

Primary Care and General Practice Nursing Career and Core Capabilities Framework



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The lead commissioners were Sharon Harrison, National Programme Lead, Primary & Community Care, Health Education England with support from Michelle Horn, Nursing Directorate Representative, Health Education England, alongside, Karen Storey, Primary Care Nursing Lead, NHS England and Improvement

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- Advanced Practice Strategy Group, Derbyshire
- Association of Advanced Practice Educators (AAPE UK)
- Health Education England
- NHS England
- Public Health England
- Royal College of General Practitioners
- Royal College of Nursing
- Skills for Health
- The Queen's Nursing Institute
- Londonwide Local Medical Committees Limited
- Wessex Local Medical Committees Limited

In addition, we are grateful to colleagues at many other organisations who provided comments and feedback on drafts of the framework, in particular:

- Care Quality Commission (CQC)
- Nursing & Midwifery Council (NMC)

Finally, we wish to thank the 738 respondents to the online consultation survey. Further detail of how the framework was developed is presented in Appendix 2.

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Foreword

General practice and primary care continue to evolve to meet the increasing and more complex needs of the communities they serve. Healthcare advances mean more care and treatment options exist and there is increasing understanding of the importance of preventing illness, protecting health and promoting wellbeing across the life course. This has never been more important given the stark health inequalities which exist across England.

Primary care has a strong track record of innovation and development; this is particularly so within the context of workforce development. Targeted workforce transformation and development will be key at all levels to ensure safe, sustainable practice and a workforce that is fit for the future.

Nursing has spearheaded transformational ways of working and will continue to do so in order to ensure best nursing evidence and skills are at the forefront of care, benefiting patients and local communities.

This framework sets a standard and offers the opportunity for nurses at all levels to develop and evidence their knowledge and skills, enabling the highest standards of practice as well as providing a structure for career and role development within primary care. We would like to offer our personal thanks to all those who led on and contributed to this important publication.



**Professor Mark Radford, BSC (Hons),
RN, PGDip (ANP), MA (Med. Ed), PhD,
FHEA**



**Ruth May
Chief Nursing Officer for England**

Statements of support

“We are delighted to support this framework developed as part of the GPN 10 Point Plan, which not only recognises the evolving role of the general practice nurse but also the range of opportunities for all nurses to play in providing excellent care in primary care as it too develops at pace. This document promotes primary care and general practice as career options for all nurses and recognises the knowledge, skills and behaviours that nurses bring to the multi-professional team.”

Hilary Garratt CBE

Deputy Chief Nursing Officer for England, Professional and System Leadership, NHS England and NHS Improvement

“The Royal College of General Practitioners is proud to support this framework. This important work comes at a critical moment for our general practice workforce, and nurses remain an absolutely fundamental part of the primary care team. We need to make sure nurses have the right structures and support in place for their career development, to encourage more people into GPN roles, and to retain them so they can continue to deliver the excellent care that patients need. The experience of COVID-19 has proven more than ever how important our general practice nurses are to the health of our communities, and this will be even more critical as we look to recover from the pandemic.”

Professor Martin Marshall

Chair, Royal College of General Practitioners

“Over the last 30 years, nursing in General Practice has undergone a massive transformation. The expansion of the nursing team and the development of specific skills in wound care, the management of long-term conditions, screening and immunisation and more recently in Urgent Care means that role of nursing in General Practice is many and varied. It is therefore important to define the skills needed and hence the career and capability framework has become an important tool for nursing and practices.”

Dr Nigel Watson MBE MBBS FRCGP

Former Chief Executive Wessex Local Medical Committees

“The Association of Advanced Practice Educators (AAPE UK) has been delighted to be part of this important work to promote high standards and a career pathway for general practice nursing within England.

This framework provides important clarity for all involved in educating and supporting future general practice nurses with the underpinning knowledge and skills that should be developed and assessed to ensure safe and effective care for all general practice patients.”

Kathy Haigh

Chair of Association of Advanced Practice Educators

“Throughout my GP career I have worked with and alongside amazing General Practice Nurses. They are the second largest clinical workforce in General Practice and are vital to high quality clinical care. There are so many aspects of Primary Care in which my nursing colleagues are better than me, and I have long since lost count of the number of times they have helped patients, supported me and had my back. As the General Practice workforce expands it is vital that nurses feel valued and that new entrants to this great career choice see a fulfilling career pathway and that nurses continue to be valued alongside the range of professions now in our practice and Primary Care Networks. This framework will support those entrants to continue to develop to the high standards of current colleagues and to continue to serve our patients to the best of our collective abilities.”

Prof Simon Gregory DL

Deputy Medical Director, Primary and Integrated Care and Freedom to Speak up Guardian (FTSUG), Health Education England

“I am sure that patients and members of public will welcome this framework for nursing in primary care. Nursing is really valued as a professional group by those people who access a wide range services across their whole lifespan. This framework identifies and encourages best practice which we as service users can only applaud. We wish you very well in this process of using this framework.”

Peter Harris

Patient and Public Representative

“The Personalised Care Institute, which sets the curriculum and training standards for personalised care for all NHS healthcare professionals in England, is delighted to support this important new framework for primary care and general practice nursing core capabilities and career development. This framework acknowledges the key role that all nurses working within primary care settings play in delivering high quality personalised care to people and carers, enabling them to have choice and control based on ‘what matters’ to them, and working with their strengths and preferences to deliver better healthcare experiences and outcomes.”

Dr Pauline Foreman

Clinical Director Personalised Care Institute

“Nurses in primary care and the community make an enormous contribution to the health of the local population. They are often the principal source of continuing care and support for their clients and a key connection with other colleagues and services. Their work has continued to evolve with new technologies, new models of care, and new ways of working together. This new Framework for nurses in primary care brings the content of their work into one place and will help to make sure primary care nurses stay at the forefront of health, well-being and care excellence in our communities”.

Helen Kirk

Nursing and Midwifery Workforce Lead, Public Health England

"The HEE Centre for Advancing Practice supports the career aspirations of all Health and Care Practitioners working across all aspects of Advanced Practice. We are delighted that this framework has been produced as it sets out clear standards for all Nurses working in Primary Care. The career framework details the route that could be taken through the levels of practice, including to the Advanced and Consultant Levels, and the role that the Centre for Advancing Practice will have in recognising individuals that seek this recognition. The Core Capability Framework provides a useful reference for individuals to articulate their current level of practice to the three tiers; the differences between the tiers being very clearly defined in terms of behaviours, knowledge and skills."

Dr Richard Collier

HEE Lead for Advanced Practice & Lead for Centre for Advancing Practice, Health Education England

"The members of the Royal College of Nursing are proud to have been involved in the development of this framework. This framework supports nurses working in primary care to be innovative and meet the demands of an evolving practice environment. Nurses working in primary care are at the forefront of development and continue to adapt and be transformational in their practice. Their role in support the health of the local population is paramount. Nurses provide continuing care and support to a variety of patients, often being the first point of contact for prevention and early diagnosis of disease and long-term conditions.

This framework promotes the variety of roles within primary care and provides a pathway for career progression from the support worker through to the nursing associate, registered nurse and then on to enhanced, advanced and consultant level clinical practice. It sets clear standards of practice and a programme that demonstrates the key development and leaderships skills that nurses working in primary care have."

Jude Diggins

Deputy Director of Nursing, Royal College of Nursing

"The Queen's Nursing Institute warmly welcomes this new Framework, which will be of enormous benefit to nurses, educators, commissioners, and other key stakeholders. We are delighted that HEE is developing a portfolio route to recognition as an advanced practitioner, for those who meet the HEE required standard, as this will recognise and support the skills, knowledge and experience of the existing advanced level nursing workforce. The Framework clearly demonstrates a structured career progression within the field of General Practice Nursing in England, and the incrementally greater level of capability and experience required at different points within that progression. The new Framework repays close reading and will be very useful as a model and benchmark for future service planning and delivery, supporting individual and population healthcare in local communities."

Dr Crystal Oldman CBE

Chief Executive, Queen's Nursing Institute

Introduction and background

Primary care and general practice are ever evolving to meet the increasing and more complex needs of local communities/populations. This will involve the need for new ways of working and the development of primary care and general practice/primary care teams.

The role of the nurse and support worker has evolved across all clinical settings. Nurses have in many ways been the pioneers of a variety of roles within general practice and primary care. The General Practice Nurse has been one such role which has developed in ways to meet both service demand and patient need. As more care is being managed and delivered in the primary care setting there are opportunities for a wider range of nursing knowledge, skills and attributes including mental health, learning disabilities and children's nursing. The NHS needs a workforce that is fit for the future and nurses can play an integral part in the multi-professional team.

Personalised care is one of the five major practical changes to the NHS that will take place over the next five years, as set out in the recently published NHS Long term Plan. Personalised care means people have choice and control over the way their care is planned and delivered. In accordance with this change, the word 'patient' has not been used throughout this framework and has been replaced with person/people as appropriate. Primary care staff can create the opportunity for people to collaborate and be involved in their own health and care, if that is what is important to them at that moment.

In an often-challenging clinical environment where people are cared for across the life span, often with multiple, complex problems, it is imperative to ensure safe and effective practice by nurses working in primary care and general practice.

The career and core capability framework will help to promote and support nurses, employers, workforce planners and people to understand the wealth of knowledge, skills and attributes that the nursing profession can provide in primary care/general practice, to meet the needs of the population.

Further information about capabilities and how this framework was developed is presented in Appendix 2.

Structure of the framework

The framework is made up of **two** components:

- a career framework component
- a core capabilities framework component.

Component 1: The Career Framework – an overview

The career framework identifies six career levels for nursing within primary care/general practice.

These levels are based on The Career Framework for Health¹.

The career framework can help support the sustainability and growth of the workforce in this area and facilitate the movement of staff to work within primary care services, as well as providing a career structure for staff working in this area.

The career framework shows how it can be possible to progress within each level of Primary Care Nursing; however, the framework **is not suggesting** there are 6 roles/jobs within Primary Care Nursing; therefore, individuals may have many more 'job-steps' in their overall career and employers are not limited to the number/types of roles they wish to have in their services.

The career framework provides a useful insight into what characteristics are required to work at each career framework level and gives examples of the knowledge and skill required as well as 'how' an individual would need to behave and act to be working at each level.

The six levels are:

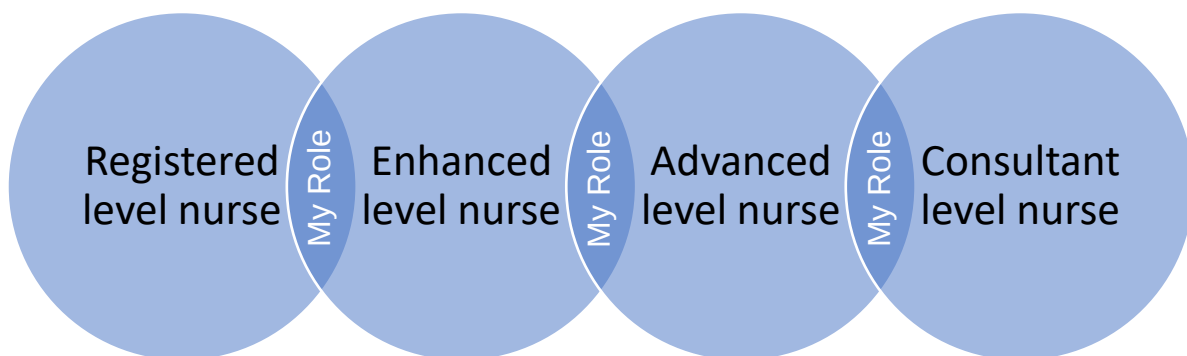
- Support Work Level Practice
- Nursing Associate Level/Assistant Practitioner Level Practice
- Registered Nurse Level Practice
- Registered Nurse: Enhanced Level Practice
- Registered Nurse: Advanced Level Practice
- Registered Nurse: Consultant Level Practice

¹ The Career Framework for Health is a mechanism for describing jobs in terms of the level at which the job is required to function, i.e. level of responsibility, decision making, critical analysis skills combined with the activities undertaken in the job, which can be mapped to National Occupational Standards. https://www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=163&cf_id=24

In objectively articulating the career levels, the career framework does not mandate the amount of remuneration, terms and conditions that maybe associated with roles/jobs.

Issues such as these must be dealt with locally by employers; however, to assist the sector the career framework has made suggestions as to which types of jobs one could reasonably expect to see at each level of the career framework. As the career framework focuses on articulating **levels of practice** as opposed to defining roles/jobs, it is possible that certain roles/jobs **could** cut across more than one of the identified levels within the career framework.

The diagram below helps to illustrate this point as people who are using this framework may find there is not complete alignment to their existing role and the levels of practice within the framework.



To help provide further understanding, the following two examples have been produced as illustration:

Example 1 (overlapping registered nurse and enhanced level capabilities)

A nurse may be employed in a role/job that requires a blend/mix of some registered nurse level and enhanced level nurse capabilities. The nurse may have been working in a role that included providing a broad range of general practice nursing activities such as immunisations, vaccinations, dressings, health promotion. They may then want or need (due to service demands) to develop capabilities in managing diabetes so undertake further training and start to see people to confirm diagnosis and develop shared management plans. In terms of the illustration above this would mean they are moving into the 'cross over' area with a blend of the two levels of practice.

Example 2 (overlapping enhanced and advanced level capabilities)

A nurse maybe employed as an appropriately trained and capable Nurse Practitioner, at the top of the enhanced level of practice and may begin to build on those capabilities to develop some level 7 academic knowledge and capabilities in the clinical pillar as an example. However, the HEE Advanced Clinical Practice Framework has defined advanced level practice as level 7 capabilities across all four pillars so this role would not meet the threshold of working at the Advanced Practice level - however, it is beyond what is articulated at the Enhanced Practice level within this framework.

Nurses who are employed in roles which have level 7 knowledge and capabilities in one to three pillars of practice would also sit in this overlap.

Qualifications & Recognition

The expected qualifications are generally written as a guide for the reader however certain requirements are mandated, for example Registration with the Nursing and Midwifery Council. The HEE Centre for Advancing Practice will be recognising advanced level practitioners across the professions and will hold a directory of those practitioners who have either undertaken a HEE Centre accredited MSc programme or evidenced capability via the Portfolio Route to Recognition. In essence the HEE centre has been established to operationalise the HEE Multi-Professional Framework (2017). It is envisaged that the HEE Centre will also recognise other levels of practice in the future. For further information please visit: <https://advanced-practice.hee.nhs.uk/>

Component 2: Core Capabilities Framework – an overview

The framework articulates core capabilities necessary for safe and effective care. The capabilities are written at a relatively 'high-level' and allow employers the ability to contextualise the capabilities appropriately to suit the environment of care in which their service operates and the many job roles they utilise. It is also for employers with their employees to agree a scope of practice and a job description.

The core capabilities within this document are broken down into four domains:

- Domain A. Personalised collaborative working and health promotion
- Domain B. Assessment, investigations, and diagnosis
- Domain C. Condition management and treatment
- Domain D. Leadership and management, education, and research.

Within the domains are a total of 14 capabilities. The capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process, or hierarchy.

The capabilities (i.e., skills, knowledge, and behaviours) described in the framework are defined at **3 tiers**:

The framework is **incremental building from Tier 1 to Tier 3** (e.g., Tier 3 assumes that people possess the capabilities at preceding tiers (to minimise unnecessary repetition).

Each tier articulates the **minimum** and core capability to be expected as opposed to the maximum. Further explanation of the 3 tiers is provided below.

Tier 1: Capabilities that require a general understanding and that support provision of primary care/general practice nursing.

This tier is relevant to all those who work in primary care and these capabilities should be viewed as the foundations of practice. This tier articulates the capabilities a member of the public should expect from anyone with whom they interface.

Tier 2: Capabilities that enable the provision of care more independently and a degree of critical analysis.

Capabilities at tier 2 enable nursing care for people across the whole lifespan who could have complex and concurrent mental, physical, social, cognitive, and behavioural care needs, including for people at the end of their life.

Tier 2 capabilities enable practice in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using critical analysis and underpinning knowledge to manage complex interventions.

Tier 3: Capabilities that require an ability to provide care autonomously and independently, an ability to lead practice, operating at the cutting edge of innovation.

The capabilities at this tier enable staff to manage clinical care at the highest level independently, from beginning to end, for example an individual presents through to the end of the episode, which may include admission, referral or discharge or care at home.

Capabilities at tier 3 enable the generation of new knowledge about best treatment and care, through actively seeking and implementing best evidence to improve health and care outcomes and experiences for patients and staff.

How to use the core capability framework

The advantage in articulating the core capabilities across 3 tiers is to give employers/practitioners maximum flexibility in taking a job/role and working through all 14 capabilities and identifying which tier of practice is required in that context. The capabilities framework has **not** been designed whereby if someone identifies they work at tier 3 for capability one (for example), then by default they must be at tier 3 for all subsequent capabilities.

The potential combinations for practice are numerous, therefore the capability framework does not prescribe which roles/job should operate at each tier. However, indicative guidance to help relate the appropriate tiers and capabilities to levels of practice is presented in Appendix 1.

Who is this framework for?

Service commissioners

The framework enables commissioners of services to specify minimum standards for clinical employment; it sets out clear expectations about what staff need to do.

This framework will facilitate the inclusion of Primary Care Nursing Staff in the widest possible sense in traditional and new ways of working into workforce plans such as by; Clinical Commissioning Groups (CCGs), Strategic Workforce Improvement Groups (SWiG), Sustainability and Transformation Plans (STP), Integrated Care Systems (ICS) and Primary Care Networks (PCNs).

The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of staff working in primary care.

Employers

The framework enables employers and managers to demonstrate that staff they employ/manage meet core capabilities or have developmental plans in place along with the necessary supervision to ensure patient safety and meet the needs of individuals.

This underpins and supports the need for continuing professional development of staff to ensure their practice is safe, effective, remains up-to-date and supports the process of quality assurance to ensure the safety and effectiveness of primary care roles.

It can be use as part of appraisal processes.

It can be used to review and recognise how capabilities are shared across teams.

Education and training providers

Educational institutions can use the framework to inform the design of their curricula and the delivery of education, training, and development programmes, including identifying learning outcomes. This will ensure that their learning and development provision contributes to the full range of knowledge to support the capabilities required to make individuals safe and effective member of the workforce.

The framework will inform those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve and maintain. This in turn, will guide the content to be included and the use of appropriate learning and teaching strategies.

Use of this national framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of the population.

In so doing, it should help to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Supervisors

The framework will assist supervisors at all levels and others by providing a clear structure to assess against.

Current and future staff

The framework promotes primary care as a career option for a wide range of individuals as well as giving a clear sense of the ways in which to progress. The framework sets out clear expectations for staff about the requirements for effective and safe practice. It provides clarity about characteristics and requirements to practice at each level and offers a structure of capabilities that enable practice at each level.

It can be used to conduct formal or informal appraisal, alongside a training needs analysis, comparing current skills and knowledge with required skills and knowledge. It can also be used to support revalidation requirements with the NMC.

<http://revalidation.nmc.org.uk/>

This framework will assist staff in the development of a portfolio of evidence of capability.

People and the wider public

The framework can be used by people to understand what they can expect from primary care staff. It can also be useful for those who want an awareness of the layout of primary care nursing if they are in roles such as patient or lay

representatives, or holding positions with organisational boards, or other roles involved in coproduction of services, education, or system development.

Further Information

Please note Appendix 3 contains several 'how to use the framework guides' to help people apply the framework in their everyday working, also a useful flow chart has been produced which demonstrates the various routes into Primary Care/General Practice nursing.

Additionally, some links to relevant case studies have been identified to showcase the variety and breadth for nursing within primary care/general practice.

Professional values and behaviours

Professional values and behaviours are fundamental to the successful delivery of healthcare to individuals, practice populations and communities. Whilst professional values and behaviours transcend and underpin all this framework, they are set out specifically in **Capability 4**.

The values for all nursing staff emphasise a commitment to collaborative, personalised and integrated service working and delivery. For staff who require professional registration there is a further requirement to ensure their practice meets the requirements of the NMC Code of Conduct:

<https://www.nmc.org.uk/standards/code/>

Component 1: The Career Framework

Career Framework Level	Level Descriptor	Indicative Requirements to work at this level	Indicative Roles
Support Worker Level Practice	People at this level require knowledge of facts, principles, processes, and general concepts in a field of work. They may carry out a wider range of duties and will have some responsibility, with guidance and supervision available when needed. They provide high quality, compassionate healthcare, following standards, policies or protocols and always acting within the limits of their capability. They use knowledge and understanding to take decisions within their area(s) of responsibility. They are responsible for their work and for reviewing the effectiveness of actions.	Care Certificate Clinical Healthcare Support Qualification or appropriate equivalent	Health Care Assistant Health Care Support Worker Support Worker
Nursing Associate Level / Assistant Practitioner Level Practice	People at this level require factual and theoretical knowledge in broad contexts within a field of work. They work independently, and with others, under the leadership and direction of a Registered Nurse within defined parameters, to deliver care in line with an agreed plan/protocol. They will have a breadth of knowledge and a flexible, portable skill set to serve local health populations, taking account of the perspectives and pathways of individuals, their families and/or carers providing holistic and personalised care to individuals, supporting the assessment, planning, delivery and evaluation of care. Work is guided by standard operating procedures, protocols, or systems of work, but the worker makes judgements, plans activities, contributes to service development, and demonstrates self-development.	Nursing and Midwifery Council (NMC) registration as a Nursing Associate Appropriate Foundation degree and requisite qualification Appropriate Practice Supervisor/Assessor Status	Nursing Associate Assistant Practitioner

Career Framework Level	Level Descriptor	Indicative Requirements to work at this level	Indicative Roles
Registered Nurse Level Practice	People at this level will have a comprehensive, specialised, factual, and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self-development. They play a vital role in providing, leading, coordinating and evaluating care that is compassionate, evidence based, and personalised. They are accountable for their own actions and those who they delegate to and must be able to work autonomously, or as an equal partner with a range of other professionals. They provide nursing care for people who could have complex and concurrent mental, physical, cognitive, and behavioural care needs and for people at the end of their life. They make an important contribution to the promotion of health, health protection and the prevention of ill health by empowering people to exercise choice, take control of their own health decisions and behaviours and by supporting people to manage their own care where possible. They may have responsibility for supervision of staff or training.	Part 1 of the Nursing and Midwifery Council (NMC) Register First degree or equivalent	General Practice Nurse Practice Nurse Registered Nurse - Adult Registered Mental Health Nurse Registered Nurse – Learning Disabilities Registered Nurse – Children
Registered Nurse: Enhanced Level Practice	People at this level require a critical understanding of detailed theoretical and practical knowledge, which can be generalist with a special interest and/or have management and leadership responsibilities. May have specialist knowledge, skills and capabilities. They consult with patients, their family, and the multi-professional team to undertake assessments of patient need and devise and evaluate complex care plans.	Independent / Supplementary Nurse Prescribing (V300) Appropriate Modules, learning units, Continuing Professional Development (CPD) that enable the delivery of general practice nursing at a specialist / enhanced level that are aligned to scope of practice	Senior Practice Nurse Nurse Practitioner Specialist Nurse Nurse Manager

Career Framework Level	Level Descriptor	Indicative Requirements to work at this level	Indicative Roles
	They evaluate and analyse clinical problems using their clinical knowledge, seeking out and applying relevant evidence, enhanced techniques, interventions, and equipment to make clinical decisions. They deliver enhanced clinical care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using analysis and their underpinning knowledge to manage complex interventions. They may teach and advise patients and their families on how to manage their condition or support the multi-disciplinary team to do so. They participate in clinical audits and research projects and implement changes as required, including the development, and updating of practice protocols / guidelines and procedures locally. They will work within national and local protocols where these exist. They recognise boundaries of their practice and know when and to whom patients should be referred. They may delegate work to other members of the multidisciplinary team and take accountability for the delegated activity. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self-development.		
Registered Nurse: Advanced Level Practice	People working at this level combine advanced clinical skills with research, education, and clinical leadership within their scope of practice. They have a critical awareness of knowledge issues in the field and at the interface between different fields.	Independent / Supplementary Nurse Prescribing (V300) HEE Centre for Advancing Practice Recognition through successful completion of:	Advanced Nurse ACP (Primary Care Nurse)

Career Framework Level	Level Descriptor	Indicative Requirements to work at this level	Indicative Roles
	They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. They demonstrate expertise in their scope of practice. They manage clinical care at the highest level independently, from beginning to end, for example from when an individual presents through to the end of the episode, which may include admission, referral or discharge or care at home. They work as part of the wider health and social care team and across traditional professional boundaries. They work across the Primary Care Network and/or regionally – leading and influencing practice development and service improvements. They satisfy all the requirements of Health Education England's Multi professional Framework for advanced clinical practice.	A HEE Centre accredited MSc programme which could include: • MSc Advanced Clinical Practice • MSc Primary Care Nursing (SPQ) Or A portfolio of evidence, validated by the HEE Centre Meet the requirements of the HEE ACP (Primary Care Nurse) Capability Framework as evidenced in a portfolio validated by the HEE Centre Current Advanced Level Nursing Practice Credentialing with the RCN To have completed the HEE FCP - Advanced Practice Roadmap Supervision & Verification Training	
Registered Nurse: Consultant Level Practice	People at this level require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development.	Further appropriate and relevant qualifications which could include, but not limited to: Professional Doctorate PhD (Research)	Nurse Consultant Consultant Nurse – Primary Care

Career Framework Level	Level Descriptor	Indicative Requirements to work at this level	Indicative Roles
	They generate new knowledge about best treatment and care by actively seeking and implementing best evidence to improve health and care outcomes and experiences for patients and staff. Through ongoing clinical development and research, they apply expert knowledge and lead change strategically across whole systems in their everyday practice. They will operate at the 'leading edge' of their profession, developing and consolidating their clinical expertise and research independence through the development of novel, interdisciplinary research, and clinical leadership. They lead the transfer and mobilisation of new knowledge and the use of implementation science methods, ensuring that the research undertaken is addressing high-priority questions relating to service delivery, optimising patient experience and outcomes, and that the value and impact of research activity is demonstrated at a service level. They transform the way care is developed and delivered to patients, leading partnerships with patients and the public, clinical academic experts, and other key stakeholders to make improvements locally, nationally, and internationally. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role.	Educational Doctorate (Education)	

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Component 2: The Core Capabilities Framework

Domain A. Personalised collaborative working and health promotion

Introduction

This domain focuses on interpersonal and communication skills to engage in effective interactions with individuals, carers, and colleagues in the clinical environments in which they practise.

It covers skills in listening and information-processing, alongside empathetic skills to ascertain, understand and respond to individuals' needs and concerns.

People need to take account of individuals' preferences, priorities and needs to support and guide the care and treatment they offer. They respect individuals' expertise in their own life and condition and empower and support them to retain control and to make choices that fit with their goals. Avoiding mechanistic practice, they apply their knowledge and skills in a personalised way.

Capability 1. Communication and consultation skills

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Acknowledge and respond to communication promptly. b) Communicate clearly and coherently taking into account the needs of individuals. c) Select the most appropriate method of communication for the individual/s. d) Ensure that the environment for communication is as conducive as possible for effective communication. e) Adapt communication styles to suit the situation. f) Identify any communication barriers with the individuals and take the appropriate action. g) Clarify points and check that yourself and others understand what is being communicated. h) Actively listen and respond appropriately to any questions and concerns raised during communications. i) Establish lines of communication which enable communication with individuals in other locations in times of need or emergency. j) Maintain confidentiality of information where appropriate to do so.	a) Reflect on communication strategies and skilfully adapt those employed to ensure communication strategies foster an environment of person empowerment. b) Communicate effectively with individuals who require additional assistance to ensure an effective interface with a practitioner, including the use of accessible information. c) Enable effective communication approaches to non-face to face situational environments e.g., phone, video, email, remote or group consultation. d) Contextualise communication approaches to use in group situations. e) Convey information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information. f) Communicate in ways that build and sustain relationships, seeking, gathering, and sharing information appropriately, efficiently, and effectively to expedite and integrate people's care. g) Communicate in an organised and structured way, understanding the constraints of the time limited nature of general practice/primary care	a) Critically appraise communication strategies and be able to optimise communication approaches appropriately using skills such as active listening e.g., frequent clarifying, paraphrasing, and picking up verbal cues such as pace, pauses and voice intonation. b) Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people's communication and language needs, preferences and abilities (including levels of spoken English and health literacy). c) Evaluate and remedy situations, circumstances or places which make it difficult to communicate effectively (e.g., noisy, distressing environments which may occur during home visits, care home visits or in emergency situations), and have strategies in place to overcome these barriers. d) Recognise when the person and their family/carer may have competing agendas and be able to facilitate shared agenda setting using a triadic consultation approach. e) Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of general practice/primary care consultations and ensure communication is safe and effective. f) Elicit psychosocial history to provide some context for people's problems. g) Manage people effectively, respectfully, and professionally (including where applicable, carers and families) especially at times of conflicting priorities and opinions.

Tier 1	Tier 2	Tier 3
	consultations, whilst ensuring safe and effective care.	h) Recognise that effective consultation skills are a subset of advanced communication skills highlighted in the capability for history taking and consultation skills.

For further details on core communication and relationship building skills, see <https://www.personalisedcareinstitute.org.uk/>

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Capability 2. Practising holistically to personalise care and promote public and person health

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Explore and act upon day-to-day interactions with people to encourage and facilitate positive changes in behaviour and action that seeks to promote health and prevent illness; including (but not limited to) smoking cessation, reducing alcohol intake and increasing exercise that will have a positive impact on the health and wellbeing of people, communities and populations i.e., 'Making Every Contact Count'² and signpost additional resources. b) Advise on sources of relevant local or national self-help guidance, information and support including coaching. c) Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities. d) Appropriately work with social prescribers and link workers e) Participate in activities that promote health. f) Describe factors affecting the health of a community (e.g., equity, income, education, environment).	a) Effectively employ the Public Health England "All Our Health" framework in own and wider community of practice³. b) Implement and evaluate a range of health promotion activities and seek to prevent illness when delivering care. c) Evaluate how a person's preferences and experience, including their individual cultural and religious background, can offer insight into their priorities, wellbeing and managing their own care. d) Recognise the impact of the presenting problem on the person and where applicable their carer/family. e) Recognise and respond appropriately to the impact of psychosocial factors on the presenting problems or general health such as housing issues, work issues, family/carer issues, lack of support, social isolation and loneliness and consider in the context of local social prescribing services. f) Develop and promote shared management/personalised care/support plans with people individualised to meet their needs in partnership, where appropriate, with	a) Critically appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for people, and where applicable their family and carers. b) Analyse data and intelligence to critically appraise a 'practice population' to help identify the health needs of the people who are served, to add value and be mindful of the need to mitigate the impact of health inequalities on individuals and diverse communities⁴. c) Engage people in shared decision making about their care by: i. supporting them to express their own ideas, concerns and expectations and encouraging them in asking questions ii. explaining in non-technical language all available options (including doing nothing) iii. exploring with them the risks and benefits of each available option, discussing the implications, how it relates to them and promoting their understanding as much as possible iv. utilising motivational interviewing techniques

² <https://www.makingeverycontactcount.co.uk/>

³ Public Health England (2019) All Our Health: personalised care and population health <https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>

⁴ NHS Right Care (accessed 2019) at: <https://www.england.nhs.uk/rightcare/>

Tier 1	Tier 2	Tier 3
g) Recognise and foster the importance of social networks and communities for people and where applicable their carers/families in managing long-term health conditions, such as linking with statutory and voluntary organisations and support groups. h) Support person self-care and self-management and work in such a way that is non-judgmental and respects the rights, privacy, and dignity of individuals, promoting choice and independence. i) Enable and support individuals to assert their views, control their own lives and make informed choices about the services they receive. j) Ensure that individual preferences about who takes decisions about different aspects of their needs are respected. k) Be aware of relevant safeguarding procedures and know how to act appropriately circumstances where there are safeguarding issues.	other health and social care providers and with carers/family members and voluntary organisations where applicable. g) Evaluate the implications of, and apply in practice, the relevant legislation for informed consent and shared decision making (e.g., mental capacity legislation, Fraser Guidelines). h) Advocate for and contribute to personalised care approaches in the management and development of services.	v. supporting them to decide on their preferred way forward vi. supporting them to explore the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals. d) Evaluate how the vulnerabilities in some areas of a person's life might be overcome by promoting resilience in other areas. e) Advise on and refer people appropriately to psychological therapies and counselling services, in line with their needs and wishes, taking account of local service provision. f) Collaborate with individuals, organisations and systems in developing, implementing and evaluating services for a healthy community which could include (but not limited to) safeguarding, health promotion and prevention. g) Explore implement and evaluate approaches/strategies that positively influence health outcomes for individuals, populations and systems. h) Develop the environment for working collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities at a personal level for individuals but also at to improve health outcomes at an individual/ population/system level.

For further details on approaches to person-centred care and behaviour change, see <https://www.personalisedcareinstitute.org.uk/>

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Capability 3. Working with colleagues and in teams

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Ensure own work is within professional and personal scope of practice and access advice when appropriate. b) Communicate effectively with colleagues using a variety of media (e.g., verbal, written, and digital) to serve peoples' best interests. c) Advocate for and promote personalised working. d) Take responsibility for one's own well-being and promote the well-being of the team escalating any causes for concern appropriately. e) Work effectively within and across teams.	a) Advocate and utilise the expertise and contribution to peoples' care of other allied health and social care professionals and work collaboratively within the multi-professional team to optimise assessment, diagnosis and integrated management and care for people. b) Promote effective multi-disciplinary team working and value the importance of working collaboratively to deliver care effectively.	a) Have a deep and systematic knowledge and understanding of the wider primary, community care and secondary care, voluntary sector services and teams and refer independently using professional judgement. b) Work within and across teams, manage the complexity of transition from one team to another or membership of multiple teams. c) Make direct referrals in a timely manner as indicated by peoples' needs with regard for referral criteria i.e., 2-week wait cancer pathway, urgent or routine referrals. d) Initiate effective multi-disciplinary team activity as a lead member and understand the importance of effective team dynamics. (This may include but is not limited to the following: service delivery processes, research such as audit/quality improvement, significant event review, shared learning, and development).

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Capability 4. Maintaining an ethical approach and fitness to practice

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Maintain appropriate levels of capability to effectively deliver care as per the requirements of your role and scope of practice. b) Act appropriately and proportionally when observing or being made aware of poor professional behaviour. c) Keep up to date with mandatory training and any applicable revalidation requirements, encompassing those requiring evidence. d) Recognise the importance of maintaining a healthy work-life balance. e) Identify and act appropriately when own or others' behaviour undermines equality, diversity, and human rights. f) Promote mechanisms such as complaints, significant events and performance management processes in order to improve peoples' care. g) Promote mechanisms such as compliments and letters of thanks to acknowledge and promote good practice. h) Where relevant ensure practice meets and aligns to regulatory standards: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf https://www.nmc.org.uk/standards/code/	a) React promptly and impartially when there are concerns about self or colleagues; take advice from appropriate people and, if necessary, engage in a referral procedure. b) Demonstrate the application of professional practice in one's own day to day clinical practice. c) Critically reflect on how own values, attitudes and beliefs might influence one's professional behaviour.	a) Reflect on and address appropriately ethical/moral dilemmas encountered during one's own work which may impact on care. b) Advocate equality, fairness and respect for people and colleagues in one's day to day practice. c) Ensure a balance between professional and personal life that meets work commitments, maintains one's own health, promotes well-being and builds resilience. d) Demonstrate insight into any personal health issues and take effective steps to address any health issue or habit that is impacting on own performance.

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Domain B. Assessment, investigations, and diagnosis

Introduction

People need to demonstrate safe, effective, and reflective practice, informed by available evidence, and established best practice. People will work within their agreed scope of practice. They work effectively as part of a multi-professional team, either as a leader or as a team member, contributing to multi-disciplinary teamworking to optimise the quality of service and clinical outcomes delivered to individuals. They will support and/or encourage shared decision-making e.g., working together with service users and carers to agree tests and investigations based upon clinical need and individuals' informed preferences.

Capability 5. Information gathering and interpretation

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Record all pertinent information gathered concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance. b) Use active listening skills and open questions to effectively engage and facilitate shared agenda setting.	a) Explore and appraise peoples' ideas, concerns and expectations about their symptoms and condition and whether these may act as a driver or form a barrier. b) Structure consultations so that the person and/or their carer/family (where applicable) is encouraged to express their ideas, concerns, expectations and understanding. c) Assess an individual's needs and formulate an appropriate plan of care.	a) Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical, mental, and psychological presentations. b) Be able to undertake general history-taking, and focused history-taking to elicit and assess 'red flags'. c) Synthesise information, taking account of factors which may include the presenting complaint, existing complaints, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health to establish differential diagnoses. d) Incorporate information on the nature of the person's needs preferences and priorities from various other appropriate sources e.g., third parties, previous histories, and investigations. e) Critically appraise complex, incomplete, ambiguous, and conflicting information gathered from history-taking and/or examination, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further. f) Deliver diagnosis and test/investigation results, (including bad news) sensitively and appropriately in line with local or national guidance, using a range of mediums including spoken word and diagrams for example to ensure the person has understanding about what has been communicated.

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Capability 6. Clinical examination and procedural skills

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Arrange the place of examination to give the person privacy and to respect their dignity (and comfort as far as practicable). b) Obtain consent and ensure the person understands the purpose of any intervention(s) proposed. c) Offer individuals a chaperone prior to undertaking intimate examinations. d) Undertake a range of clinical observations/tests as appropriate to the clinical situation.	a) Apply a range of physical assessment and clinical examination techniques appropriately, systematically, and effectively. b) Perform a mental health assessment as appropriate to the needs of the person, their presenting problem and manage any risk factors such as suicidal ideation promptly and appropriately. c) Use nationally recognised tools where appropriate to assess peoples' condition. d) Recognise the need for a systematic approach to clinical examination, identify and interpret signs accurately.	a) Adapt practice to meet the needs of different groups and individuals, including adults, children, and those with particular needs (such as cognitive impairment, sensory impairment or learning disability⁵).

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⁵ Health Education England and Skills for Health (2019), Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism: www.skillsforhealth.org.uk/learningdisabilityandautismframeworks

Capability 7. Making a diagnosis

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
N/A	a) Target further investigations appropriately and efficiently following due process with an understanding of respective validity, reliability, specificity and sensitivity and the implications of these limitations. b) Be confident in and take responsibility for own decisions whilst being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately.	a) Make a diagnosis in a structured way using a problem-solving method informed by an understanding of probability based on prevalence, incidence, and natural history of illness to aid decision making. b) Synthesise the expertise of multi-professional teams to aid in diagnosis where needed. c) Formulate a differential diagnosis based on subjective and where available objective data. d) Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained. This may include the use of time as a diagnostic tool where appropriate. e) Understand the importance of, and implications of findings and results and take appropriate action. This may be urgent referral/escalation as in life threatening situations, or further investigation, treatment, or referral. f) Revise hypotheses in the light of additional information and think flexibly around problems, generating functional and safe solutions. g) Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately.

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Domain C. Condition management and treatment

Introduction

Health care staff focus on how they can have a positive impact on the health and wellbeing of individuals, communities, and populations. They work in collaboration with health and social care colleagues and voluntary organisations, advise on interventions and formulate and enable the development and implementation of shared management/personalised care/support plans. These plans are developed in partnership, considering all the options and wishes of the individual.

They will support and encourage shared decision-making, i.e., working together with service users and carers to select investigations, treatments, management, or support packages, based upon clinical evidence of all the options and peoples' informed preferences. The shared management/personalised care/support plan needs to encourage self-management and consider health promotion and lifestyle interventions, drawing on a variety of resources and local social prescribing services, dependent on the availability of services and on the needs and wishes of the individual.

Capability 8. Clinical management

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Promote continuity of care as appropriate to the person. b) Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing the person's autonomy. c) Implement shared management/personalised care/support plans in collaboration with people, and where appropriate carers, families, and other healthcare professionals. d) Support people who might be classed as frail⁶ and work with them utilising best practice.	a) Arrange appropriate follow up that is safe and timely to monitor changes in the person's condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate. b) Evaluate outcomes of care against existing standards and patient outcomes and manage/adjust plans appropriately in line with best available evidence. c) Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review. d) Recognise and support people who require palliative care and those in their last year of life⁷, extending the support to carers and families as appropriate.	a) Vary the management options responsively according to the circumstances, priorities, needs, preferences, risks, and benefits for those involved with an understanding of local service availability and relevant guidelines and resources. b) Consider a 'wait and see' approach where appropriate. c) Safely prioritise problems in situations using shared agenda setting where the person presents with multiple issues. d) Identify when interventions have been successful and complete episodes of care with the person, offering appropriate follow-on advice to ensure people understand what to do if situations/circumstances change.

Capabilities that underpin Health Promotion and ways to prevent illness that underpin Clinical Management can also be found in Capability 2. For further details on approaches to person-centred care and behaviour change, see

<https://www.personalisedcareinstitute.org.uk/>

⁶ Health Education England, NHS England and Skills for Health (2018), Frailty: A Framework of Core Capabilities: www.skillsforhealth.org.uk/frailty-framework

⁷ Health Education England, Skills for Health, and Skill for Care (2017), End of Life Care Core Skills Education and Training Framework: <https://www.skillsforhealth.org.uk/services/item/536-end-of-life-care-cstf-download>

Capability 9. Managing Medical Complexity

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
N/A	a) Understand the complexities of working with people who have multiple health conditions both physical, mental, and psychosocial.	a) Simultaneously manage acute and chronic problems, including for people with multiple morbidities and those who are frail ⁸ . b) Manage both practitioner and peoples' uncertainty. c) Recognise the inevitable conflicts that arise when managing people with multiple problems and take steps to adjust care appropriately. d) Manage situations where care is needed out of hours and understand how to enable the necessary arrangements.

For more information on the frailty framework please click the link below <http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework>

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⁸ Health Education England, NHS England and Skills for Health (2018), Frailty: A Framework of Core Capabilities: www.skillsforhealth.org.uk/frailty-framework

Capability 10. Prescribing treatment, administering drugs/medication, pharmacotherapy

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Maintain accurate, legible, and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine. b) Check that all medication administration records protocols and policies are available and up to date. c) Facilitate a range of non-medicinal therapies such as lifestyle changes and social prescribing. d) Report any discrepancies or omissions you might find to relevant staff as appropriate. e) Contribute to administering the medication to the individual in the appropriate manner, using the correct technique and at the prescribed time according to the care plan. f) Monitor the individual's condition throughout, recognise any adverse reactions and take the appropriate action without delay. g) Complete the necessary records relating to the administration of medications legibly, accurately, and completely.	a) Promote personalised shared decision making to support adherence leading to concordance. b) Understand a range of options available other than drug prescribing (e.g., not prescribing, promoting self-care, advising on the purchase of over-the-counter medicines). c) Prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing. d) Select, check, and correctly prepare the medication according to the medication administration record or medication information leaflet. e) Select the route for the administration of medication, according to the individual's plan of care and the drug to be administered and prepare the site if necessary. f) Safely administer the medication: i. following the written instructions and in line with legislation and local policies	a) Safely prescribe and/or administer therapeutic medications, relevant and appropriate to scope of practice, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies. b) Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision. c) Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing. Follow Royal Pharmaceutical Framework guidelines (e.g., medicines optimisation). d) Practice in line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources. e) Appropriately review response to medication, recognising the balance of risks and benefits which may occur. Take account of context including what matters to the person and their experience and impact for them and preferences in the context of their life as well as polypharmacy, multimorbidity, frailty⁹, existing medical issues such as kidney or liver issues and cognitive impairment. f) Be able to confidently explain and discuss risk and benefit of medication with people using appropriate tools to assist, as necessary. g) Advise people on medicines management, including compliance and the expected benefits and limitations and

⁹ Health Education England, NHS England and Skills for Health (2018), Frailty: A Framework of Core Capabilities: www.skillsforhealth.org.uk/frailty-framework

Tier 1	Tier 2	Tier 3
	ii. in a way which minimises pain, discomfort, and trauma to the individual iii. report any immediate problems with the administration.	- inform them impartially on the advantages and disadvantages in the context of other management options. h) Support people to only take medications they require and deprescribe where appropriate.

Further competencies on prescribing produced by the Royal Pharmaceutical Society can be located here
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030>

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Domain D. Leadership and management, education, and research

Introduction

The knowledge, skills, and behaviours specific to **Clinical Practice for Primary Care/General Practice nursing** are articulated in Domains A, B and C of this framework.

The capabilities for Leadership and Management, Education and Research are presented in the following Domain D.

Capability 11. Leadership, management and organisation

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Be well organised with due consideration for people and colleagues, carrying out both clinical and non-clinical aspects of work in a timely manner, demonstrating effective time management within the constraints of the time limited nature of general practice/primary care. b) Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice. c) Evaluate own practice and participate in multi-disciplinary service and team evaluation (including audit). d) Actively participate in Significant Event Review.	a) Proactively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working. b) Actively seek and be positively responsive to feedback and involvement from people, families, carers, communities, and colleagues in the co-production of service improvements. c) Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people, families, carers, communities and colleagues' safety and well-being when necessary. d) Undertake appropriate management duties of a team/teams which could include first line management.	a) Demonstrate the impact of practice on service function and effectiveness, and quality (i.e., outcomes of care, experience, and safety). b) Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements. c) Lead new practice and service redesign solutions with others in response to feedback, evaluation, data analysis and workforce and service need, working across boundaries and broadening sphere of influence. d) Critically and strategically apply advanced clinical expertise across professional and service boundaries to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice. e) Demonstrate leadership, resilience, and determination, managing situations that are unfamiliar, complex, or unpredictable and seeking to build confidence in others. f) Lead actively on developing practice in response to changing population health need, engaging in horizon scanning for future developments and to add value (e.g., impacts of genomics, new treatments and changing social challenges). g) Negotiate an individual's scope of practice within legal, ethical, professional, and organisational policies, governance, and procedures, with a focus on managing risk and upholding safety. h) Deal with compliments and complaints appropriately, following professional standards and applicable local policy. i) Lead on and work in partnership with others to plan how to put strategies for improving health and wellbeing into effect to ensure one's own role is impactful and such impact can be measured. j) Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries,

Tier 1	Tier 2	Tier 3
		influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice. k) Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g., impacts of genomics, new treatments and changing social challenges).

For further details on leadership and management, see the [NHS Leadership Academy](#).

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Capability 12. Education and development

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Remain up to date with appropriate Statutory and Mandatory training as defined in their place of work. b) Identify one's own preferred learning methods and take these into account in identifying and undertaking development activities. c) Identify any gaps between the current and future requirements of their practice. d) Agree development plans which addresses any identified gaps in knowledge and skills. e) Review and update one's own development plan in the light of own performance, any development activities undertaken and any wider changes.	a) Evaluate at appropriate intervals, the current and future requirements of one's own practice and of others. b) Be able to support practice development by acting as a mentor and/or clinical assessor as appropriate. c) Identify what an effective development plan should contain and the length of time that it should cover. d) Recognise the importance of taking account of career and personal goals when supporting professional development of self and others. e) Act as a role model by inspiring, empowering and enabling others as well as through ones' own positive behaviours.	a) Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice. b) Engage in self-directed learning, critically reflecting on practice to maximise advanced clinical skills and knowledge, as well as own potential to lead and develop both care and services. c) Actively seek and be open to feedback on own practice by colleagues to promote ongoing development. d) Promote and utilise supervision for self and other members (with appropriate training) of the healthcare team to support and facilitate advanced professional development. e) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff. f) Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning and support them to address these. g) Enable the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice. h) Recognise people as a source of learning, in their stories, experiences and perspectives, and as peers to co-design and co-deliver educational opportunities. i) Act as a role model, educator, supervisor (with appropriate training), coach, and mentor, seeking to

Tier 1	Tier 2	Tier 3
		instil and develop the confidence of others, actively facilitating the development of others. j) Actively seek to share best practice, knowledge, and skills with other members of the team, for example through educational sessions and presentations at meetings.

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Capability 13. Research and evidence-based practice

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
a) Maintain awareness of and work to local policies and procedures. b) Utilise the findings of research to inform one's own practice.	a) Utilise the evidence of best practice to inform the practice of self and others. b) Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g., presentations and peer review research publications). c) Be able to understand research findings and apply that knowledge to work towards improving care; utilising evidence-based practice.	a) Critically engage in research/quality improvement activity, adhering to good, ethical research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity, and value for money. b) Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then act on the findings by critically appraising and synthesising the outcome and using the results to underpin own practice and to inform that of others. c) Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way. This may involve acting as an educator, leader, innovator, and contributor to research activity and/or seeking out and applying for research funding. d) Lead on Quality Improvement initiatives/projects – sharing outcomes and leading change. e) Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review. f) Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical, and other active researchers. g) Reach agreements with stakeholders about implementing research in practice across the Primary Care Network. h) Identify and evaluate system level changes that benefit patient outcomes and service improvements.

For further details on research, see the [NHS National Institute for Health Research](#).

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Capability 14. Strategic Management

For each tier of practice, the member of staff must:

Tier 1	Tier 2	Tier 3
N/A	N/A	a) Engage people within one's own organisation/network and other key stakeholders in defining own organisation's/network's direction and committing their energies and expertise to achieving its results. b) Clearly and enthusiastically communicate own organisation's/ network's purpose, values, and vision to people. c) Evaluate the impact of own organisation/network on the environment, the local community and society as a whole and ways in which its impact can be more beneficial. d) Ensure that organisational/network plans support one's own organisation's/network's purpose, values, and vision. e) Proactively work across organisational and professional boundaries to enhance and improve patient outcomes and experiences. f) Influence best practice adoption by working at regional/national level through appropriate networks and forums.

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Appendix 1. Identifying Tier Levels for Practice

The advantage in articulating the core capabilities within a 3-tier approach is to give employers/practitioners maximum flexibility in taking a job/role and working through all 14 capabilities and identifying which tier of practice is required in that context.

The capabilities framework has **not** been designed whereby if someone identifies they need to have/work at tier 3 for capability one (for example), then by default they must be at tier 3 for all subsequent capabilities.

The potential combinations for practice are numerous, therefore the capability framework does not prescribe which roles/job should operate at each tier. However, the following table provides an indicative guide to illustrate how the appropriate tier of each capability can relate to levels of practice.

	Support Work Level Practice	Nursing Associate Level/Assistant Level Practice	Registered Nurse level	Registered Nurse: Enhanced Level Practice	Registered Nurse: Advanced Level Practice	Registered Nurse: Consultant Level Practice
Capability 1. Communication and consultation skills	Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 2. Practising holistically to personalise care and promote public and person health	Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 3. Working with colleagues and in teams	Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 4. Maintaining an ethical approach and fitness to practice	Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 5. Information gathering and interpretation	Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 6. Clinical examination and procedural skills	Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 7. Making a diagnosis			Tier 2	Tier 2	Tier 3	Tier 3
Capability 8. Clinical management		Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 9. Managing medical and clinical complexity		Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 10. Independent prescribing and pharmacotherapy		Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 11. Leadership, management and organisation		Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 12. Education and development		Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 13. Research and evidence based practice		Tier 1	Tier 2	Tier 2	Tier 3	Tier 3
Capability 14. Strategic Management						Tier 3

Appendix 2. How the framework was developed

Development of the framework was guided by a project steering group representing key stakeholders including advanced clinical practitioners, NHS Trusts, Royal Colleges, professional bodies and service user representation.

A wider stakeholder list was also established to include a more diverse range of organisations and individuals that wished to be updated on development of the framework and to provide comments or feedback as part of the consultation process. Individuals were able to register their interest on a project web page.

Initial desk research was undertaken to identify key references, resources and significant themes or issues for consideration – further references and resources continued to be identified during the project (see Appendix 4. Bibliography).

Initial iterations of the framework were developed based on the findings of the desk research and consultation with the project steering group. Subsequently, in July and August 2020 a wider online consultation survey was conducted with a total of 738 respondents. Based on analysis of these survey outcomes further amendments and refinements were undertaken, leading to a final meeting of the project steering group.

Appendix 3. User Guides, Case Studies and Flowchart

The following materials are provided to help further peoples understanding of the utility of the framework as well as to showcase the opportunities to work within Primary Care/General Practice Nursing.

About Capabilities

For the purposes of this framework, we are using the following definition of capabilities:

Capabilities are the attributes (skills, knowledge, and behaviours) which individuals bring to the workplace. This includes the ability to be competent, and to:

- *manage change*
- *be flexible*
- *deal with situations which may be complex or unpredictable and,*
- *continue to improve performance.*

In practice, the terms ‘capability’ and ‘competence’ and are both widely used in educational and workforce development literature, and they have often been used interchangeably, with little clear distinction between the two. Both capability and competence:

- are about ‘what people can do’
- describe knowledge, skills, and behaviours
- can be the outcome of education, training, or experience.

However, for the purposes of this framework we are using the term ‘Capabilities’ as this describes the ability to be competent and to work effectively in situations which may require flexibility and creativity.

User guide – Staff, people and teams

This framework will support staff, people and teams by:

- Promoting primary care as a career option.
- Setting out clear expectations at each level of practice.
- Supporting appraisal.
- Supporting staff to identify CPD needs.
- Supporting the development of teams.

The framework promotes primary care as a career option for a wide range of individuals as well as giving a clear sense of the ways in which to progress.

The framework sets out clear expectations for staff about the requirements for effective and safe practice. It provides clarity about attributes and requirements at each level of practice. This framework can be used by staff to better understand the development needs of themselves as individuals and the wider workforce. It can help them understand how to maximise the contribution of the existing workforce, identify opportunities for new ways of working and where appropriate, identify the need for new roles.

This framework can be used to review and recognise how existing capabilities are individually and collectively being utilised across a team and/or area of care.

The framework can be used as the basis to conduct formal or informal appraisal and training needs analysis, comparing current capabilities with those identified in the framework. This framework can also be used to support career progression and development in a challenging environment and engagement in continuing professional development.

Staff using this framework need to work with their employers to:

- Identify where their existing Job sits on the Career Framework.
- Review which capabilities are applicable to their Job.
- As part of the performance review/appraisal process identify and evidence their capability.
- Identify gaps in capability.
- Agree a programme of development to address any 'gaps' and/or to identify career development opportunities.

This framework will assist staff in the development of a portfolio of evidence of capability and can be used support revalidation requirements with the NMC: <http://revalidation.nmc.org.uk/>

User Guide – Employers

The Career and Capability Framework will:

- Enable employers to demonstrate that primary care nursing staff meet the required capabilities.
- Demonstrate there are development plans in place to ensure that they are proactively working to achieve those capabilities.
- Ensure Learning and Development can be targeted and focussed on the needs of the service and the workforce.

The Career and Capability Framework underpins the continuing professional development of staff at all levels of the Career Framework to ensure their practice remains up-to-date, safe and effective and it supports the process of quality assurance to ensure the safety and effectiveness of their role.

The framework enables employers to consider objectively how their current workforce's performance aligns to the capabilities and ensure any workforce development is based on service need/outcomes.

Employers would need to undertake the following for each of their existing jobs in their setting:

- Identify which level of the Career Framework the job sits on (it is possible some jobs may sit across more than one level).
- For each capability there is a suggested tier, based on each Career Framework Level; review this and satisfy yourself that this is appropriate for the job.
- Use the capabilities as the basis for individual performance management e.g., supervision / review / appraisals etc.
- Use any Capability 'gaps' as the basis for Continuing Professional Development.
- Use the evidence gathered in performance reviews/appraisals etc. as the basis for a Training Needs Analysis to inform the allocation of training resources.

A further aspiration in providing this framework is to support service transformation i.e., that organisations use the framework to review their current arrangements for practice and use the framework to develop roles and teams. This framework also provides potential benchmarking of service provision at an organisational level and for employers to identify appropriate/further development.

User Guide – Education

The Careers and Capability framework will:

- Inform the design and delivery of curricula.
- Promote and support capability in primary care across the levels of practice.
- Promote the opportunity to identify shared core capabilities and include interprofessional education /training in their delivery.

The Career and Capability Framework will enable education and learning providers to inform the design of their curricula and the delivery of education, training, and development programmes, including identifying learning outcomes.

This will ensure that their learning and development provision contributes to the full range of knowledge to support the capabilities required to make individuals safe and effective member of the workforce.

The framework will inform those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve and maintain. This in turn, will guide the content to be included and the use of appropriate learning and teaching strategies. Use of this national framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of the population.

In so doing, it aims to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Education and learning providers would need to work in partnership with employers to:

- Ensure education programmes learning outcomes are aligned to identified capabilities within the framework.
- Ensure learning outcomes are measurable and objective that ensure learners can demonstrate identified capabilities.
- Promote learning as means of enabling a culture of multi-professional working that is focussed on meeting the outcomes of patients, citizens and the wider population.

Routes to working in Nursing in Primary Care



Existing Health Care Assistants (or equivalent) and/or newly recruited staff into healthcare.

Supported to develop the required capabilities. Potential then to move laterally across Primary Care and/or undertake Nursing Associate/Registered Nurse Training via apprenticeship



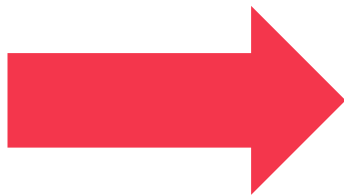
Existing Nursing Associates from non-Primary Care role and/or newly qualified Nursing Associates.

Supported to develop the required capabilities.

Develop portfolio of evidence which demonstrates attained Knowledge and Skills.

May need/want to undertake additional learning relevant to their scope of role.

Opportunity to work across the breadth of Primary Care.



Existing Registered Nurses not presently working in Primary Care and/or newly qualified Registered Nurses.

Should discuss with potential employer the opportunity for support to work in primary care, demonstrating their insight into working in this space.

Undertake appropriate and suitable learning and development relevant to identified capabilities for scope of role - with supervision in the workplace.

Develop portfolio of evidence which demonstrates capability.



Existing Primary Care Registered Nurses who wish to progress to an Enhanced Level Role or Registered Nurses from outside Primary Care who work at an Enhanced Level of Practice elsewhere.

Demonstrate through their portfolio where they already have the necessary capabilities to work at an enhanced level. Work in partnership with employers to identify skills and knowledge gaps (which could indicate a need for additional study/CPD).

Develop portfolio of evidence which demonstrates capability.

An Existing Advanced Level Nurse from another clinical setting.

May need/want to undertake additional modules to gain knowledge and skills relevant to general practice/primary care setting and scope of role.

Develop portfolio of evidence against the framework.

The existing Enhanced Level Nurse who wishes to progress to working at an Advanced Level.

Must undertake masters level study to gain a minimum of a PG Dip Advanced Clinical Practice with the expectation of a full MSc or undertake ACP Apprenticeship to build on their existing knowledge, skills and expertise – with clinical supervision in the workplace.

Develop portfolio of evidence against the ACP (Primary Care Nurse) framework which demonstrates capability.

Existing Advanced Level Nurse working in Primary Care who wishes to progress to working at Consultant Level.

Support from employer and wider health system.

Supported to develop the required additional capabilities as determined by the scope of the role.

Clear, defined purpose of role identified and bought into by others across the system.

Develop a portfolio of evidence of capability.

Apprenticeships

To support the supply of the nursing workforce there exist a number of apprenticeship standards that are relevant to across the Career Framework. A list of links is provided here for further information

Health care Support Worker

<https://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-support-worker-v1-0>

Senior Health Care Support Worker

<https://www.instituteforapprenticeships.org/apprenticeship-standards/senior-healthcare-support-worker-v1-2>

Assistant Practitioner

<https://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-assistant-practitioner-v1-0>

Nursing Associate

[https://www.instituteforapprenticeships.org/apprenticeship-standards/nursing-associate-\(nmc-2018\)-v1-1](https://www.instituteforapprenticeships.org/apprenticeship-standards/nursing-associate-(nmc-2018)-v1-1)

Registered Nurse Degree Apprenticeship

[https://www.instituteforapprenticeships.org/apprenticeship-standards/registered-nurse---degree-\(nmc-2010\)-v1-1](https://www.instituteforapprenticeships.org/apprenticeship-standards/registered-nurse---degree-(nmc-2010)-v1-1)

Enhanced Clinical Practitioner

<https://www.instituteforapprenticeships.org/apprenticeship-standards/enhanced-clinical-practitioner-v1-0>

Advanced Practitioner

[https://www.instituteforapprenticeships.org/apprenticeship-standards/advanced-clinical-practitioner-\(integrated-degree\)-v1-0](https://www.instituteforapprenticeships.org/apprenticeship-standards/advanced-clinical-practitioner-(integrated-degree)-v1-0)

Links to Case Studies

The following case studies illustrate the variety, breadth and depth of nursing in primary care/general practice roles and may be useful for individuals to gain further understanding of nursing in primary care/general practice:

Healthcare Assistant: <https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/clinical-support-staff/healthcare-assistant/real-life-story-emma-rawlings>

Assistant Practitioner: <https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/clinical-support-staff/assistant-practitioner>

General Practice Nurse: <https://www.healthcareers.nhs.uk/explore-roles/nursing/roles-nursing/general-practice-nurse>

Nursing Associates:

<https://www.hee.nhs.uk/sites/default/files/documents/Primary%20care%20deep%20dive.pdf>

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- Department of Health (Northern Ireland) 2018 Clinical Career Pathway for Nurses and Midwives <https://www.health-ni.gov.uk/articles/clinical-career-pathway-nurses-and-midwives>
- Health Education England (2020) Advanced Practice Mental Health Curriculum and Capabilities Framework https://www.hee.nhs.uk/sites/default/files/documents/Advanced%20Practice%20Mental%20Health%20Curriculum%20and%20Capabilities%20Framework%201.3_1.pdf
- Health Education England (2017) The General Practice Nurse Workforce Development Plan <https://www.hee.nhs.uk/sites/default/files/documents/The%20general%20practice%20nursing%20workforce%20development%20plan.pdf>
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- Health Education England (2015) District Nursing and General Practice Nursing Service – Education & Career Framework https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf
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- NHS England (2016) General Practice Forward View <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
- NHS England & Improvement (2019) The NHS Long Term Plan <https://www.longtermplan.nhs.uk/>
- Nursing & Midwifery Council (2020) NMC strategy 2020-2025 <https://www.nmc.org.uk/globalassets/sitedocuments/strategy/nmc-strategy-2020-2025.pdf>
- Nursing & Midwifery Council (2018) Future nurse: Standards of proficiency for registered nurses <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf>

Nursing and Midwifery Council (2015) NMC Code of Conduct

<https://www.nmc.org.uk/standards/code/>

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<https://trainee.gpeportfolio.rcgp.org.uk/Common/Resources/Curriculum/Competence-Areas.aspx>

Royal College of General Practitioners (2015) General Practice Nurse competencies

<https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2015/RCGP-General-Practice-Nurse-competencies-2015.ashx?la=en>

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Scottish Government (2004) Framework for General Practice Nursing

<https://www.gov.scot/publications/framework-nursing-general-practice/pages/5/>

Skills for Health (2020) Mental Health Nursing Career and Competency Framework

<https://www.skillsforhealth.org.uk/images/pdf/Mental-Health-Nursing-Framework.pdf>

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Welsh Assembly Government (2009) Post Registration Career Framework for Nurses in Wales

<https://gov.wales/sites/default/files/publications/2019-03/post-registration-career-framework-for-nurses-in-wales.pdf>

Wessex Local Medical Committees (2019) Multidisciplinary Framework for General Practice

<https://www.flipsnack.com/WessexLEaD/doc-0134-guidance-document-for-multidisciplinary-framework-f/full-view.html>