



Royal College of  
General Practitioners



RCGP  
General Practice Foundation

# General Practice Advanced Nurse Practitioner Competencies

[Document 1 of 2]

May 2015

# Acknowledgements

## RCGP ANP Competency Development Team

**Annie Barr** - Clinical Director (Training) Annie Barr Associates, (Training) Lead Nurse RCGP North East, MA (Advanced Practice), BSc Hon's Health Sciences, RGN, Specialist Practitioner (Practice Nursing), PGCert

**Katy Stainsby** - Lead Consultant Workforce Planning and Development, MSc [Advanced Midwifery Practice], PGDip, PGCert RN, RM FETC

**Sylvia Dryden** - Practice Nurse Manager MSc BSc, PCG Advanced Practice, Nurse Prescriber, RGN.

**Jenny Aston** - Former Chair RCN Advanced Nurse Practitioner Forum, Chair RCGP Nursing Group, General Practice Foundation

**Our grateful thanks go to the chair of the RCGP GPN Nursing Group who commissioned the document and without whose vision and valuable contribution this would not have been possible.**

**Our thanks also go to the following key professionals and peer reviewers who shared valuable insights, analysis and observations, which have been included in this document.**

## Contributors

**Eileen Munson** - RD, MSc ANP, BSc Hons [SPQ] GPn, NMIP, RNT, Senior Lecturer University of South Wales. Chair of the Welsh Practice Nurse Association.

**Benny Harston** - SRN, SCM, Bsc(Hons) Advanced Nurse Practitioner, Former Chair RCN ANP Forum.

**Ghislaine Young** - MSc RGN RHV Dip Nurs (Lond) Dip Autonomous Nursing Practice (RCN) Nurse Prescriber, ANP Westcliffe Medical Practice, Shipley, West Yorkshire

**Sue Shortland** - MSc Advanced Practice RGN Nurse Prescriber, Senior Lecturer Birmingham City University

**Professor John Howard** - Head of Education and Quality for Primary and Community Care, Postgraduate GP Dean and Deputy Postgraduate Dean, Responsible Officer for HEEoE

**Dr Marina Lupari** - Professional Lead for Primary Care & Community Nursing Royal College of Nursing

**Wendy Fairhurst** - Chair RCN ANP Forum, Nurse Partner Marus Bridge Practice

**Tim Corbett** - Orion Web Designs - Design and development services

# Table of Contents

<b>Acknowledgements</b> .....	<b>2</b>
<b>RCGP ANP Competency Development Team</b> .....	<b>2</b>
<b>Introduction and Purpose</b> .....	<b>5</b>
<b>Position Statement of Advanced Practice</b> .....	<b>6</b>
<b>International Council of Nurses [ICN] Nurse Practitioner/ Advanced Practitioner Network</b> .....	<b>7</b>
<b>Advanced Nurse Practitioner in General Practice</b> .....	<b>7</b>
Relationship to the Career Development Framework for Nursing in General Practice [HEE].....	7
Mapping to GP Curriculum .....	8
Relationship to professional growth as a practitioner and career development.....	8
Core competencies and application to specific areas of clinical practice.....	8
Leadership development.....	8
<b>Pre-requisites</b> .....	<b>9</b>
RCGP General Practice Foundation General Practice Nurse Competencies.....	9
NHS KSF Dimensions .....	9
Academic criteria.....	9
Minimum Professional /Educational requirements .....	9
Assessor/ Mentor/ Facilitator .....	9
How to use the ANP Competency Framework [1] and accompanying Assessment Documentation [2] .....	10
Information Technology [IT], Skills, ability and Information Governance [IG] .....	10
<b>Assessment strategies</b> .....	<b>10</b>
Portfolio .....	10
Reflection .....	11
Work Based Practical Assessment [WBPA] .....	11
Acute Care Assessment Tool (ACAT).....	11
<b>Becoming proficient</b> .....	<b>12</b>
<b>Taxonomy of Achievement (TOA)</b> .....	<b>13</b>

<b>Core Competencies .....</b>	<b>14</b>
1. Core Competency: Direct Clinical Care, which are aligned to the 6 areas of competence in the GP curriculum .....	14
2. Core Competency: Leadership and Collaborative Practice .....	16
3. Core Competency :Improving quality and developing practice .....	17
4. Core Competency: Developing self and others.....	18
<b>Competence in specific areas of clinical practic .....</b>	<b>19</b>
5. Care of Patients with Long Term Conditions [GP curriculum 3.10,3.12,3.18, 3.19,3.20] .....	19
6. Mental Health and Psychological Care [GP curriculum 3.10] .....	20
7. Acute Presentations [GP curriculum 3.03] .....	21
8. Men’s Health [GP curriculum 3.07].....	22
9. Women’s Health [GP curriculum 3.06] .....	23
10. Family Planning and Sexual Health [GP curriculum 3.08].....	24
11. Public Health and Well Being [GP curriculum 3.08 & 3.14].....	25
12. End of Life Care [GP curriculum 3.09].....	26
13. Information Technology and Clinical Practice.....	27
15. Paediatrics [GP curriculum 3.04].....	28
16. Learning Disability [GP curriculum 3.11].....	29
<b>References &amp; Bibliography .....</b>	<b>30</b>

# Introduction and Purpose

The NHS is facing considerable change with increased demand for health care services, and these services must be effective to be delivered safely.

The needs of the population are rapidly changing, with modest growth resulting from immigration, changes in birthing patterns, and the effects of travel (the global village effect). As a nation we are living longer<sup>1</sup> with an increasing older population and an increase in long-term conditions due to obesity and health inequalities<sup>2</sup>.

There are increased demands for flexible and responsive health services with increasing expectations for greater choice on health care information, care packages, treatment options and access. The introduction of European Working Time directives necessitated redistribution of clinical tasks<sup>3</sup>, Information technology and the use of Telecare. In addition remote health care monitoring to support care closer to home and novel applications for biotechnology and robotics are becoming more common place and this trend will continue. Therefore additional access to and contact with health professionals is required to support these changes. The Five Year Forward View<sup>4</sup> sets out the relatively short-term challenges faced by the NHS, the reasons change is needed, and the steps required of the NHS and others, to develop a workforce, which is more community and public health focused. The intention is for patients to gain greater control over their own care. Meanwhile, The Shape of Caring<sup>5</sup> review celebrates existing good practice and makes recommendations that build an infrastructure for the next ten to fifteen years for nurse education. This to ensure education is better aligned to the changing needs of patients and the community, as well as the structured career development of the caring workforce.

Healthcare policy has seen significant changes with the health and social care bill<sup>6</sup> radicalising health care structures and how these are commissioned creating a reliance on third sector and commercial sectors to provide substantial elements of care provision.

Care closer to home strategies and the integration of health and social care supports *'clinicians working closely together in flexible teams, formed around the needs of patients and not driven by professional convenience or historic location'*<sup>7</sup>. Policy is also focusing on performance, effectiveness and increased productivity with robust monitoring and regulatory systems.

To support and sustain these challenges there has been a need to evaluate the health care workforce and its fit for purpose, as there are potential workforce difficulties for a variety of reasons<sup>8</sup>. There is a blurring of practice and professional boundaries leading to increasing career opportunities across clinical practice spanning sectors. Models of service are changing with more offering one-stop service provision, reducing the need for patients to be passed from doctors to nurses and vice versa. The challenges face health care professionals generally and nursing specifically, which has led to the evolving role of the Advanced Nurse Practitioner [ANP].

---

1 The NHS belongs to the people: A call for action (2013). NHS England. [www.england.nhs.uk](http://www.england.nhs.uk)

2 'Long term conditions compendium' (2012) Department of Health. 3rd edition.

3 European Working Time Directive (2002) Department of Health London

4 NHS England [2014] Five Year Forward View NHS England

5 Willis P, [2015] 'Raising the Bar, The Shape of Caring Review' Health Education England and the Nursing Midwifery Council

6 Health and Social Care Bill Briefing (2011) The Kings Fund. [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

7 The 2022 GP (2013). RCGP. [www.rcgp.org.uk](http://www.rcgp.org.uk)

8 Nursing: Towards 2015 Alternative Scenarios for HealthCare, Nursing and Nurse Education in the UK in 2015 (2007) Longley, M. Shaw, C. Dolan, G. Stackhouse, R. Welsh institute for Health and Social Care

## Position Statement of Advanced Practice

In 2010 the Department of Health issued a position statement that generically applies to all nurses working at an advanced level. The term 'Advanced Practice' defines the level of practice, and not necessarily a role or job title<sup>9</sup>. Advanced level nurses practice autonomously and are self-directed. They work well beyond initial registration level and their practice encompasses direct clinical practice, education, research and management. The position statement set the benchmark with a minimum threshold of 28 elements which sit under four key themes which are attributed to advanced practice as follows: Clinical/ direct care; Leadership and Collaborative Practice; Improving Quality and Developing Practice; Developing self and others.

There is agreement between the four countries on the nationally agreed elements for nurses working at an advanced practice level, which is also consistent with National, European and International literature<sup>10</sup>.

These headings therefore form the basis of this framework, together with specific clinical competencies relating to application in the general practice environment. The term 'Advanced Practice' defines the level of practice, and not necessarily a role or job title, which relates specifically to clinical practice<sup>11</sup>.

The Advanced Nurse Practitioner [ANP] is an experienced and autonomous registered nurse who has developed and extended their practice and skills beyond their previous professional boundaries. The ANP is able to use their expert knowledge and complex decision making skills, guided by The Code<sup>12</sup> in unpredictable situations. This may include managing patients with undiagnosed health care problems and is shaped by the context of their clinical practice<sup>13</sup>. This advanced level is underpinned by the essence of nursing, the values of caring. It applies the principals of knowledge of the patient as a distinct person and individual whilst respecting and working with their culture and diversity.

---

9 Department of Health [2010] Advanced Level Nursing: A Position Statement

10 Developments in Advanced Practice Nursing Roles: UK Perspective (2009). Manley, K

11 Advanced Nurse Practitioners. An RCN Guide to Advanced Nursing Practice, Advanced Nurse Practitioners and Programme Accreditation, Revised. (2012) RCN London. [www.rcn.org.uk](http://www.rcn.org.uk)

12 The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015) NMC. [www.nmc-uk.org](http://www.nmc-uk.org)

13 Scope of practice, standards and competencies of the advanced practice nurse (2001) International Council of Nurses accessed from [www.advancedpractice.scot.nhs.uk/definitions/defining-advanced-practice](http://www.advancedpractice.scot.nhs.uk/definitions/defining-advanced-practice)

# International Council of Nurses [ICN] Nurse Practitioner/ Advanced Practitioner Network

The ICN Nurse Practitioner/ Advanced Practice Nursing Network<sup>14</sup> define the characteristics of an Advanced Practice Nurse and describe the educational preparation, nature of practice and the regulatory mechanisms which are country specific, to underpin practice. Their definition of the Nurse Practitioner/ Advanced Practice Role is:

*'A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level.'*

## Advanced Nurse Practitioner in General Practice

The ANP in primary care has the ability to operate as an advanced generalist, and provide complete episodes of care for patients presenting with a wide variety of health and social care needs. The patient in primary care has the opportunity to consult with either a general practitioner (GP), ANP or both. An ANP in general practice who becomes the primary care provider may work with the patient to agree a plan of care, and may deliver a large proportion of that care themselves, or in partnership with medical colleagues and other members of the health and social care team<sup>15</sup>.

As there is an expansion of care requirements in the community, the specific role of Advanced Nurse Practitioner in general practice is an obvious role development. This will assist expansion of community services and help to accommodate the demands on healthcare services by making best use of all resources. The training of ANPs sits well alongside GP training in both university and work based settings. However, there is currently no regulated competency framework to support standardised introduction of this role development. To date, the Royal College of Nursing [RCN] have a small number of accredited ANP courses and the Association of Advanced Nursing Practice Educators (AANPE)<sup>16</sup> have tried to standardise training, but there remains a wide variety of programmes across the UK.

This competency framework aims to provide guidance for educators, GP employers and aspiring ANPs.

Many of the clinical examples on P 8 link directly to the GP curriculum. Nurses training as an ANP may do this alongside GP trainees, as many of the clinical skills required are the same.

## Relationship to the Career Development Framework for Nursing in General Practice [HEE]

The new guidance, 'The Career Development Framework for Nursing in General Practice'<sup>17</sup> is organised around four central pillars of Leadership, Facilitation of Learning, Evidence Research and Development, and Clinical Practice. The four pillars are underpinned by, and directly link to, the core ANP Competencies, which form the detailed development requirements for Nurses who aspire to become an Advanced Nurse Practitioner in General Practice.

---

14 ICN Nurse Practitioner /Advanced Practice Nursing Network ' Definition and Characteristics of the Role' [www.International.aanp.org](http://www.International.aanp.org)

15 RCN Competencies [2012] Advanced Nurse Practitioners: An RCN Guide to advanced nursing practice, advanced Nurse Practitioners and Programme accreditation

16 Association of Advanced Nursing Practice Educators (AANPE) [www.aanpe.org](http://www.aanpe.org)

17 Career and Development Framework for Nursing in General Practice [2015] Health Education England

## Mapping to GP Curriculum

The RCGP Curriculum<sup>18</sup> is based on 6 areas of competence: Primary Care Management; Person-centred care; Specific problem-solving skills; A comprehensive approach; Community orientation, and a holistic approach. These are aligned to the approach taken in the ANP competencies. The specific areas of practice within the ANP competencies below are mapped to the relevant clinical examples and statements of the GP curriculum<sup>19</sup> as indicated in the title line.

## Relationship to professional growth as a practitioner and career development

This level of practice is applicable to experienced nurses who have mastered the transition from student to qualified nurse and beyond to gain suitable and sound experience within the field of general practice. The nurse who advances their practice to become an ANP is making a sound commitment to robust career and professional development.

Development to become an ANP in General Practice should be supported by appropriate mentorship, supervision, annual appraisal, and on going appropriate continual clinical practice in this area. This includes relevant audit, reflective practice and research where possible. In keeping with the newly published Career and development framework for General Practice Nurses<sup>20</sup>. The academic level of ANP student is at MSc Level.

It is acknowledged that existing mechanisms to introduce and support development as an ANP in general practice has to date been shaped and personalised to individual nurses and their practice population needs. As a result, bespoke arrangements have been made without consistency.

Therefore going forward, the introduction of standardised competencies will strengthen and standardise nurse development in this area. By having a recognised framework to underpin clinical practice, greater assurance can be given that ANPs in general practice are operating at the same standard.

## Core competencies and application to specific areas of clinical practice

The ANP student must be able to demonstrate competence across the four key areas of the nationally agreed elements of advanced practice<sup>21</sup>. In addition, the ANP student must show the ability to work at an advanced level and be able to apply this competence in the key areas of their scope of practice.

## Leadership development

The ANP student must be able to demonstrate leadership behaviours in keeping with the Healthcare Leadership Model <sup>22</sup>

---

18 RCGP Curriculum [2010] [http://www.gmc-uk.org/1\\_Being\\_a\\_GP\\_May\\_2014.pdf\\_56885557.pdf](http://www.gmc-uk.org/1_Being_a_GP_May_2014.pdf_56885557.pdf)

19 RCGP Curriculum clinical examples <http://www.gmc-uk.org/education/gp.asp>

20 Career and Development Framework for Nursing in General Practice [2015] Health Education England

21 DH [2010] 'Advanced Level Nursing: A Position Statement ' Department of Health

22 NHS Leadership Academy 'Healthcare Leadership Model version 1.0 The nine dimensions of Leadership Behavior' [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)



## Pre-requisites

### RCGP General Practice Foundation General Practice Nurse Competencies

Before embarking on this programme, the ANP student **must first of all have met the RCGP General Practice Foundation General Practice Nurse Competencies<sup>23</sup>**, and have been assessed as competent in all areas.

### NHS KSF Dimensions

Of particular note, the RCGP General Practice Nurse Competencies are underpinned by the NHS Knowledge and Skills Framework<sup>24</sup>, which address 6 dimensions that support personal and professional growth. Prior to starting the programme, ANP students will be expected to have already developed to operate at the higher end of each of these dimensions. In particular,

- Communication level 4
- People and Personal development level 3
- Health Safety and Security level 3
- Service Improvement level 3
- Quality level 4
- Equality and Diversity level 3

### Academic criteria

The ANP student should have the proven ability to study at master's level.

### Minimum Professional / Educational requirements

Registered with the Nursing and Midwifery Council.

Independent prescriber qualification.

Family Planning qualification.

### Assessor / Mentor / Facilitator

A suitably experienced, qualified and prepared named mentor/ assessor / facilitator must be available to support the ANP student during the programme. The person must be sufficiently experienced and confident in his or her own ability to make judgments about the Workplace Based Assessment, and evidence provided. The assessor may benefit from peer networking with others for the duration of their involvement with programme who are carrying out this role for their own personal support.

---

23 RCGP [2012] 'General Practice Nurse Competencies'

24 DOH [2004] The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

## How to use the ANP Competency Framework [1] and accompanying Assessment Documentation [2]

The ANP student will complete the core competencies: Direct clinical care; Leadership and Collaborative practice; Improving Quality and developing practice; developing self and others<sup>25</sup>. The ANP must then also be able to demonstrate ability to apply these in patients with specific clinical conditions, by using examples of patients on the caseload. The ANP must discuss cases with their assessor/ mentor and agree which of these are relevant to their role and then work through to complete these.

This assessment framework is to be used alongside the accompanying document 'Assessment Framework For Use With Mentor' [document2 of 2]. There should be on-going discussions and contact with the mentor /assessor, throughout the programme and the assessment framework should be regularly completed at the time of discussions and agreed achievements.

## Information Technology [IT], Skills, ability and Information Governance [IG]

The ANP student must be skilful in the effective use of IT systems most commonly found in GP practices such as EMIS or SYSTEM 1, as well as be proficient in the use of WORD and Excel or their equivalent. The ANP must also 'Respect people's right to privacy and confidentiality'<sup>26</sup> and comply with up to date Information Governance standards and local policies.

## Assessment strategies

It is acknowledged the ANP role is an advanced nursing role and not a doctor substitute, however the practitioner is expected to undertake skills and demonstrate a level of knowledge commensurate with some areas of medicine and in particular the GP curriculum<sup>27</sup>. As such, knowledge and skills will need to be assessed comparatively. Consequently some of the GMC's requirements for assessment in the GP curriculum medical education<sup>28</sup> have been incorporated into this competency framework. A broad range of evidence based assessment strategies are used within the competency framework and therefore deemed to be robust, valid, reliable and deemed fit for purpose.

## Portfolio

The ANP student will be expected to build and maintain a portfolio of evidence of clinical practice and developing experience at an advanced level which should be discussed in clinical supervision, and inform the annual appraisal process. This will also be of value to the impending NMC requirements of revalidation<sup>29</sup> as a registered practitioner. A variety of assessment strategies are expected to be used and could include:

### Shadowing and supervision

It is envisaged that the student ANP would initially shadow and directly observe the assessor/ mentor in new situations. The assessor would then observe and supervise the student ANP, with close supervision and regular discussion going forward.

25 Advanced Level Nursing: A Position Statement (2010) Department of Health. [www.gov.uk](http://www.gov.uk). Gateway Ref 15133

26 Nursing Midwifery Council [2015] 'The Code, Professional Standards of Practice and behavior for Nurses and Midwives' NMC

27 Royal College of GPs [2014] 'The GP consultation in Practice' Royal College of General Practitioners Curriculum 2010 [www.rcgp.org.uk](http://www.rcgp.org.uk)

28 Tomorrows Doctor (2009) General Medical Council

29 Revalidation Nursing Midwifery Council <http://www.nmc-uk.org/Nurses-and-midwives/Revalidation>

### **Mini clinical evaluation exercise (mini-CEX)**

Mini CEX is a workplace-based method of assessment where direct observation of the practitioner's clinical skills during an everyday clinical encounter is assessed. These skills include medical interviewing ability, communication and clinical judgement.

### **case based discussion (CbD)**

Case-based discussion is designed to enable the practitioner to reflect on clinical cases and their role within them. This can be taken to multi-disciplinary group meetings for discussion within the wider team to inform practice or used within the clinical supervision domain and can be logged as reflective practice content.

### **Directly Observed Procedural Skills (DOPS)**

Directly Observed Procedural Skills are designed to assess the procedural skills of a practitioner in a particular procedure.

## **Reflectio**

The ANP student will record reflective accounts and discuss these with the assessor/ mentor. These will be in addition to the minimum five likely to be required by the NMC for Revalidation<sup>30</sup>. A Reflective Diary<sup>31</sup> is available for use.

## **Work Based Practical Assessment [WBPA]**

Assessment in clinical practice will form part of the assessment format, so the ANP student will be expected to work with their assessor / mentor to find suitable opportunities to enable this to happen.

## **Acute Care Assessment Tool (ACAT)**

**ACAT** is preferably used in an observed situation assessing clinical assessment and management, decision making, team working, time management, record keeping and follow up for a specific period of time and multiple patients.

Most of the assessments are formative and are intended to provide feedback in a non-judgemental way.

The competencies specific to areas of practice should be completed initially as a self-assessment, to guide learning and development and consolidation of skills and knowledge.

---

30 Nursing Midwifery Council Revalidation <http://www.nmc.org.uk/standards/revalidation>

31 Anniebarr 'Reflective Diary' [2015] Annie Barr Associates

## Becoming proficient

Benner's (1984) Stages of Skill Acquisition <sup>32</sup>are used to finely describe practice, in terms of advanced level. As such, the ANP student, new to working at this level of practice may be seen as an 'advanced beginner'. Alternatively the ANP student who has been working at this advanced level for some time will have moved from the 'novice' stage to another stage, for example, that of 'proficient'. All ANP students may vary in differing aspects of their roles.

Benner's stages of skill acquisition have been adapted for use within the following Taxonomy of Achievement, which has aimed to provide a guide for advanced level practice considered to be at levels 3,4 &5.

*The stages of development of competency in Benner's model:<sup>33</sup>*

**Stage 1: Novice**

**Stage 2: Advanced Beginner**

**Stage 3: Competent**

**Stage 4: Proficient**

**Stage 5: Expert**

---

32 Benner P. (1984). 'From novice to expert: Excellence and power in clinical nursing practice' Menlo Park: Addison-Wesley, pp. 13-34

33 Adapted from Benner, P. (1984). 'From novice to expert: Excellence and power in clinical nursing practice' Menlo Park: Addison-Wesley, pp. 13-34.

# Taxonomy of Achievement (TOA)

Grade	Classification	Description of behaviour The ANP student:
0	<i>Potentially Unsafe "Novice"</i>	<ul style="list-style-type: none"> <li>• Has minimal history taking and examination skills</li> <li>• Has minimal theoretical knowledge and/or is unable to apply theoretical knowledge to the situation</li> <li>• Fails to take into account patients' (carers') concerns</li> </ul>
1	<i>Inexperienced but advanced beginner</i>	<ul style="list-style-type: none"> <li>• Is able to practise under close supervision</li> <li>• Has reasonable theoretical knowledge</li> <li>• Has prior knowledge of the situation and has observed relevant practice</li> <li>• Respects the patient</li> </ul>
2	<i>Borderline competent</i>	<ul style="list-style-type: none"> <li>• Is able to practise with minimal supervision</li> <li>• Has sound underpinning theoretical knowledge</li> <li>• Can integrate theory into practice and identify which priorities</li> <li>• Can communicate satisfactorily with other health professionals</li> <li>• Can manage his/her workload with minimal supervision</li> <li>• Has a patient centred approach and recognises circumstances that threaten patient dignity</li> </ul>
3	<i>Competent and Proficient</i>	<ul style="list-style-type: none"> <li>• Is able to practise autonomously</li> <li>• Has very good theoretical knowledge</li> <li>• Can demonstrate a systematic application of knowledge and a critical awareness to the current situation</li> <li>• Can demonstrate high levels of decision making</li> <li>• Can act autonomously in planning and implementing care</li> <li>• Can work effectively in a multidisciplinary team</li> <li>• Can liaise appropriately and communicate effectively with health care workers from own and other specialities and with other agencies</li> <li>• Treats the patient with respect and dignity and is able to address and discuss circumstances which may threaten this</li> <li>• Can communicate effectively with patients and relatives</li> </ul>
4	<i>Expert</i>	<ul style="list-style-type: none"> <li>• Is able to act autonomously and can disseminate knowledge and supervise learners within the multidisciplinary team</li> <li>• Has excellent in-depth theoretical knowledge</li> <li>• Shows an intuitive understanding of critical situations and perceives possibilities that may arise</li> <li>• Has the capability to creatively move practice forward</li> <li>• Demonstrates an ability to put the patient at the heart of all developments and an ability to empower the patient</li> </ul>

## Core Competencies

To demonstrate competence at this level the ANP student fulfils all of the criteria of RCGP General Practice Nurse Competencies **and** is able to fulfil all of the Core competencies below [sections 1-4], and is able to apply them in the specific areas of clinical practice at sections 5- 16 below:

### 1. Core Competency: Direct Clinical Care, which are aligned to the 6 areas of competence in the GP curriculum

Demonstrates ability to use effective advanced communication and consultation skill to carry out the effective health assessment and management of individual patients and their families including health protection, risk management, management of their health and cultural needs within a climate of mutual trust.	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
1.1. Practice autonomously using a person centred partnership approach within their scope of extended practice			Yes
1.2. Accurately assesses, diagnoses, monitors, co-ordinates and manages the health /illness status of individuals during acute or enduring episodes			Yes
1.3. Applies clinical reasoning and principals of evidenced based practice pertinent to their area of practice (this may include non drug based treatment, prescribing medication and evaluating the effectiveness of the interventions)			Yes
1.4. Orders, and may perform and interpret, common screening and diagnostic tests and plans. Conducts appropriate follow up, delegating and referring on to other health care professionals and agencies when required to optimise health outcomes and resources			Yes
1.5. Communicates a sense of ‘being there’ for the individual, carers and family and provides comfort and emotional support during and beyond the consultation.			Yes
1.6. Recognizes commonly occurring conditions including differential diagnosis and applies appropriate screening tools to confirm diagnosis			Yes

1.7.	Evaluate information effectively, gathering data, scanning widely, and thinking creatively in order to make evidence based decisions and plans, including referral.			Yes
1.8.	Communicates the individuals health status using appropriate terminology, format and technology resources available and provides educational material that supports the language and cultural beliefs of the individual			Yes
1.9.	Assists individuals to meet their spiritual needs in the context of health and illness experiences and their health care behaviours and incorporates these preferences in the decision making process and care delivery plan.			Yes
1.10.	Recognizes and acknowledges the influence of cultural variations on child health practices, including child rearing, and the impact on adult health seeking behaviours. Works sensitively with individuals to develop optimum appropriate care plans, ensuring compliance with national and local guidance and policies, e.g. safeguarding, risk management etc.			Yes

## 2. Core Competency: Leadership and Collaborative Practice

<b>Demonstrates effective leadership behaviours and qualities to secure an appropriate culture and climate to advance the nursing contribution to the healthcare team, patient's care and the wider health and social care team.</b>	<b>Self Assessment</b>	<b>Workplace Based Assessment [WBPA]</b>	<b>Provide Evidence</b>
2.1. Demonstrates resilience and leadership qualities in engaging and maintaining networks and partnerships to influence and improve the health and social care of patients			Yes
2.2. Functions in a variety of role dimensions (educator, coach, advocate, advanced care provider etc.)			Yes
2.3. Participates as a key member of a multi-professional team and advocates the development of collaborative and innovative practice using high level negotiating and influencing skills			Yes
2.4. Evaluates implications for practice providing professional advice to colleagues and other organisations on therapeutic interventions, practice and service development to better meet the needs of patients and the service			Yes
2.5. Understands and demonstrates financial acumen. Demonstrates the ability to work across organisational and / or professional boundaries to enhance quality, productivity and value			Yes
2.6. Provides a caring safe environment to enable the team to do their jobs effectively.			Yes
2.7. Can demonstrate how to engage the team to provide collaborative, compassionate patient centred care.			Yes



### 3. Core Competency: Improving quality and developing practice

Applies and promotes quality governance strategies to ensure consultations, interventions and services are fit for purpose, evolving and dynamic	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
3.1. Acquires and critiques evidence, research and evaluations and applies the information to improve practice			Yes
3.2. Participate in mentoring colleagues and others in the health care team			Yes
3.3. Promotes and uses an evidenced based approach to the management of an individuals care and applies research findings or best practice pertinent to the individuals care management and outcomes			Yes
3.4. Demonstrate an understanding of research methodologies.			Yes
3.5. Actively contributes to or initiates audit and acts on the findings.			Yes
3.6. Monitors quality of own practice and participates in continuous quality improvement			Yes
3.7. Identifies the need for change, builds capability for service improvement amongst colleagues and the wider team, and utilises evidence based tools and techniques to redesign or influence modification of services around patients needs.			Yes

#### 4. Core Competency: Developing self and others

**Works to increase personal self-awareness and develops capability in others. Advocates the principals of continuous professional development and supports colleagues and peers in understanding and contributing to the quality governance agenda and advocates the advanced role of nursing in healthcare provision.**

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
4.1. Participate in activities (for example audit) that monitor and improve the quality of healthcare and the effectiveness of their own and others practice			Yes
4.2. Contributes in organisational decision-making, interpret variations in outcomes and uses data from a variety of information sources to improve practice			Yes
4.3. Accepts personal responsibility for professional development and the maintenance of professional competencies and credential and maintains a suitable record of this development			Yes
4.4. Monitors and reflects on own response to interaction with individuals, carers and families and uses this knowledge to further therapeutic interaction			Yes
4.5. Advocate and participate in the development of a culture that supports life long learning and development, using evidenced based practice and succession planning			Yes
4.6. Develops capability in others (colleagues and patients) by designing appropriate plans of care incorporating the individuals preferred approach, motivation and development stage comprising of sequential, cumulative steps acknowledging relapse and the need for practice, reinforcement, support and re-teaching when necessary			Yes

## Competence in specific areas of clinical practice

### 5. Care of Patients with Long Term Conditions [GP curriculum 3.10,3.12,3.18, 3.19,3.20]

**Competencies are common to all LTC**  
**To demonstrate competence at this level the student ANP fulfils the criteria of RCGP GPN Competencies and is able to:**

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
5.1. Work with other healthcare professionals to diagnose, monitor and manage patients - in line with practice policy and refer appropriately to specialist services		Yes	Yes
5.2. Develops and maintains the patient's control over decision-making, assesses the patient's commitment to the jointly determined plan of care and fosters personal responsibility for health		Yes	Yes
5.3. Evaluates outcomes of care against existing standards internally and externally		Yes	Yes
5.4. Provides guidance, counselling, advice and support regarding management of the health/illness condition		Yes	Yes
5.5. Manage and adjust medications in line with prescribing guidelines and evaluates patient follow up and outcomes including consultation and referral		Yes	Yes
5.6. Prescribes medications (if legally authorised) based on efficacy, safety and cost from the formulary in accordance with regional and national guidance and based on good prescribing practice <a href="http://www.anp.org.uk">www.anp.org.uk</a>			Yes
5.7. Acts as an advocate for the patient to ensure health needs are met consistent with patient's informed choices		Yes	Yes
5.8. Develops and uses a follow-up system within the practice workplace to ensure that patients receive appropriate services		Yes	Yes

## 6. Mental Health and Psychological Care [GP curriculum 3.10]

To demonstrate competence at this level the student ANP fulfils the criteria of RCGP GPN Competencies and is able to:	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
6.1. Develop and maintain links with outside agencies to ensure best practice is in place for the more vulnerable groups		Yes	
6.2. Acts ethically to meet the needs of the patient in all situations, however complex		Yes	
6.3. Encourage and support communication links with Child Protection Lead / Vulnerable Adult and other outside agencies (rural care, homeless, asylum seekers, refugees) to ensure safeguarding policies and services within the Practice, reflect up to date local and National recommendations and provide appropriate access to disadvantaged patient groups		Yes	
6.4. Work in a collaborative way using a case management and shared approach to care between primary and secondary care		Yes	
6.5. Manage and support clinicians consulting with vulnerable patients ensuring appropriate tools and evidenced based care is applied and available in appropriate forms		Yes	Yes
6.6. Assess and take into account the impact of long term conditions and mental health and wellbeing		Yes	
6.7. Understand the impact of disease-related distress, to psychological and psychiatric conditions		Yes	
6.8. Support the individual with the long-term condition, their carers and family in preventing and reducing any distress that has a negative impact on the individuals' general wellbeing and ability to self-manage their illness, and the impact of their illness.		Yes	
6.9. Encourage self management of mental health including acceptance of illness, managing symptoms, personal motivation, and encourage adherence to treatment regimes		Yes	
6.10. Use established evidenced based models of care to inform clinical decisions such as the Pyramid of Psychological Care levels 1-5		Yes	

## 7. Acute Presentations [GP curriculum 3.03]

To demonstrate competence at this level the student ANP fulfils the criteria of RCGP GPN Competencies and is able to:

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
7.1. Provides appropriate assessment, diagnosis and management of acute and chronic conditions within their clinical competence while being sensitive to the patients experience (within the practitioners scope of practice - which may include children and pregnant women)		Yes	Yes
7.2. Diagnoses undifferentiated and complex health care problems utilizing collaboration and consultation with the multidisciplinary health care team as indicated by setting, specialty, and individual knowledge and experience, such as patient and family risk for violence, abuse, and addictive behaviours		Yes	Yes
7.3. Applies appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy. Including requests for and interpretation of investigations & tests		Yes	Yes
7.4. Plans appropriate review ensuring the patient understands how and when to access further help or assistance or referral		Yes	Yes
7.5. Distinguishes between normal and abnormal development and age-related physiologic and behavioural changes in complex, acute, critical and chronic illness		Yes	Yes

## 8. Men's Health [GP curriculum 3.07]

To demonstrate competence at this level the student ANP fulfils the criteria of RCGP GPN Competencies and is able to:

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
8.1. Demonstrate effective communication directly and indirectly with male patients and awareness of the specific challenges to promoting equitable health care		Yes	
8.2. Engage men in discussions regarding their health and the links between life style and health		Yes	
8.3. Carry out an assessment, using appropriate tests, and make onward referrals as required.			
8.4. Delivers non judgemental and opportunistic care to minimise patient embarrassment		Yes	
8.5. Conduct risk assessments understanding that some concerns may present differently e.g. depression		Yes	Yes

## 9. Women's Health [GP curriculum 3.06]

To demonstrate competence at this level the student ANP fulfils the criteria of RCGP GPN Competencies and is able to:

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
9.1. Demonstrate knowledge and sensitivity to women's health issues and recognises that some issues present differently in women such as sexual abuse, the caring role, depression, eating disorders and domestic violence for example		Yes	Yes
9.2. Advocate the public screening programmes to individuals as appropriate and ensure findings are communicated effectively and on-going surveillance measures are managed according to local and national guidance		Yes	
9.3. Carry out an assessment, using appropriate tests, and make onward referrals as required.		Yes	
9.4. Evaluates and assesses for disease risk factors specific to women		Yes	

## 10. Family Planning and Sexual Health [GP curriculum 3.08]

To demonstrate competence at this level the student ANP already has a Family Planning Qualification, and fulfils the Criteria of RC GPN Competencies. Is able to:

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
10.1. Conduct and document a relevant health history, including a comprehensive obstetric and gynaecological history, with emphasis on gender-based differences		Yes	Yes
10.2. Work collaboratively with multi professional team and outside agencies in managing sexual health and care such as HIV, Hep B, TB,		Yes	
10.3. Collaboratively provides first contact care and access to appropriate health care professional as indicated by individual circumstances	Yes	Yes	
10.4. Carry out an assessment, using appropriate tests, and make onward referrals as required.			
10.5. Promote sexual health (e.g. safe sex) and offer risk assessment and management of patients who have sexual health concerns which may include TOP and contraception, infertility and sexually transmitted infections		Yes	Yes
10.6. Demonstrate effective communication skills in addressing sensitive topics related to sexuality, risk-taking behaviours, and abuse.		Yes	



## 11. Public Health and Well Being [GP curriculum 3.08 & 3.14]

To demonstrate competence at this level the student ANP fulfils the criteria of RCGP GPN Competencies and is able to:	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
11.1. Promotes health and well being through collaborative working using a variety of health promotion and disease prevention strategies in line with local and national policies, including motivational behaviour strategies.	Yes	Yes	
11.2. Evaluates access to and offers opportunistic advice and information on screening and services to individual, families and groups of patients.	Yes	Yes	
11.3. Proactively contributes to policy and the public health agenda.	Yes		
11.4. Is able to compassionately identify patients with drug and alcohol problems and effectively prioritise the actions needed to address the issues raised.		Yes	
11.5. Carries out an assessment of extent of drug or alcohol use and make onward referral as appropriate using primary care based interventions where relevant.		Yes	
11.6. Provide on-going regular support and risk assessment to patients, assessing implications of social circumstances balancing these with effective interventions.		Yes	

## 12. End of Life Care [GP curriculum 3.09]

To demonstrate competence at this level the student ANP fulfils the criteria of GPN Competencies and is able to ensure the highest standards of care in accordance with NICE Quality Standard [QS 13] for End of Life Care for Adults and the 'End of Life Patient Charter'.

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
12.1. In collaboration with the multi-professional team sensitively apply the principals of end of life care to cancer and non-cancer illness		Yes	
12.2. Communicate effectively with the patient, their family and outside agencies e.g. McMillan to manage the range of physical, social and spiritual needs the individual may have		Yes	
12.3. In collaboration with the patient and their family, ensure that the care patients receive is aligned to their needs and preferences		Yes	
12.4. Work with patients and their carers to increase the length of time spent in their preferred place of care during the last year of life.		Yes	
12.5. Support colleagues to assist individuals where appropriate in formulating advanced directives, ethical decisions and end of life care plans		Yes	

### 13. Information Technology and Clinical Practice

Acquires knowledge and skills in information technology and its application to clinical practice.	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
13.1. Telehealth-understand how to use Telehealth resources in clinical practice whilst ensuring privacy and patient confidentiality and applying data protection standards		Yes	Yes
13.2. Is proficient and competent in the use of IT systems such as EMIS, System One and word processing packages such as Word, Excel PowerPoint or equivalent.		Yes	Yes
13.3. Demonstrates compliance with Information Governance best practice and acts as role model for others		Yes	Yes

## 14. Paediatrics [GP curriculum 3.04]

**To demonstrate competence at this level the student ANP fulfils the criteria of GPN Competencies and is able to ensure the highest standards of care and take into account all matters relating to Safeguarding.**

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
14.1. Promote health and support parents with information to enable them to making informed choices regarding immunisations		Yes	
14.2. Work with and involve the relevant multi-disciplinary team for patients who have life limiting / life-changing illness including long-term condition, genetic conditions or cancers.		Yes	
14.3. Demonstrate an understanding of the importance of multiagency working (working across professional and agency boundaries) and the principles of information sharing		Yes	
14.4. Ensure that parents or carers, children and young people receive information, advice and support to enable them to: <ul style="list-style-type: none"> <li>• Manage minor illnesses themselves, using community pharmacists and triage services where appropriate</li> <li>• Access appropriate services when necessary</li> <li>• Access support groups</li> </ul>		Yes	
14.5. Understanding the needs of ethnic minorities and cultural differences in beliefs about illness and the use of medicines		Yes	
14.6. Have an awareness of disease prevention, well-being and safety in children and adolescents, including in the following areas: <ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Healthy diet and exercise for children and young people</li> <li>• Social and emotional well-being</li> <li>• Keeping children and young people safe, safeguarding, accident prevention</li> </ul>		Yes	
14.7. Demonstrate knowledge and sensitivity in caring for terminally ill children and recognise and manage parents' ideas, concerns and expectations.		Yes	

## 15. Learning Disability [GP curriculum 3.11]

To demonstrate competence at this level the student ANP fulfils the criteria of GPN Competencies and is able to ensure the highest standards of care and take into account individual difficulties with communication, and potential atypical morbidity mortality and atypical disease progression.

	Self Assessment	Workplace Based Assessment [WBPA]	Provide Evidence
15.1. Demonstrate the ability to engage with patients with special needs and be familiar with how to access additional specialist advice and help to support patients and their relatives or carers.		Yes	
15.2. Demonstrate sensitivity to the impact of any change such as hospital appointments, admission or any transition which patients may find particular distressing, as they are unfamiliar. Make adequate changes to support patient autonomy.		Yes	
15.3. Support patients in accessing regular health checks ensuring they make an informed choice where possible.		Yes	
15.4. Ensure that where patients with a Learning disability also have another condition, that special attention is made to specific needs and their care is tailored to these.		Yes	

## References & Bibliography

Anniebarr 'Reflective Diary' [2015] Anniebarr Associates <http://www.anniebarr.com>

Association for Nurse Prescribing [www.anp.org.uk](http://www.anp.org.uk)

Association for Nurse Prescribing <http://anp.org.uk/tag/national-prescribing-centre/>

Benner [1984] Benner, P. (1984). 'From novice to expert: Excellence and power in clinical nursing practice' Menlo Park: Addison-Wesley, pp. 13-34.

DoH (2002) 'European Working Time Directive' London: Department of Health.

DoH (2004) 'The NHS knowledge and Skills Framework and the Development Review Process' London: Department of Health.

DoH (2010b) 'Advanced Level Nursing: A position statement' Department of Health Available from: [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

DoH (2012) 'Long-term conditions compendium, 3rd edition' Department of Health.

DOH [2012] 'The NHS Outcomes Framework 2013-14' London: Department of Health

Health Education England [2015] 'Career and Development Framework for Nursing in General Practice' Health Education England

International Council of Nurses (2001) 'Scope of Practice, Standards and Competencies of the Advanced Practice Nurse' Available from: <http://www.advancedpractice.scot.nhs.uk/definitions/defining-advanced-practice.aspx#inter>

Kings Fund (2011) 'Health and Social Care Bill Briefing' [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

Leadership academy 'Healthcare Leadership Model. The nine dimensions of leadership behaviour' version 1.0 [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

National Leadership and Innovation Agency for Health Care (2010) 'Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales' [tinyurl.com/NLIAH-framework](http://tinyurl.com/NLIAH-framework)

NHS Confederation [2012] 'Investing in Emotional and Psychological Wellbeing for patients with Long-term conditions' The Mental Health Network NHS Confederation

NHS Diabetes and Diabetes UK (2010), 'Emotional and psychological care and treatment in diabetes'

NHS England (2013) 'The NHS belongs to the people: A call for action'. [www.england.nhs.uk](http://www.england.nhs.uk)

NHS Wales (2010) 'Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice' [www.wales.nhs.uk/sitesplus/829/opaendoc/162753](http://www.wales.nhs.uk/sitesplus/829/opaendoc/162753)

NICE (2009), 'Depression in adults with chronic physical health problems: treatment and management. Clinical Guideline 91' Available at: <http://www.nice.org.uk/guidance/CG91>

NMC (1996 updated April 2008) 'Advice sheet – Clinical Supervision for registered nurses' Nursing & Midwifery Council: London.

NMC (2005) 'The proposed Framework for the standard for Post registration Nursing' Available from <http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/The-proposed-framework-for-the-standard-for-post-registration-nursing---February-2005/>

NMC (2006) 'Standards of proficiency for nurse and midwife prescribers' Nursing and Midwifery Council. London.

NMC (2008) 'Guidance for Continuing Professional Development for Nurse and Midwives Prescribers' Annexe 1 – NMC circular 10/2008. Nursing & Midwifery Council: London.

Nursing Midwifery Council [2015] 'Revalidation' <http://www.nmc.org.uk/standards/revalidation>

NMC (2015) 'The Code: professional standards of practice and behaviour for nurses and midwives' [www.nmc-uk.org](http://www.nmc-uk.org).

NPC (2004) 'Maintaining Competencies in Prescribing. An outline framework to help allied health professional supplementary prescribers' National Prescribing Centre. Manchester.

NPC (2012) 'A Single Competency Framework for All Prescribers' National Prescribing Centre <http://www.npc.co.uk/>

RCN (2008 revised 2012) 'Advanced Nurse Practitioners: an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation' London: Royal College of Nursing

RCN (2009) 'Breaking down barriers, driving up standards: the role of the ward sister and charge nurse' Royal College of Nursing: London.

RCN (2010) 'Advanced nurse practitioners – an RCN guide to the advanced nurse practitioner role, competence and programme accreditation' Royal College of Nursing: London.

Royal College of GPs [RCGP] Curriculum [2010] [http://www.gmc-uk.org/1\\_Being\\_a\\_GP\\_May\\_2014.pdf\\_56885557.pdf](http://www.gmc-uk.org/1_Being_a_GP_May_2014.pdf_56885557.pdf)

Royal College of GPs [RCGP] Curriculum clinical examples <http://www.gmc-uk.org/education/gp.asp>

Royal College of GPs [RCGP] [2012] 'General Practice Nurse Competencies'

Royal College of GPs [RCGP] (2013) 'The 2022 GP' [www.rcgp.org.uk](http://www.rcgp.org.uk)

Royal College of GPs [RCGP] [2014] 'The GP consultation in Practice' Royal College of General Practitioners Curriculum 2010 [www.rcgp.org.uk](http://www.rcgp.org.uk)

Royal College of GPs English End of Life Working Group [2011] 'End of Life Patient Charter' [www.rcgp.org.uk](http://www.rcgp.org.uk)

Rutherford, J. Leigh, et al (2005) 'Creating an Organizational Infrastructure to Develop and Support New Nursing Roles - A Framework for Debate' Journal of Nursing Management, 13, pp. 97 - 105.

Scottish Government Health Departments (2008a) 'Supporting the Development of Advanced Nursing Practice: A Toolkit Approach' Available from: <http://www.aanpe.org/LinkClick.aspx?fileticket=giFsLijsCRw%3D&tabid=1051&mid=2508&language=en-US>

Scottish Government Health Directorates (2008b) 'Leading Better Care: Report of the Senior Charge Nurse Review and Clinical Quality Indicators Project' [Internet] Available from: <http://www.scotland.gov.uk/Publications/2008/05/30104057/0>

Skills for Health (2006) 'Career Framework for Health' [Internet]. Bristol, Skills for Health' Available from: <http://www.skillsforhealth.org.uk/page/career-framework>

Skills for Health (2007) 'Career Framework for Health' London: Department of Health.

General Medical Council [GMC] 2009 'Tomorrows Doctors' General Medical Council [www.gmc-uk.org/education/undergraduate/tomorrows\\_doctors.asp](http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors.asp)

Trigwell P et al. (2008) 'Minding the gap: the provision of psychological support and care for people with diabetes in the UK. Report of a national survey' Diabetes UK.

Welsh Institute Longley, M. Shaw, C. Dolan, G. Stackhouse, G. (2007) 'Nursing Towards 2015. Alternative Scenarios for Healthcare, Nursing and Nurse Education in the UK in 2015' Welsh Institute for Health and Social Care