



Induction Template for General Practice Nurses

Nurse name:	
Preceptor name:	
Practice/PCN:	

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Introduction

Welcome to your new role in General Practice.

Please take the time to read through this induction document carefully. There is a lot of information to digest, and you may wish to read parts of it again over the next few days to familiarise yourself with the new setting. If there is anything that you are not sure about, please speak your Mentor/Preceptor, Clinical Lead or the Practice Manager.

Your practice will have additional information in the form of a practice handbook, or information on their intranet system. Please ensure that you know how to access this and be sure to familiarise yourself with it. In there you will find details of policies and procedures such as how to report sickness and take annual leave (AL)

Understanding Primary Care

Primary Care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary Care includes General Practice, Community Pharmacy, Dentistry, and Ophthalmology.

Primary care makes up around 90% of healthcare interactions but only around 10% of the NHS budget. Over the last 5 years there has been a 15% increase in the number of consultations. The number of patients with multiple long-term conditions have increased by 50% in the last 10 years.

The way General Practices are contracted and funded is complex and very different from other parts of the health and care system. General Practices are small to medium-sized business whose services are contracted by NHS commissioners to provide General Medical Services in a population area. Whilst some General Practices are operated by an individual General Practitioner (GP), most General Practices in England are run by General Practice (GP) partnerships. This involves two or more partners (GPs or other professionals) who work together as business partners, pooling resources such as buildings and staff, with each partner owning a stake in the practice business. GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides.

The responsibility for commissioning Primary Care services, including General Practice, sits formally with NHS England. However, over time, Clinical Commissioning Groups (CCGs) took on full or partial delegation of these powers. In 2022, all CCGs merged into regional Integrated Care Boards (ICBs) so ICBs now have delegated responsibility for commissioning General Practice in local areas.

Almost all General Practices in England are part of a local Primary Care Network (PCN). This is a small group of practices usually within the same geographical area that work together under the PCN Direct Enhanced Services (DES) contract to gain some of the benefits of working at scale and access to additional funding.

General Practice

General Practice works very differently from the rest of the NHS due to the way it originated. Understanding this will help you appreciate why your experience here may feel different from working in other parts of the NHS. For a short history of General Practice please [click here](#).

The [Kings Fund website](#) is a great source of information about General Practice and explains the process for contracting and funding well. Please [click here](#) to read more.

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. They ensure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. [Click here](#) to view their website.

Primary Care Networks (PCNs)

“PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve. Each of the 1,250 PCNs across England are based on GP registered patient lists, typically serving natural communities of between 30,000 to 50,000 people (with some flexibility). They are small enough to provide the personal care valued by both people and clinicians, but large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system”. <https://www.england.nhs.uk/primary-care/primary-care-networks/>

PCNs also employ a range of roles under the Additional Roles Reimbursement Scheme (ARRS) to develop the multi-disciplinary team. The ambition is to increase capacity in General Practice as well as improve care and increase the delivery of new services. For more information about the ARRS funding and GP contract [click here](#).

References: Baird, B & Beech, J. (2020) GP funding and contracts explained <https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained>

NHS England. Primary Care Services <https://www.england.nhs.uk/get-involved/getinvolved/how/primarycare/>

Benefits of an Induction

The process of induction is designed to introduce new members of staff to the work environment and to provide them with sufficient information, knowledge, and skills to work effectively within the team.

There is no specific legislation around induction of new staff other than in a ‘*Contract of Employment*’, which outlines that employers are required to behave reasonably, helping to establish and maintain a good working relationship of trust and confidence. The Health and Safety at Work Act 1974 requires employers to provide adequate instruction and training to ensure that all staff/employees are aware of their role within the workplace setting and their responsibilities required to ensure health and safety standards are met.

The Queens Nursing Institute has collaborated with NHS England to provide a template for the induction of new nurses to Primary Care recognising the need to establish a national standard that will benefit all nurses making the transition into General Practice - [click here to view](#)

The principles of induction are:

1. To help you settle in and feel comfortable in the practice
2. To provide you with an understanding of the individual placement (including terms and conditions relating to health and safety) and an awareness of the roles of other team members in the practice
3. To enable you to work to your best and most effective standards in the shortest possible time

Even the most self-confident people will experience some form of anxiety in these first few weeks in a new environment. This concern may be centred around the skills and knowledge needed for the role, but also around interpersonal skills needed in order to fit into the new team. The aim of this structured induction is to:

- enable the General Practice Nurse (GPN) to understand the requirements of this new role in a structured format
- recognise the importance of a well-considered orientation and induction programme
- enable the GPN to work safely and effectively within a new work environment
- provide guidance to the employer on the relevance and value of induction of nurses new to General Practice
- advise the GPN on the Educational and Training requirements of this role beyond initial nurse registration

Review Job Description

As part of the application process, you would have initially viewed the job description and person specification for the role. This would have assisted you in ensuring that you have the correct credentials, qualifications, knowledge and experience, skills and personal attributes to apply for the post. When entering a new post, it is always good practice to re-visit both documents to clarify the role summary and principal responsibilities. It is also important to be aware of the terms and conditions of the contract prior to signing it.

Contract of Employment and Probationary Period

Within the first few days of employment, the GPN will sign a contract of employment. 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. This is also an opportunity for employees to negotiate a pay rise or talk about terms & conditions.

Professional Indemnity Insurance

From April 2019 onward all NHS GP service providers, including out-of-hours, became eligible to have their indemnity costs covered by NHS England. This is called the [Clinical Negligence Scheme for General Practice](#). This means practices no longer have to cover GPN insurance payments out of their own income. However, the clinical negligence scheme will not cover personal legal costs, so it is wise for you to maintain your own personal scheme as well, such as through a union. If nurses are working in an extended practice role, they may need additional indemnity insurance and should check that this is paid for and covered by their employer.

Nursing and Midwifery Council Revalidation Nursing and Midwifery Council (NMC) Revalidation

[Revalidation](#) is the responsibility of nurses and midwives. One of the main strengths of revalidation is that it reinforces the NMC Code by asking nurses and midwives to use it as the reference point for all the requirements, including their written reflective accounts and reflective discussion. This should highlight the Code's central role in the nursing and midwifery professions and encourage nurses and midwives to consider how it applies in their everyday practice. GPNs work as part of a multidisciplinary team (MDT) within GP surgeries and assess, screen and treat patients across their lifespan. In addition to providing traditional aspects of nursing care, such as childhood immunisations, cervical screening and

administration of medicines, they run clinics for patients with Long Term Conditions (LTCs) such as asthma, heart disease and diabetes. They also offer new patient health checks, NHS Health Checks and well women/ men clinics. Health promotion advice is offered in areas such as contraception, weight loss, smoking cessation and travel immunisations.

Some of the Different Roles in General Practice

Please note, this list is not definitive, and you will meet many other colleagues in Practice:

General Practitioner (GP) Partners are self-employed General Practitioners who, alongside other partners (who can be nurses or other staff) are responsible for running the General Practice business. GPs treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment.

Salaried GPs are GPs who are paid a monthly salary and don't have a stake in the business. They work regular hours as a GP

Practice Manager (PM) oversees and manages the GP surgery. They ensure that the practice runs efficiently for patients and that the GPs and all the staff have the support they need

General Practice Nurse (GPN) is a registered nurse on the NMC register who works autonomously within a multidisciplinary team

Nursing Associate (NA) has a foundation degree in nursing and is on the NMC register. Nursing Associates support the GPNs in practice, and need to be supervised by a GPN

Healthcare Assistant (HCAs) provide care for patients under the guidance of a variety of healthcare professionals

Clinical Pharmacists clinically assess and treat patients using their expert knowledge of medicines for specific disease areas

Pharmacy Technicians complement the work of the Clinical Pharmacist to use their pharmaceutical knowledge to help patients get the best from their medicines, sometimes by switching medications, repeat prescriptions and online ordering

Administration staff provide business support to clinical and non-clinical staff. This can include receptionists, secretaries, personal assistants and call handlers

Physician Associates (PA) are healthcare professionals who work alongside and under the supervision of GPs providing clinical care

Advanced Clinical Practitioners (ACPs) come from a range of professional backgrounds. They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients

Physiotherapists can assess, diagnose, treat and manage musculoskeletal problems and discharge a person without medical referral

Community Paramedics can run clinics, triage and manage minor illness and provide continuity for patients with complex health needs. They can also conduct visits for homebound patients with long-term conditions

Care Coordinators work closely with GPs and other professionals to identify and manage a caseload of identified patients, making sure they, and often their carers, receive appropriate support

Social Prescribing Link Workers connect people to community groups and agencies for practical and emotional support

Dietitians diagnose and treat diet and nutritional problems. They can address conditions such as diabetes, food allergies, coeliac disease, metabolic diseases and weight loss

Occupational Therapist support people of all ages with problems arising from physical, mental, social or developmental difficulties

Podiatrists help diagnose and treat foot and lower limb conditions

Mental Health Practitioner supports adults with complex mental health needs

Induction Check List

Overview and tour of practice	Date completed
Reception	
Waiting room	
Treatment room	
Consulting rooms	
Staff room/kitchen facilities/lockers	
Staff toilets	
Patient toilets	
Parking	
Emergency equipment	
Fire extinguishers and exits	
Introductions to staff	Date completed
Nursing team	
GPs	
Practice Manager	
Admin staff	
All other staff that work in the surgery (this may happen over a period of time)	
Clinical information	Date completed
<p>Discussion of nurse's clinical and non-clinical responsibilities. May include:</p> <ul style="list-style-type: none"> • Monitoring Fridge Temperatures • Ordering vaccines • Management of "tasks" on computer system • Stock management • Infection Prevention & control audits • Sample management • Booking appointments • Lab results • Rotas • Booking AL/sickness policy 	
Meet your named preceptor	
Complete confidentiality agreement	
Ensure you have a Smart card – correct IT access for job	
Access to Integrated Clinical Environment System (ICE)	
Discuss a plan for learning/debriefing clinics	

Overview of telephone system	
Introduction to translation services	
Access to computer systems	
Name badge	
<ul style="list-style-type: none"> • SystmOne/EMIS training • template use • INR star (anticoagulation system) • Computer integration for Spirometry & ECGs • Appropriate messaging – tasks. Instant messaging (IM), WhatsApp groups etc 	
Access to NHS mail Microsoft Teams – added to relevant practice/PCN team local intranet ie Teamnet	
Locate the following	Date
Emergency equipment (who checks and how often)	
Oxygen cylinder (who checks and orders new)	
Spill Kits	
Fire extinguisher (practice fire policy inc. fire exits)	
Stock area (who is responsible for reordering)	
Medication area	
ECG machine	
Vaccine fridge (who is responsible for fridge temperature audit and vaccination check/restock)	
Policy and procedure manual	
Patient Group Directions (PGDs)/Patient Specific Directions (PSDs) (where are these kept and how are PSDs generated)	
Nearest Pharmacy	
Local bus stop/station	
A local famous landmark	
Local taxi firm details	
Nearest sandwich shop	
Talk to the Social Prescribing Link Worker about local groups to signpost patients to	
<i>Please insert further items as needed</i>	

