

# General practice nurse education: what does the future look like?

General practice nursing is unique in both its skill set and employment. The knowledge and skills required to be a GPN are not taught in pre-registration nursing courses, nor are they evident in other areas of nursing. GPNs perform varied and important roles with increasing responsibility. However, training for this role can be inconsistent, as individual GPNs negotiate it at practice level. This inconsistency has been highlighted in several reports. To address this, the Cheshire and Merseyside Training Hub has developed a one-year preceptorship course for new GPNs. The training is structured, uniform, and accredited by a university. The Hub also provides support from experienced GPNs. While the course has been successful, it has not been without challenges. Future efforts should focus on navigating these challenges and reconsidering the employment framework for GPNs to ensure consistent education.

## KEY WORDS:

- GPN education
- Preceptorship
- Mentorship
- Continuous professional development
- GP practices

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In October 2023 alone, 3.7 million appointments were estimated to have been delivered in primary care, and 23.1% were carried out by nurses (NHS England, 2023). General practice nurses (GPNs) are integral to general practice providing a unique and important range of services. They carry out the bulk of cervical screening across England and were celebrated by the World Health Organization for doing so (WHO, 2020). They also provide the entire baby immunisation schedule, as well as other vaccination campaigns, including flu, Covid, pneumonia and shingles. They are responsible for chronic disease annual reviews and often play a lead role in managing chronic diseases, such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma. They can also take on roles traditionally performed by GPs, such as hypertension and lipid management. GPNs often work in relative isolation

with few peers to guide or mentor them and many supervise healthcare assistants (HCAs).

In England, there are approximately 6500 GP surgeries employing around 17000 full-time equivalent nurses (NHS England, 2024). This workforce is unique. First, because GP partners are self-employed and therefore in essence run a business, which employs GPNs. Second, most of the GPN skill set required is neither taught in pre-registration nursing programmes, nor found in nurses working in other settings. Despite their obvious contribution and importance in the primary care arena, GPN training is often fragmented, ad hoc, costly, and done in a nurse's own time (Queen's Nursing Institute [QNI], 2016).

## TRADITIONAL TRAINING

Typically, a GPN needs to be

competent in cytology, vaccinations and immunisation (including baby immunisation), travel health, asthma, diabetes, COPD, phlebotomy, contraception, hypertension, learning disabilities as well as possibly electrocardiography (ECGs), wound care and ear care. It is a multifaceted role needing considerable training, and can take time to complete and consolidate that learning. Most training is completed in the form of standalone modules, which are available through private organisations or, in the case of chronic disease, through universities as standalone continuous professional development (CPD) modules. There is considerable cost attached to these courses, for example, a two-day travel course can be as much as £600 and a six-month course covering diabetes can cost over £1100.

Practices may pay for these courses, but because of the cost,

nurses are often asked to do the training in their own time or are made to sign agreements that if they leave the practice within a certain timeframe, they may be asked to pay back the cost of the course. Each GPN will negotiate and receive a different level of training and will have varied access to education depending entirely on the views of the individual practice. Some training, such as cytology, may be managed regionally and be of an equal standard, but other training, such as travel health and chronic disease, is left in the hands of the practice to organise. All this means that GPN training, although crucial to patient safety, may be disjointed, lack uniformity in length or quality, and there exists the tension between employer and employee regarding training fees.

A practice may spend two years training a nurse who then leaves for another practice — a fear of most GP surgeries when investing in training. Several concerns have been raised around GPN training in research articles and commissioned reports. The QNI's report (2016) highlighted issues around GPN training after polling over 3400 GPNs. It felt that there was a need for 'appropriate preparation and support for those who are new to general practice nursing, and this need is urgent'. The way GPN training is organised was scrutinised in 'The future of primary care: creating teams for tomorrow' (Roland et al, 2015), which discovered a number of barriers to recruitment, including 'GP employers being unwilling to make time available for continuing professional development, the general lack of opportunity for nurses to develop their skills, and the poorly defined career paths in primary care nursing can make GP nursing an unattractive career option'.

In 2017, 'General Practice — Developing confidence, capability and capacity' (NHS England, 2017) acknowledged the valuable contribution that GPNs make and highlighted the need for a more joined up approach to training. One of its action points was to develop a pilot competency-based

preceptorship programme for all nurses new to general practice.

In 2021, Health Education England (HEE) developed the 'Primary Care and General Practice Nursing Career and Core Capabilities Framework', which covered key skills in three tiers of learning and competency to help formalise the skills needed by primary healthcare professionals. The framework aims to be relevant throughout a progressing career and describes 14 core areas and lends itself to being part of a preceptorship type programme, marrying both the vision of NHS England (2017) and details of the core capability framework (HEE, 2021). Specifically, the framework's emphasis on core skills such as chronic disease management, patient safety, and interprofessional collaboration supports the foundational training provided in a preceptorship, ensuring that new GPNs develop the necessary competencies to deliver high-quality care in a primary care setting. In the authors' opinion, this can provide robust foundations for new GPNs and a platform to acknowledge CPD.

## PRECEPTORSHIP AND THE NEW GPN

The idea of preceptorship is not new and following the publication of the 'National preceptorship framework for nursing' (NHS England, 2022) many trusts nationwide run preceptorship courses aimed at newly qualified nurses.

Preceptorship is a structured programme of protected learning for new practitioners aimed at helping the transition from student to qualified nurse. Research shows that quality preceptorship programmes positively impact on recruitment and retention of nurses (O'Driscoll et al, 2022) and, given that HEE (2017) and NHS England (2016) highlighted the need for recruitment drives for GPNs, preceptorship programmes may seem an important tool in achieving workforce stability. Preceptorship programmes can include:

- Classroom teaching
- Attainment of role-specific competencies

- Online support
- Clinical supervision and coaching.

## Preceptorship in action

Cheshire and Merseyside Training Hub have taken the preceptorship model and developed a bespoke primary care GPN preceptorship programme to support nurses new to primary care in the first 12 months of their role. They have also, in conjunction with Buckingham University, developed a clinical competency framework and reflective practice document to complement and enhance the programme. The aim is to provide training that is uniform, of quality, and accessible to all practices recruiting new nurses.

The blended learning programme has been written by experienced practice nurse educators and been academically accredited by the University of Buckingham. The programme aims to sufficiently equip new-to-practice GPNs with the specialist knowledge and skills to fulfil their role. It builds a foundation for providing safe, evidence-based and effective care for patients and the ability to work as part of the primary healthcare team. The course covers the NHS cervical screening programme, national immunisation programmes, and health behaviour change, as well as an introduction to several long-term conditions — assessment, monitoring and management — including asthma, COPD, diabetes, dementia, cardiovascular disease and hypertension, complemented by mentorship in the general practice nurse setting.

The programme is delivered through taught masterclass days, eLearning and practical practice-based tutorials. Learning outcomes and competencies are recorded in a practice portfolio. The portfolio includes case studies, reflections, records of mentor meetings and evidence to demonstrate clinical competencies achieved. Skills training was commissioned from local accredited providers and brought together under the umbrella of the course, and Buckingham University oversee the level 6 clinical portfolio which nurses need to complete.



## Practice point

With the continued shift of complex patient care from secondary to primary care and the increasing diversity of patient need across the lifespan, GPN training requires a more joined up, thoughtful and dynamic approach so that all GPNs have the necessary skills to provide quality care.

GP practices are relieved of the cost burden of GPN training and the need to validate sources of training. The programme does, however, rely on the GP practice providing a mentor to supervise the new GPN in practice and this has been an issue in those with small nursing teams or no existing GPN in post.

The course started running in September 2021 with 20 new GPNs enrolling. The initial challenges included a lack of understanding by employers (practice managers and GPs) of the need for structured ongoing support for new GPNs on the course. In the first group, many nurses accessed the skills training but failed to complete the portfolio, therefore missing out on the opportunity for self-reflection, continued learning, mentorship, and assessment of competency frameworks. Practice mentorship was also a challenge with practice mentors leaving part way through the 12 months, or having sickness or absence, leaving new GPNs with limited support. There were also small practices that had no overlapping nurse time or no other GPN and therefore new GPNs were effectively working alone with minimal mentorship.

From 2021 the course ran twice a year, April and September, and had increasing numbers of nurses applying for and completing the course. The founders of the course are realistic about funding and aimed to ensure sustainability and wanted to have a 'grow your own' culture. The preceptees of today will hopefully be the preceptors of tomorrow and having done the course will understand its values and rewards.

In 2023, to improve support and preceptorship for GPNs on the course, the Training Hub employed a GPN development team comprising experienced GPNs from across all geographical areas in the region. The aim was to provide more support to preceptees with their portfolio work, fill gaps in mentorship, and provide face-to-face mentorship clinically and theoretically for the portfolio. It was also found that the GPN development team were needed at times to support new GPNs navigate their new role and the practice environment. As a result of this increased support, there was an improvement in attrition rates and the number of portfolios submitted.

The course not only provided valuable quality education, but also allowed networking and peer support for new GPNs who may often work in relative isolation. WhatsApp groups formed at the start of each intake have proved valuable for peer support.

This programme is funded by NHS England, through the Cheshire and Merseyside Training Hub.

The GPN preceptorship programme portfolio used as part of the programme describes four stages of preceptorship, each with time scales. The first three stages are completed in the 12-month preceptorship programme. Stage 4 is entitled 'what next?' and refers to the 12-month period after finishing the preceptorship course. It aims to look forward at career development and leadership. This stage is now being delivered by incorporating the preceptorship into the GPN fellowship programme funded via NHS England.

The September 2023 cohort of new GPNs have entered a two-year fellowship programme which includes the 12-month preceptorship in the first year and then access to a further one year of the fellowship. The two separately funded training and support elements running consecutively to provide a two-year programme. The second year provides learning around teamwork, leadership, and service improvement

skills, with a focus on NHS strategies and developments in primary care, integrated multidisciplinary and multi-agency working. This will focus on embedding the GPN role within the wider healthcare team and include access to peer support networks and will also look at career development and resilience. The vision is to promote lifelong learning and excellence in general practice nursing. The NHS England fellowship programme closed on March 31st 2024, leaving a funding gap. However, organisers say that they are absolutely determined to continue their mission to provide a joined-up quality approach to the education of GPNs by using existing Training Hub staff to continue delivering the fellowship material where possible.

The two-year fellowship aims to create highly-skilled GPNs who can provide an essential high standard of care to their local populations, enabling the local health economy to deliver the priorities of integrated care systems, the 'NHS Long Term Plan' (NHS England, 2019) and 'NHS People Plan' (NHS England, 2020).

To date, 91 nurses new to primary care have completed the preceptorship course and received their level 6 preceptorship programme certificate, and there are currently a further 59 nurses on the programme. They were asked to give feedback on how they have found the course, some of which is detailed below.

*I have become much calmer and confident. It took me nearly 12 months to feel like this as the skills needed in the job role are so broad and it was very different to my previous role.*

*When I started this role, I had no idea how challenging that being a GPN could be. I am now the only practice nurse at my surgery, and this is a challenge within itself. However, the GPN course gave me confidence with this.*

*The impact that this programme has had on my leaning and development into this role has*

*been amazing. This has improved patient care significantly as I have learnt up-to-date evidence-based practice along with new skills and I also now feel confident to suggest further treatment plans for long-term conditions to the GPs. I have shared my newfound knowledge with the other staff members of the practice to try and all work together on getting the best outcomes for the patients.*

Despite its obvious success, there have been and continue to be challenges. Funding is often short term, presenting difficulties in planning ahead. The funding currently being accessed is also not guaranteed year on year. Difficulties still exist with accessing sufficient experienced practice-based mentors, especially in smaller surgeries. Access to all new GPNs can also be a challenge as, despite promoting the Training Hub, some GPs remain unaware of the Training Hub and its role. In order to access new GPNs, the Hub relies on practices informing them of when there is a GPN who is new to role.

## NEXT STEPS

Cheshire and Merseyside Training Hub wants to maximise its GPN development team to improve sustainability. It plans to roll out action learning sets, peer support networks, and use the inhouse skills of the GPN development team to support the ongoing delivery of the two-year programme.

The primary care workforce has seen an increase in diversity in recent years, with many GP assistants, nurse associates (NAs) and physician associates (and others) practising in primary care. GPNs are now not alone performing practice nurse activities, as NAs are also being employed to take on some of the tasks traditionally completed by the GPN. While NAs will contribute to aspects of care, including delivery and monitoring, it is important to remember that registered nurses will take the lead on assessment, planning and evaluation. Nurses will also lead on managing

and coordinating care with full contribution from the NA within the integrated care team (Nursing and Midwifery Council [NMC], 2019).

To ensure that the broader workforce has access to preceptorship, the Training Hub started a 12-month pilot for a NA preceptorship programme in June 2024. Both the GPN and NA preceptorship programmes embrace the idea of continued education, as well as giving this workforce a robust foundation on which to start their careers. The Training Hub's vision is to have a multiprofessional preceptorship offer to all roles in primary care.

## DISCUSSION

So, is this training model the future for new GPNs? In the authors' clinical opinion, it is a model which fulfils the vision set out by the ten-point action plan for general practice (NHS England, 2017). It embraces the idea of lifelong learning and attempts to help set out leadership and career progression for new GPNs. Could training hubs such as this one also support those already in practice to ensure that all training for GPNs, new or experienced, is accessible and of quality?

There are many other models of training for new GPNs across the country and that, in itself, shows the changing tide and the recognition that we need to review and restructure GPN education to ensure that patients have the best possible evidence-based care and provide the 16000 GPNs with a culture of lifelong learning and support.

Even with Cheshire and Merseyside's Training Hub's preceptorship course, there remain many challenges. There is still a need for GPs and practice managers to understand the nature and need for continuous quality training for their GPNs and their role in supporting this. Without this understanding and support, engagement becomes piecemeal. There is a need for quality practice preceptorship, and this is not always possible. This is a particular issue in smaller practices or those

with high turnover of nursing staff. There is the need for funding that goes beyond the next couple of years so that training organisations can plan ahead and develop excellence. Developing and promoting a quality programme takes considerable time. Furthermore, there is a need for consistency throughout the regional and national picture, so that all GPNs have access to similar training opportunities.

At the moment, there is no specific mandatory training that GPs are required to provide for GPNs. The Care Quality Commission (CQC, 2023) says that individual practices are responsible for deciding what training is required and how it is delivered. Although within that they do expect practices to 'take reasonable steps to support staff training'. This, although arguably flexible, allowing development according to local need, does leave what is necessary open to interpretation and therefore fosters inconsistencies. GPN employers are free to decide how they achieve the training which they feel is needed. There is also no requirement for them to engage with training hubs or other training organisations when employing a new GPN.

There are programmes of education across areas of the country such as fundamentals or NMC specialist practice qualification (SPQ), but they vary in length and form and are patchy. However, not all GPNs will be able to access courses such as this. To do so would require the course to be local, the support of the employer, and funding. These three factors are not always in existence. This leads to a lack of consistency and uniformity, with some nurses accessing robust quality education and others not.

There is CPD funding available, but it is neither consistent, nor long term.

Perhaps it is time to look at this in the wider context and ask how we might achieve consistent, quality education for every single GPN? In doing so, perhaps we should look at the bigger picture and ask some far-reaching questions.

General practice is a unique environment and the nurses working here encounter a unique set of challenges. Being employed by a GP practice and not the NHS means that important issues such as pay and conditions and access to education are all negotiated within the practice. Although training hubs and primary care networks (PCNs) are trying to establish more uniform training, it is blighted by short-term funding and an ever-changing political landscape, making long-term planning and development of preceptorship courses or alternatives, fragile and often short term.

Practices sometimes lack the knowledge and nursing background to understand what is required to support nurse development. Thus, it has to be asked, are GP practices the right organisation to employ GPNs? Will the problem of uniform training within the GPN population be solved while there is a lack of understanding from some practices and short-term funding. Is something much more drastic the answer?

Should GPNs be employed by larger organisations, such as PCNs or integrated care partnerships (ICPs), which may be better able to provide and sustain training and development and can ensure continuity? Equally, are GP practices the right organisations to recruit and manage nurses? Do they have the skills, the time and know-how? Can they be objective enough when they are running a business? If GPNs are to remain employed by GP practices, is it not time that training for GPNs is included in the GP contract, i.e. embedding the need for good quality training into every practice and making it more prescriptive and understandable for GPs.

GPs historic contractual arrangement dates back to the very foundation of the NHS, when few nurses were employed in general practice. Since 1948, general practice nursing has completely changed from being a handful of nurses assisting GPs in relatively simple tasks to a dynamic workforce of autonomous practitioners responsible for huge sections of general practice care.

There has been a massive expansion of the role and the responsibility attached to the role, especially with the continued movement of care from secondary to primary care. In short, the landscape of general practice nursing has changed entirely and perhaps now is the time to change and update this model of employment for GPNs. **GPN**

### Acknowledgement

*With thanks to Trisha Vickers, Cheshire and Merseyside Training Hub, for all her help with the facts and figures from the Hub.*

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