example SWOT Analysis

STRENGTHS	WEAKNESSES
<p>Excellent clinical skills</p> <p>Good communication skills</p> <p>Enthusiastic</p> <p>Like being able to make decisions</p>	<p>Have not worked in the community before</p> <p>Lack confidence</p> <p>Worried about additional skills needed</p> <p>Not confident to teach others</p> <p>Lack of knowledge of a wide range of LTCs</p> <p>Lack of clinical skills</p>
OPPORTUNITIES	THREATS
<p>Working in a team</p> <p>Change in career pathway</p> <p>Support from my mentor</p> <p>Opportunity to do the course</p>	<p>Not sure if primary care nursing is for me</p> <p>Working on my own</p> <p>Safety</p> <p>Making the right decisions</p>

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

Having completed your SWOT Analysis, it will be clear that you possess many transferable skills from your present position that can be used in a different setting. It may also allow you to realise areas you need to develop.

Clinical Competencies Checklist

Please note that all clinical competency training and education must be underpinned by a clear assessment and supervision strategy.

Skills	Date completed
Assessment and Supervision	
Asthma training	
Cervical Cytology	
Chronic Kidney Disease	
Clinical Supervision	
Clinical Examination	
Clinical Diagnostics	
Compression Bandaging / Doppler Assessment	
Contraception	
COPD: Emphysema, Bronchiectasis, Chronic Bronchitis	
Coronary Heart Disease – Cerebrovascular Disease, Peripheral Arterial Disease, Rheumatic Heart Disease, Congenital Heart Disease, Deep Vein Thrombosis, Pulmonary Embolism	
Mental Health Wellbeing and Dementia	
Diabetes Management Type 1 & 2	
Ear Care	
ECG	
Epilepsy	
End of Life Care	
Emergency Treatment	
First Aid	
Health Promotion – Smoking, Healthy Lifestyle	
Hypertension – including ambulatory monitoring	

Immunisations & Vaccinations – National Immunisation Programme – Childhood & Adult	
Injection Administration - Gonadotrophin releasing hormone antagonist	
Learning Disabilities – health checks	
Leadership	
Non- Medical Prescribing - EMC / BNF	
Medicines Management	
NHS Health Checks	
Patient Specific – Patient Group Directives and Patient Specific Directives	
NHS Health Screening	
Phlebotomy	
Physical Assessment Skills	
Spirometry – Association of Respiratory, Technology & Physiology	
Sexual Health Screening	
Travel Health	
Triage / Advice	
Therapeutic Drug Monitoring/ Near patient Testing	
Wound Care	

NB This list is not exclusive, and skills can be added or removed according to area of practice.

The BANES Training Hub has formed a Nurse forum that meets bimonthly and covers an educational topic related to their work in primary care. Please visit the [BEMS website](#) to find out further information on these forums as well as access clinical competencies on a range of topics.

Additional useful resources	
Medicines Management	<ul style="list-style-type: none"> • Patient Group Direction • Electronic Medicines Compendium (eMC): The EMC is a very useful to look up drugs either by their generic or brand name. You can look up information such as the list of excipients, to check for allergies within the Summaries of Product Characteristics (SmPC) or print out Patient Information Leaflets (PIL) • British National Formulary
Vaccinations & Immunisations	<ul style="list-style-type: none"> • The Green Book • Vaccine Update • Immunisation Training Standards for Healthcare Professionals • Vaccination of individuals with uncertain/ incomplete imms status
Travel Health	<ul style="list-style-type: none"> • National Travel Health Network and Centre • Travax • Centres for Disease and Control Prevention – Yellow Book • Malaria prevention guidelines for travellers from the UK • Jane Chiodini – Travel Health Specialist Nurse:
Ear Care	<ul style="list-style-type: none"> • Rotherham Ear Care Guidance
Sexual Health, Contraception and Cervical Screening	<ul style="list-style-type: none"> • Family Planning Association • Jo's Cervical Cancer Trust • Mandatory reporting of female genital mutilation: procedural information • Brook Free E-Learning • British Association for Sexual Health and HIV
Introduction to Long Term Conditions	<ul style="list-style-type: none"> • NHS (2014) Five Year Forward View • NHS (2019) Long Term Plan
Diabetes	<ul style="list-style-type: none"> • NICE Guidance on Diabetes - • Type 2 diabetes in adults: management • Diabetes Foot Screening • Diabetes UK • Diabetes UK – e- learning package
Respiratory Care	<ul style="list-style-type: none"> • The British Thoracic Society (BTS) • Asthma: diagnosis, monitoring and chronic asthma management • Asthma UK • Global Initiative for Chronic Obstructive Lung Disease • British Lung Foundation https://www.blf.org.uk/ • Education for Health – Free E-Learning • Primary Care Respiratory Academy

Coronary Vascular Disease	<ul style="list-style-type: none"> • British Heart Foundation • British and Irish Hypertension Society • Hearte • The Open University – Free E-learning
Health Promotion / Smoking Cessation	<ul style="list-style-type: none"> • Smoking Cessation Resources
Patient Group Directions (PGDs)	<ul style="list-style-type: none"> • NHSE South West - Patient Group Directions (PGDs) Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety. • Patient Group Directions for NHS primary care services in the South West of England
BSW Training Hub Primary Care Forums	<ul style="list-style-type: none"> • Click <u>here</u> for further information on these events

Health Care Assistant

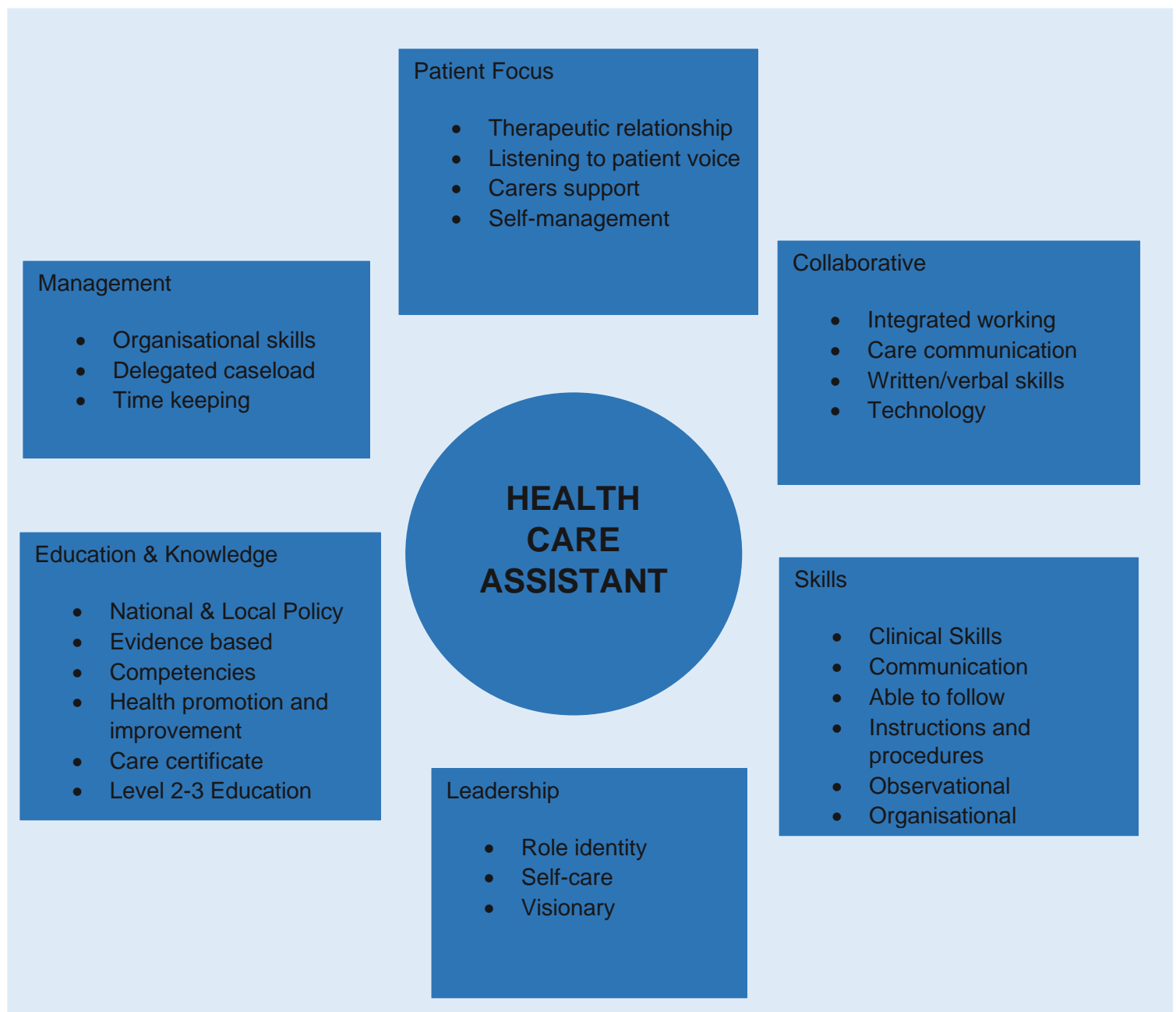
The department of Health have funded a code of conduct for Health Care Support workers and adult social care workers in England.

Health Care work is an umbrella term for numerous roles including Health Care Assistants. The focus is on people who have a patient facing role who do not already have a code that applies to them.

Health Care Assistants make a valuable and important contribution to the delivery of high-quality care working collaboratively with colleagues to promote and uphold the privacy, dignity, rights, health and wellbeing of people.

Patient skills
<ul style="list-style-type: none"> • Listening to patients and communication patients' needs • Empathy – allowing for effective and therapeutic consultations • Support people with deteriorating health needs
Education and Knowledge
<ul style="list-style-type: none"> • Local and national policy • Deliver Health Promotion • Evidence based care • Work under guidance of qualified Health Care professional.
Running a clinic in a GP surgery
<ul style="list-style-type: none"> • Carryout delegated care • Organisational skills • Awareness of own competencies and limitations
Teamwork
<ul style="list-style-type: none"> • Signposting written and verbal skills • Supporting other healthcare professionals • Interprofessional working
Technical skills
<ul style="list-style-type: none"> • Interpersonal communication skills • Clinical skills • Observational skills

Leadership skills
<ul style="list-style-type: none"> • Voice in service design • Self-management



National resources:

- [RCN](#)
- [Skills for Care](#)

Local resources

- [Primary Care Competency Framework for General Practice – BANES specific](#)

Personal Skills Assessment

In some instances, a Strengths Weaknesses Opportunities and Threats (SWOT) analysis is a good way to establish an insight into your own abilities. Take a sheet of paper and divide it into four cells and label them 'strengths' 'weaknesses' 'opportunities' and 'threats'. Under each heading within each cell write down as many things that you can think of that relate to your role in your practice. You can then ask yourself, 'What are the threats that the weaknesses expose us to?' and 'What opportunities arise because of your strengths?' Doing a SWOT analysis allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally.

Example SWOT Analysis

STRENGTHS	WEAKNESSES
<p>Excellent clinical skills</p> <p>Good communication skills</p> <p>Enthusiastic</p> <p>Like being able to make decisions</p>	<p>Have not worked in the community before</p> <p>Lack confidence</p> <p>Worried about additional skills needed</p> <p>Not confident to teach others</p> <p>Lack of knowledge of a wide range of LTCs</p> <p>Lack of clinical skills</p>
OPPORTUNITIES	THREATS
<p>Working in a team</p> <p>Change in career pathway</p> <p>Support from my mentor</p> <p>Opportunity to do the course</p>	<p>Not sure if primary care nursing is for me</p> <p>Working on my own</p> <p>Safety</p> <p>Making the right decisions</p>

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

Having completed your SWOT Analysis, it will be clear that you possess many transferable skills from your present position that can be used in a different setting. It may also allow you to realise areas you need to develop.

Care Certificate workbook

The Care Certificate workbook is a free downloadable resource to support the training process and help you and your new workers cover parts of the Care Certificate.

There's a workbook for each standard supported by an introduction and glossary. Each standard includes knowledge content and ends with a section where learners can record their understanding.

For further information visit www.skillsforcare.org.uk or [click here](#).

Standard:	Workbook	Date completed:	Signed:
Understand your role	(S1)		
Your personal development	(S2)		
Duty of care	(S3)		
Equality and diversity	(S4)		
Work in a person-centred way	(S5)		
Communication	(S6)		
Privacy and dignity	(S7)		
Fluids and nutrition	(S8)		
Awareness of mental health, dementia and learning disability	(S9)		
Safeguarding adults	(S10)		
Safeguarding children	(S11)		
Basic life support	(S12)		

Health and safety	<u>(S13)</u>		
Handling information	<u>(S14)</u>		
Infection prevention and control	<u>(S15)</u>		

Clinical Competencies Checklist

Please note that all clinical competency training and education must be underpinned by a clear assessment and supervision strategy.

Skills	Date completed
Ear Care	
ECG	
First Aid	
Healthy Lifestyle Promotion – Healthy weight, Smoking	
Hypertension – including ambulatory monitoring	
Immunisations/ Vaccinations – National Immunisation Programme – Childhood & Adult	
INR	
Learning Disabilities – health checks	
Long Term Conditions – Asthma, COPD, Diabetes, CHD	
Mental Health	
NHS Health Checks	
NHS Health Screening	
Patient Specific Directives	
Phlebotomy	
Spirometry – Association of Respiratory, Technology & Physiology	
Therapeutic Drug Monitoring/ Near patient Testing	
Wound Care	

NB This list is not exclusive, and skills can be added or removed according to area of practice.

The BANES Training Hub has formed a Health care assistant (HCA) forum that meets bimonthly and covers an educational topic related to their work in primary care. Please visit the [BEMS website](#) to find out further information on these forums as well as access clinical competencies on a range of topics