

General Practice Staff Induction Template

Medical Administration Team

Practice: _____

PCN: _____

Staff Role: _____

Name of Employee:

Role:

Organisation:

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	
Whistleblowing	
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

Medical Administration Team

The administrative teamwork as part of a multidisciplinary team (MDT) within their practice. Administrative roles within General Practice are wide ranging from clerical work to management positions.

Administrators working in General Practice are undertaking an ever-wider range of roles, from being the first point of contact for patients, as well as overseeing the day to day running of a practice and the management of the surgery and its staff. For those looking for varied and challenging careers in administration, primary care can offer this.

The varied roles available allow staff to develop long term relationships with patients and fellow colleagues as well progress within their practice to wider ranging roles as well as growth to management roles.

Our Administrative Team are vital cogs within the Primary Care machine

Example administration roles in general practice are:

- Receptionist
- Administration i.e., personal assistant,
- Secretary
- Care Co-ordinator
- Leadership & management

Skills/Levels



Communication and Relationship Skills	
Level 1	<ul style="list-style-type: none"> • Demonstrates pride in the practice and what it stands for. • Ensures written communication is clear and accurate and in plain English. • Speaks clearly and checks that they are understood. • Asks questions to appreciate other's ideas and points of view.
Level 2	<ul style="list-style-type: none"> • Conveys enthusiasm and energy around project or work goals and encourages others to do the same. • Written and verbal communication is clear and structured. • Demonstrates pride in the practice and what it stands for. • Speaks confidently when influencing colleagues, managers, and patients.
Level 3	<ul style="list-style-type: none"> • Inspires the team to engage with project or work objectives and ensures effective two-way communication. • Demonstrates enthusiasm, commitment, and energy to work and to the practice generally. • Written and verbal communication is clear, structured and tailored for the relevant audience. • Demonstrates confidence in influencing upwards to senior managers/partners. • Demonstrates and instils pride in the surgery and what it stands for.
Level 4	<ul style="list-style-type: none"> • Translates the practice's strategy into clear and meaningful objectives for self and staff • Inspires staff and stakeholders to engage fully with programme objectives • Communicates with conviction and clarity in the face of tough negotiation or challenge • Written and verbal communication is clear, structured, and convincing for the relevant audience • Promotes the Practice's reputation externally and internally.
Level 5	<ul style="list-style-type: none"> • Inspires staff and delivery partners to engage fully with the long-term vision and purpose of the practice. • Actively promotes the practice's reputation externally and internally, publicises success widely. • Influences and negotiates successfully across the wider health community • Communicates with conviction and clarity in the face of tough negotiation or challenge. • Translates vision and practice strategic priorities into meaningful objectives. • Takes a strategic approach to identifying and building stakeholder relationships.
Knowledge, training, and experience	
Level 1	<ul style="list-style-type: none"> • Identifies own skills and knowledge gaps for their development plan. • Is enthusiastic about learning and development and makes time to achieve development objectives. • Regularly seeks feedback and makes changes as a result. • Takes responsibility for quality of work, asks for training or guidance when unclear. • Develops self beyond scope of current role.
Level 2	<ul style="list-style-type: none"> • Takes ownership for own development, consistently achieves development activities. • Proactively supports development of colleagues. • Personally, seeks to improve the performance of team members. • Gives constructive and timely feedback to colleagues and regularly seeks it. • Takes responsibility for quality of work, increases personal contribution through continuous learning.

<p>Level 3</p> <ul style="list-style-type: none"> • Considers team's capability to deliver current and future work, taking action to address any gaps. • Identifies and develops talented team members to support succession planning. • Monitors performance against clear objectives, addresses poor performance promptly. • Devotes time to coaching and developing colleagues; provides ongoing feedback. • Continually seeks opportunities to learn and develop and acts on feedback.
<p>Level 4</p> <ul style="list-style-type: none"> • Proactively contributes to development and succession plans for their areas. • Delegate's responsibilities to broaden thinking and experience, creates opportunities for learning on the job. • Manages performance against clear standards, rewards success and addresses poor performance honestly and promptly. • Devotes dedicated time to supporting and coaching team members to deliver high performance through others. • Effectively prioritises continuous learning and self-development. • Maintains professional registration and works in accordance with their professional code (if applicable)
<p>Level 5</p> <ul style="list-style-type: none"> • Identifies capability requirements to deliver the practice's strategies over the next 2 + years. • Champions development, succession and performance management activities and holds managers accountable for implementation. • Sets clear objectives to drive year on year performance improvements. • Devotes dedicated time to supporting and empowering direct reports. • Regarded by others as an effective role model for continuous learning and self-development. • Maintains professional registration and works in accordance with their professional code (if applicable)
<p>Collaboration</p>
<p>Level 1</p> <ul style="list-style-type: none"> • Proactive about contributing to work of whole team, not just own work. • Takes an interest in who they work with, builds an appreciation of their backgrounds, skills, and preferences. • Is consistently empathetic, supportive, and respectful of colleagues • Welcomes requests for help from within and outside the team, always meets commitments. • Shares own knowledge openly and freely.
<p>Level 2</p> <ul style="list-style-type: none"> • Contributes to a positive team spirit, is consistently helpful, supportive, and respectful. • Develops a range of contacts outside own team. • Anticipates what information needs to be shared and when, keeps others up to date. • Readily spots opportunities to share learning and make progress by working with colleagues. • Relates easily to people from diverse backgrounds, challenges examples of unfair treatment or inequality.
<p>Level 3</p> <ul style="list-style-type: none"> • Initiates cross project/cross practice working parties to address issues that impact across practices. • Has a range of contacts across practices and a network that can be called upon as required. • Invests time to generate a common focus and genuine team spirit, appreciates the diversity of team members. • Readily gives resources and support to higher priority work when requested. • Relates to people from diverse backgrounds and appreciates their perspective.

<p>Level 4</p> <ul style="list-style-type: none"> • Swift to enlist support and input of a network of key stakeholders and experts from other areas. • Is astute and skilled at managing the dynamics within complex teams (including external organisations) • Works with their managers to generate a common focus and genuine team spirit among diverse teams. • Keeps up to date with progress in other areas, releases resources and support to projects or areas of work with higher priority. • Fosters a working environment that promotes equality, fairness, and respect, holds staff accountable for unacceptable behaviour. • Promotes knowledge sharing within the team, creates understanding of lessons learned.
<p>Level 5</p> <ul style="list-style-type: none"> • Encourages cross organisational collaboration and establishes principles of working. • Builds a broad network of relationships and senior contacts across health partners. • Champions fairness and equality across the practice and sets clear standards for behaviour. • Is visible and accessible, relates appropriately to people from diverse backgrounds and levels in the organisation. • Takes a corporate approach to prioritising resources
<p>Thinking with Vision</p>
<p>Level 1</p> <ul style="list-style-type: none"> • Understands how their tasks fit into achieving the practice's outcomes. • Carries out a task in a way that makes it easier further on in the process. • Asks questions to get clarity on what success looks like, takes steps to achieve this. • Shows an interest in wider practice priorities and vision and asks questions to find out more. • Suggests new ideas to improve how their job is done.
<p>Level 2</p> <ul style="list-style-type: none"> • Understands how their activities fit into achieving the practice priorities, explains decisions to others. • Understands when to challenge existing practice or take action to establish a new precedent. • Focusses on the overall goal and intent of what they're trying to achieve, not just the tasks. • Proactively suggests improvement and alternatives. • Shows an awareness of wider practice priorities and what's happening outside of the surgery.
<p>Level 3</p> <ul style="list-style-type: none"> • Thinks about how the work of their team fits into the overall practice picture. • Brings in new ideas and offers best practice. • Understands the practice's priorities and what it is trying to achieve. • Makes changes in work processes and programme outcomes that are clearly linked to the practice's strategic direction. • Keeps abreast of the changes in the external healthcare environment that have implications for the practice.
<p>Level 4</p> <ul style="list-style-type: none"> • Monitors external trends and developments (e.g., across NHSE, DOH, government policy) and considers how changes will impact on practice activities. • Acts as an innovative thinking and focal point of expertise for the organisation. • Applies judgement and makes recommendations with the wider implications of their actions. • Understands the implications for the practice's strategic direction for their area. • Prepared to accept when their area is of lower priority in the overall strategic vision
<p>Level 5</p> <ul style="list-style-type: none"> • Retains a long-term focus and anticipates wide developments on a time frame of 2+ years.

- Sees the local primary care context, comments intelligently on wider processes and understands the views of external stakeholders.
- Knowledgeable of primary care vision, strategy and direction across all areas and relates it to own portfolio of activities.
- Ensures strategies and programmes are joined up and come together to achieve the overall purpose and vision.
- Keeps abreast of external trends and developments (changes in legislation, other parts of NHS, customers, providers); aware of current key developments in commissioning and in touch with other relevant health care organisations.

Making effective decisions

Level 1

- Takes decisions within the limits of their role quickly and confidently.
- Will speak up and challenge decisions constructively.
- Understands the context and background to the tasks they're asked to undertake.
- Thinks through the implications of their decisions, considers the impact on the rest of the team.
- Asks questions to clarify important points.

Level 2

- Takes decisions within the limits of their remit quickly and confidently.
- Conducts thorough analysis and makes decisions based on well supported facts.
- Fully considers the potential impact of their decisions.
- Acts with confidence in making decisions and prepared to explain them clearly.
- Asks questions and says when they are unsure of what they must do.

Level 3

- Conducts thorough analysis and makes decisions based on well supported facts and input from relevant experts.
- Considers the longer-term impact of decisions.
- Recommends difficult decisions between competing objectives and the needs of the team.
- Makes decisions when they are needed.
- Empowers team members to make decisions.

Level 4

- Brave about making decisions that combine data, experience, and intuition, can act, or decide when the details are not certain
- Knows when to refer problems to a more senior level and where to go for advice.
- Balances the need for pace with rigorous evidence-based analysis
- Effectively combines a range of business information to identify key issues and risks, makes swift and well-judged decisions.
- Copes well with complexity or uncertainty, knows how to act when there is not a clear answer.
- Open and honest about decisions and actions.
- Gives reasons for their decisions and restricts information only when the wider public interest clearly demands it.

Level 5

- Takes quick decisions; reshapes their function or team priorities when opportunities arise to move things forward.
- Understands when their portfolio of activities' emphasis has changed; follows through with the necessary decisions to shift focus.
- Quick to see the issues, handles complexity and gets to the heart of problems to create clarity.
- Obtains the right information for making decisions in advance.
- Pushes decisions to the right level in their function, resists attempts to defer upwards.

Changing with Pace

Level 1

- Works quickly and efficiently, consistently delivers on time.
- Readily volunteers to assume new responsibilities, happy and flexible to work where needed most.
- Visibly steps up a gear to respond to emergencies.
- Is open minded and positive about changes.
- Quick to pick up on new procedures and approaches.

Level 2

- Encourages colleagues to proactively respond to emergencies.
- Readily volunteers to assume new responsibilities; is happy and flexible to work where needed most.
- Supports their team and colleagues through changes.
- Identifies ways to simplify or speed up approaches to their job.
- Proactively adapts and supports change.

Level 3

- Ensures teams are fully up to speed with systems for handling emergencies or tasks.
- Regularly reviews approaches, works with teams to identify improvements, simplify, and speed up processes.
- Maintains momentum and focus within their teams to implement changes.
- Supports their teams and colleagues through changes, explains rationale for change and benefits.
- Proactively tests effectiveness of new processes, ensures feedback is addressed.

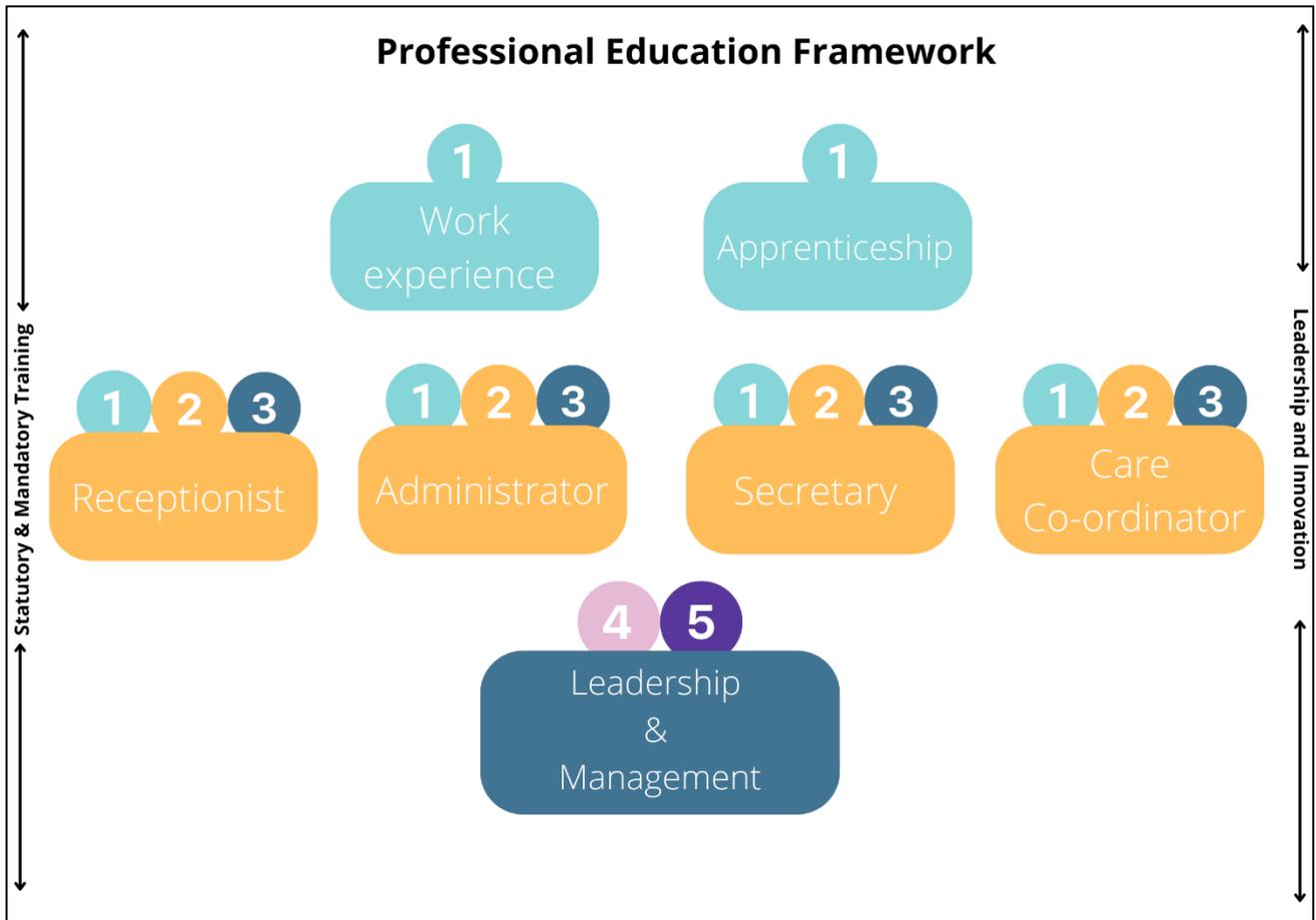
Level 4

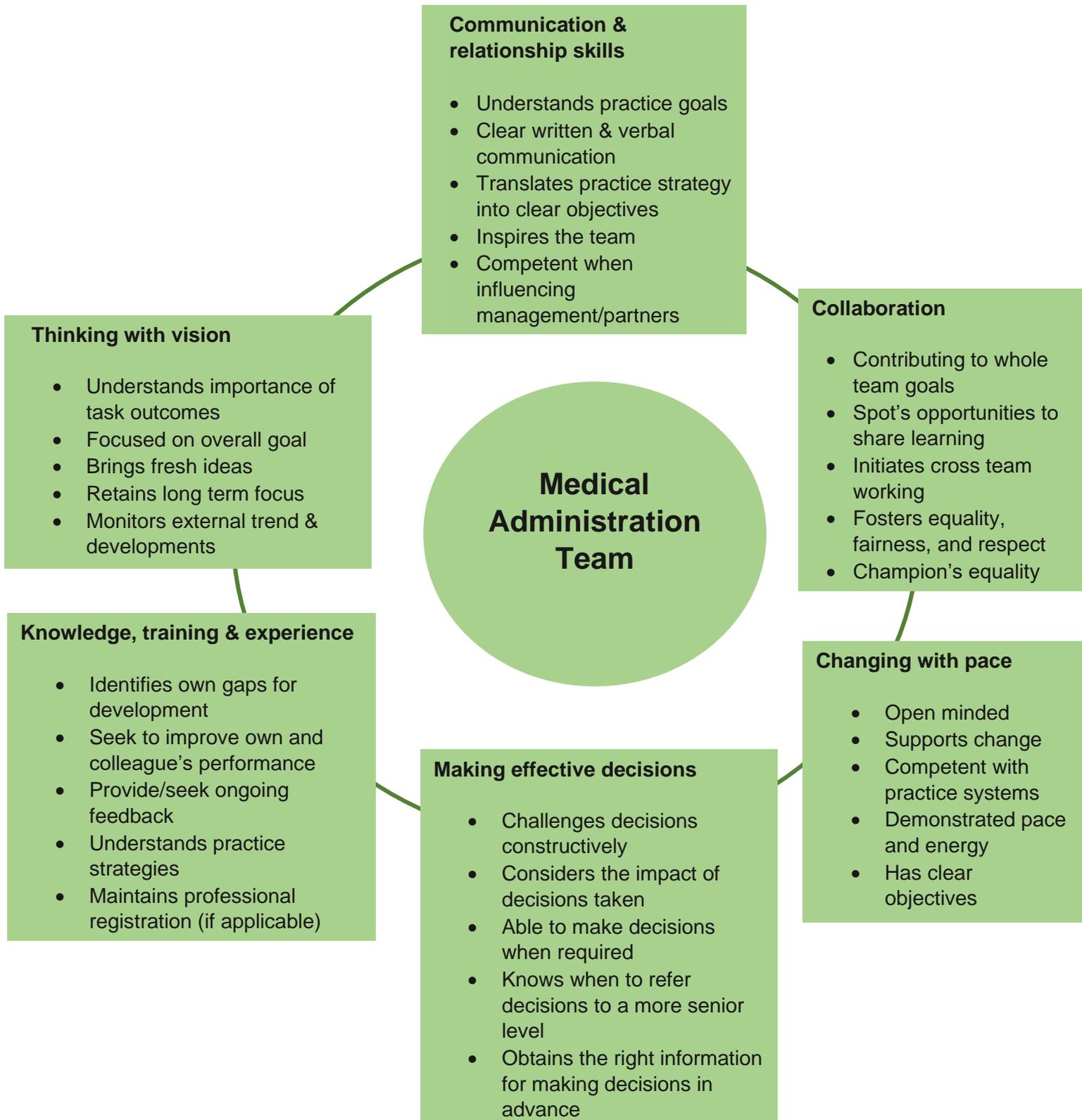
- Acts swiftly, mobilises teams to respond quickly to emergencies
- Works with others to provide reassurance to overcome people's resistance to change Involves the team in ideas to simplify processes and enhance flexibility and responsiveness Publicly celebrates examples of responsiveness and flexibility within their teams, makes it real for people
- Demonstrates purposefulness, pace, and energy in their approach, sets the tone for others

Level 5

- Establishes effective systems to deal promptly with emergencies and create clear accountability throughout the process chain
- Identifies step changes that quickly transform flexibility, responsiveness, and quality of service across the practice.
- Sets clear objectives for improvement and holds managers accountable for making a demonstrable difference
- Challenges the status quo in own and related areas, urges managers to consider issues from completely new perspectives
- Considers a wide-ranging impact when introducing change, on culture, structures, policies

Professional Education Framework





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 communication skills</p> <p>Able to work independently or collectively</p> <p>Good phone manner</p> <p>Empathy and understanding when dealing with sensitive subjects</p>	<p>Have not worked in this role before</p> <p>Lack of confidence</p> <p>Worried about additional skills needed</p> <p>Not confident to teach others</p>
OPPORTUNITIES	THREATS
<p>Working in a team</p> <p>Change in career pathway</p> <p>Support from my mentor & colleagues</p> <p>Opportunity for training and professional development</p>	<p>Not sure if primary care is for me</p> <p>Making the right decisions</p> <p>Being able to adapt to a fast-paced environment</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.

Admin competency checklist

Please tweak this list as necessary to fit your practices own business model and statutory and mandatory requirements. Please ensure this training is kept up to date.

Skills	Date completed
Understanding your role	
Personal development	
Duty of Care	
Equality and diversity	
Patient centred working	
Communication & correspondence	
Conflict resolution	
Medical Terminology	
IT Skills	
Information Governance	
Safeguarding	
Business correspondence	
Leadership and mentorship	

Additional useful resources

Please note this is not an extensive list, but some key resources available to access.

BSW Training Hub	https://bswtraininghub.nhs.uk/
BANES Enhanced Medical Services	https://www.bems.uk.com/
Wessex LCM	https://www.wessexlmcs.com/
The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists	www.amspar.com
Practice Managers Association	https://practicemanagersuk.org/
British Society of Medical Secretaries and Administrators	https://www.bsmsa.co.uk/
NHS Careers	https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/administration
Network for Practices	https://www.networkforpractices.co.uk/
Institute of Health & Social Care Management	https://ihm.org.uk/
ILM	https://www.i-l-m.com/
NHS Leadership Academy	https://www.leadershipacademy.nhs.uk/