

Consultation draft
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Advanced clinical practice core capabilities for nurses working within general practice settings in England

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Foreword

To be completed...

Statements of support

To be completed...

Introduction and background

Over a number of years, the role of the nurse has evolved within primary, community and secondary care. Nurses have in many ways been the pioneers of enhanced and advanced roles within many settings including general practice.

The NHS needs a workforce that is fit for the future and nurses with advanced clinical practice knowledge and skills will be able to both lead and work within teams to provide excellent care for patients.

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

Commonly, advanced nurses in general practice settings are titled Advanced Nurse Practitioners and this title has been chosen for use throughout this framework.

The Advanced Nurse Practitioner role, within general practice, has developed without a set standard and this has led to varying levels of attainment, resulting in much disparity. This has created confusion for employers, fellow healthcare staff and patients because of variation in titles, qualifications and competency.

As such it is recognised that many existing Advanced Nurse Practitioners will have areas for development and may need to 'top up' their academic knowledge and or their capabilities in order to evidence the **core** requirements in this framework.

In an often-challenging clinical environment where patients are cared for across the life span, often with multiple, complex problems, it is imperative to ensure both patient safety and advanced nurse capability.

This framework has identified a **core set** of capabilities required both for nurses who work in General Practice settings **seeing patients with undifferentiated and undiagnosed conditions** and those using the **advanced** title. Advanced Nurse Practitioners work autonomously and are not constrained by protocols such as seeing only certain presentations.

This framework identifies the robust underpinning knowledge and capabilities required by Advanced Nurse Practitioners working in general practice settings and provides the opportunity for them to embrace the Health Education England Advanced Clinical Practice Framework. <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

It will allow Advanced Nurse Practitioners to demonstrate and evidence their knowledge, skills and behaviours to service commissioners, employers, patients and the general public have a better understanding and confidence in the Advanced

Nurse Practitioner role. Advanced Nurse Practitioners are encouraged to showcase their roles and embrace the development of primary health care teams and new ways of working.

To enable that process the framework has included some assessment and portfolio tools to assist both Advanced Nurse Practitioners and clinical supervisors to build a portfolio of evidence of capability.

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

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

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

Therefore, 'capability' can be more than 'competence'. To be competent is to consistently perform to defined standards required in the workplace – usually focused on the outputs of work and observable performance. Competence tends to describe practice in stable environments with familiar problems. Whereas 'capabilities' describe the ability to be competent, and beyond this, to work effectively in situations which may be complex and require flexibility and creativity.

In practice, the terms 'capability' and 'competence' 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 *beyond this*, to work effectively in situations which may require flexibility and creativity.

More information on how this framework was produced is set out in Appendix 3

Scope of the framework

This framework specifies a range of core capabilities expected of Advanced Nurse Practitioners working within general practice settings. This includes the ability to consistently be able to, take a history, examine and assess as necessary, synthesise information and use clinical reasoning to diagnose and formulate a management plan.

The Advanced Nurse Practitioner must be able to undertake the above **across the life span** and across **all** the following systems/areas:

- Respiratory
- Cardiovascular
- Gastrointestinal & hepatic
- Renal & Genito-urinary
- Neurological
- Musculoskeletal
- Ear, nose & throat
- Eyes
- Dermatology
- Men's health
- Women's health
- Sexual health & family planning
- Mental health
- Learning disability
- Paediatrics
- Palliative & last year of life
- Medication review & issues
- Pain – assessment and management
- Emergency presentations.

Advanced Nurse Practitioners must be able to consistently:

- Identify and act appropriately on red flags
- Manage and escalate medical emergencies appropriately, such as sepsis
- Manage medical complexity
- Complete episodes of care which may include referral for further assessment, treatment and care appropriately
- Work with patients and, where appropriate, carers to access appropriate, treatment, diagnostics, care and support within the context of individual patient need, characteristics, background and circumstances
- Work in partnership with the patient (and carer/family when appropriate) using a patient-centred approach and support shared decision making to make a workable management plan
- Provide continuity of care in collaboration with the patient, considering all the patient's problems both physical and psychosocial

- Use interactions with each patient to encourage changes in behaviour that can have a positive impact on their health and wellbeing.
- Draw on the expertise of all members of the multi-disciplinary team (including health and social care) to support and meet patient's needs and best interests to optimise the integration of their care.

The core set of capabilities articulated within this document are the essential foundations for working in a generalist environment where ambiguity and uncertainty can be high. This core should be evidenced and maintained.

It is recognised that in addition to the core in this framework Advanced Nurse Practitioners may develop more specialist knowledge and areas of special interest. These may evolve in order to meet population and individual general practice need, or indeed out of Advanced Nurse Practitioners special interest.

The Advanced Nurse Practitioner must demonstrate the professional behaviours associated with working at an advanced level. In addition, the requirements of the Nursing and Midwifery Council Code of Conduct means they must be a role model and ambassador for advanced practice roles.

Structure of the framework

The framework is presented in four domains:

- Domain A. Person-centred collaborative working
- Domain B. Assessment, investigations and diagnosis
- Domain C. Condition management, treatment and prevention
- Domain D. Leadership and management, education and research.

Within the domains are a total of 13 capabilities. The capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process or hierarchy.

The capabilities set out what Advanced Nurse Practitioners working in within general practice settings must consistently demonstrate. The capabilities must be underpinned by the clinical knowledge to promote health and to assess, diagnose and manage the care of people.

Core clinical skills and an indicative list of patient presentations is presented in **Appendix 1**.

The Academy for Advancing Practice (presently under development) will provide an opportunity for practitioners working as Advanced Clinical Practitioners to evidence their ability to work at an advanced level but will not evidence capability for the Advanced Clinical Practitioner to work in the role/setting in which they are employed. This will be reliant on regional and local governance structures and employer responsibility.

It therefore assumes that cyclical appraisal, credentialing and Continuing Professional Development exist within a well governed clinical working environment.

Registered nurses working at an advanced level will need to demonstrate capability for doing so. For Advanced Clinical Practitioners a portfolio of evidence against this framework, along with the necessary academic educational attainment supports this process.

Assessment and portfolio tools can be found in Annex 1.

Synergy with the HEE Multi-professional Advanced Clinical Practice (ACP) Framework

This framework builds upon the definitions of advanced clinical practice provided by the Advanced Clinical Practice (ACP) Framework (2017)¹.

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.

The ACP definition has been developed to provide clarity for employers, service leads, education providers and healthcare professionals, as well as potential ACPs practising at an advanced level.

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the Advanced Clinical Practice Framework (2017); the capabilities are common across this level of practice enabling standardisation. As well as demonstrating that health and care professionals have developed to a defined level of practice, there is an expectation that this is sustained through organisational mechanisms such as appraisal, clinical supervision and support for continuing professional development.

Pillars of the ACP Framework	Domains of framework for nurses working within general practice settings in England
1. Clinical Practice	Domain A. Person-centred collaborative working Domain B. Assessment, investigations and diagnosis Domain C. Condition management, treatment and prevention
2. Leadership and Management	Domain D. Leadership and management, education and research
3. Education	
4. Research	

¹ Ref: HEE (2017), Multi-professional framework for advanced clinical practice in England.

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 Advanced Nurse Practitioners do, recognising that Advanced Nurse Practitioners have the knowledge and skills to be flexible in their approach and work autonomously to provide evidence-based care for patients.

This framework will facilitate the inclusion of Advanced Nurse Practitioners 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)

Other organisations involved in the care of patients will understand the Advanced Nurse Practitioner role and this will facilitate allowing direct referrals, requesting further investigations (such as imaging etc.)

The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of advanced nurses (practitioners) operating at this level of practice, in order to facilitate the development and mobility of this workforce.

Employers

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

This underpins and supports the need for continuing professional development of Advanced Nurse Practitioners 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 advanced clinical practice roles.

It can be used as part of appraisal processes.

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

Education and training providers

Higher Education 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 trainee Advanced Nurse Practitioners and Advanced Nurse Practitioners acquiring and demonstrating the full range of knowledge to support the capabilities required to make them a 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 both trainee and existing Advanced Nurse Practitioners 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 ACP capabilities and optimises opportunities for inter-professional learning. 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.

Clinical Supervisors (CS)

The framework will assist clinical supervisors of Advanced Nurse Practitioners and trainee Advanced Nurse Practitioners to better understand the role and provide a framework to assess against. The assessment tools in Appendix 4 allow the CS to help capture how the trainee Advanced Nurse Practitioner or Advanced Nurse Practitioner applies their academic knowledge, experience and skills to day to day practice. These assessments can form part of the Advanced Nurse Practitioner portfolio of evidence.

Advanced Nurse Practitioners/Trainee Advanced Nurse Practitioners

The framework sets out clear expectations for Advanced Nurse Practitioners and trainee Advanced Nurse Practitioners about the requirements for effective and safe advanced practice roles. It provides clarity about the higher level of both academic and clinical competence required.

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.

Existing nurses currently using the Advanced Nurse Practitioner title may have different starting points due their clinical background, experience, clinical setting and scope of practice. They may meet all or some of the capabilities but may need 'top up' their skill set to those outlined in this framework and to evidence capability and work effectively in a general practice setting.

New trainee Advanced Nurse Practitioners need to be employed in a trainee post, with clinical supervision, that will allow them to see appropriate presentations for them to develop and evidence the core capabilities in this framework.

This framework will assist Advanced Nurse Practitioners in the development of a portfolio of evidence. It will allow Advanced Nurse Practitioners to demonstrate their capability in working at an advanced level.

To help understand the various routes to becoming an Advanced Nurse Practitioner a help visual has been produced and can be located in **Appendix 5**.

Patients and the public

The framework can be used by patients and the public to understand what they can expect from an Advanced Nurse Practitioner when effectively planning for their own current and future care. In particular, the framework outlines the skills an Advanced Nurse Practitioner must have to be able to support patients (and where appropriate

carers/families) to be able to make informed choices about their care and be assured that services are delivered safely and effectively alongside healthcare and other health care professionals.

Underpinning knowledge

The capabilities in the framework provide a definition of the role of an Advanced Nurse Practitioner in general practice settings, recognising that they must be adaptable and not constrained by protocols or dictate for practice.

It is crucial that this is underpinned by the academic and clinical knowledge necessary to safely and effectively assess, diagnose, investigate and manage patient care; to promote health and well-being.

An Advanced Nurse Practitioner will have undertaken – or as a trainee be working towards – a minimum of a Postgraduate Diploma (PG Dip) and preferably a full master's in advanced clinical practice or equivalent. They will be an independent prescriber.

As part of the Post-Graduate Diploma Advanced Nurse Practitioners will have had successfully completed a module in advanced assessment, clinical-reasoning. They will utilise problem-solving capabilities to be able to manage medical complexity.

They will have critical self-awareness, both to apply their knowledge and skills within their professional scope of practice, and within the constraints of this capability framework.

They will have skills in research, audit, quality improvement, leadership and management. They will be able to share knowledge and facilitate the development of junior colleagues.

Professional values and behaviours

The values and behaviours Advanced Nurse Practitioners are fundamental to the successful delivery of practice to individuals, practice populations and communities. Whilst values and behaviours transcend and underpin all of this framework, they are set out specifically in capability 4.

The values for Advanced Nurse Practitioners emphasise a commitment to collaborative, person-centred and integrated service working and delivery.

Domain A. Person-centred collaborative working

Introduction

Advanced Nurse Practitioners have highly developed interpersonal and communication skills to engage in effective and complex interactions with individuals, carers and colleagues in the clinical environments in which they practise. They have advanced skills in listening and information-processing, alongside empathetic skills to ascertain, understand and respond to individuals' complex needs and concerns. They use sophisticated language and media (including remote consultation such as telephone, skype etc), are sensitive to individual preferences and needs, and uphold and safeguard individuals' interests.

Advanced Nurse Practitioners take account of individuals' specific needs, wants and circumstances to 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 person-centred way rather than sticking rigidly to predetermined protocols or work place imperatives,

Capability 1. Communication and consultation skills

The advanced nurse practitioner must consistently:

- 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) 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, health literacy and communicating with individuals who require additional assistance to ensure an effective interface with a practitioner).
- c) Evaluate situations, circumstances or places which make it difficult to communicate effectively (e.g. noisy, distressing or emergency environments), and have strategies in place to overcome these barriers.
- d) Recognise where people may have cognitive and sensory impairments and support the use of accessible information as needed and adapt practice to maximise outcomes for patients. E.g. patients with learning disability, those with visual or auditory problems.
- e) Consult in an organised and structured way understanding the constraints of the time limited nature of general practice consultations and ensure communication is safe and effective.
- f) Elicit psychosocial history to provide some context for the patients' problem.
- g) Adapt communication approaches to non-face to face practice environments e.g. phone, video or remote consultation.
- h) Adapt communication to use in group situations.
- i) Convey information and address issues in ways that avoid jargon and assumptions and respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information.
- j) Communicate effectively, respectfully and professionally with patients and where applicable, carers and families at times of conflicting priorities and opinions.
- k) Signpost people or those acting on their behalf appropriately and effectively to sources of information and support.
- l) Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.
- m) Recognise that effective consultation skills are a subset of specialised communication skills highlighted in the capability for history taking and consultation skills.

For further details on core communication and relationship building skills, see [Person-Centred Approaches \(SfH & HEE 2017\)](#).

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

The advanced nurse practitioner must consistently:

- a) Understand and appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for patients, and where applicable their family and carers.
- b) Understand a 'practice population' to help identify needs of the patients who are served and be mindful of the need to mitigate the impact of health inequalities on individuals and diverse communities.
- c) Recognise and evaluate how a patient's preferences and experience, including their individual cultural and religious background, can offer insight into their priorities, wellbeing and managing their own care.
- d) Act on day to day interactions with patients to encourage changes in behaviour that will have a positive impact on the health and wellbeing of patients, communities and populations i.e. '[Making Every Contact Count](#)'.
- e) Advise on the effects of smoking, alcohol, obesity and inactivity on health conditions and facilitate and enable patients to make changes to their lifestyle or refer to relevant services
- f) Be able to explain risk factors and risk vs benefit information to the patient and promote their understanding.
- g) Recognise the impact of the presenting problem on the patient and where applicable their carer/family.
- h) Recognise and act appropriately on the impact of psychosocial factors on the presenting problems or general health such as housing issues, work issues, family/carers issues, lack of support.
- i) Engage people in shared decision making about their care by:
 - helping them to identify the priorities and outcomes that are important to them
 - explaining in non-technical language all available options (including doing nothing)
 - exploring with them the risks and benefits of each available option and discussing the implications
 - supporting them to decide on their preferred way forward.
 - Support patients to explore the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals
 - Support patients to get the most from conversations about the management of their health condition and its impacts by supporting and encouraging them to ask questions about what a priority or concern for them is.

- j) Develop shared management plans with patients individualised to meet their needs in partnership where appropriate with other health and social care providers and with carers/families' members where applicable.
- k) Evaluate how the vulnerabilities in some areas of a patient's life might be overcome by promoting resilience in other areas.
- l) Recognise and promote the importance of social networks and communities for patients and where applicable their carers/families in managing long-term health conditions, such as linking with statutory and voluntary organisations and support groups.
- m) Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities.
- n) 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.)
- o) Advise on and refer patients to psychological therapies and counselling services, in line with their needs, taking account of local service provision.
- p) Advise on sources of relevant local or national self-help guidance, information and support including coaching.
- q) Advocate for and contribute to patient-centred approaches in the management and development of services.

For further details on approaches to person-centred care and behaviour change, see [Person-Centred Approaches \(SfH & HEE 2017\)](#).

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Capability 3. Working with colleagues and in teams

The advanced nurse practitioner must consistently:

- a) Work within professional and personal scope of practice and access advice when appropriate.
- b) Understand and value the expertise and contribution to patient care of other allied health professionals and work collaboratively to optimise integrated management and care for patients.
- c) Communicate effectively with colleagues using a variety of media (e.g. verbal, written and digital) to serve peoples' best interests.
- d) Make direct referrals in a timely manner as indicated by patient need with regard for referral criteria i.e. 2-week wait cancer pathway.
- e) Lead on contributing effectively to multi-disciplinary team activity as an effective team 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.
- f) Take responsibility for the well-being of self and promote the well-being of the team escalating any causes for concern appropriately.

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Capability 4. Maintaining an ethical approach and fitness to practice

The advanced nurse practitioner must consistently:

- a) Demonstrate the application of professional practice in their day to day advanced clinical practice.
- b) Reflect of how their own values, attitudes and beliefs might influence their professional behaviour.
- c) Identify and act when own or others' behaviour undermines equality, diversity and human rights.
- d) Reflect on and address ethical/ moral dilemmas encountered in the course of their work which may impact on care.
- e) Demonstrate equality, fairness and respect in their day to day practice for patients and colleagues.
- f) Keep up to date with mandatory training and revalidation requirements, encompassing those requiring evidence for their advanced role.
- g) Achieve a balance between their professional and personal life that meets their work commitments and maintains their health, promotes well-being and builds resilience.
- h) Demonstrate insight into any personal health issues and take effective steps to address any health issue or habit that is impacting on their performance as an Advanced Nurse Practitioner.
- i) React promptly and impartially when there are concerns about self or colleagues.
- j) Take advice from appropriate people and, if necessary, engages in a referral procedure.
- k) Use mechanisms such as complaints, significant events, performance issues to reflect on in order to improve patient care.
- l) Use mechanisms such as compliments and letters of thanks to acknowledge and promote good practice.

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Domain B. Assessment, investigations and diagnosis

Introduction

Advanced Nurse Practitioners undertake clinical assessments and develop a clinical impression or diagnosis that will ensure most effective management and referral if needed. This includes identifying the need for and requesting appropriate investigations and tests. Advanced Nurse Practitioners demonstrate skills in problem-solving, critical thinking and evaluating the impact and outcomes of their interventions. They analyse and synthesise information, particularly in relation to a wide-range of contexts and presentations where information may be incomplete or contradictory. They work ethically, underpinned by their professionalism. They incorporate a critical approach to risk and uncertainty and work actively with others to resolve conflict.

Advanced Nurse Practitioners demonstrate safe, effective, autonomous and reflective practice, informed by available evidence and established best practice. They work effectively as part of a 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 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

The advanced nurse practitioner must consistently:

- a) Structure consultations so that the patient and/or their carer/family (where applicable) is encouraged to express their ideas, concerns, expectations and understanding using active listening skills and open questions to effectively engage with patients, families and carers.
- b) Actively understand and apply a range of consultation models appropriate to the clinical situations and/or patient presentation(s).
- c) Have the ability to undertake a general history, and focused history to elicit 'red flags'.
- d) 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.
- e) Incorporate information on the nature of patient's issues from various other appropriate sources e.g. third parties, previous histories and investigations.
- f) Explore and appraise patients' ideas, concerns and expectations beliefs about their symptoms and condition and whether these may act as a driver or form a barrier.
- g) Critically appraise complex, incomplete, ambiguous and conflicting information presented by patients, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further.
- h) Deliver diagnosis and test/investigation results, (including bad news) sensitively and appropriately to ensure the patient has understanding about what has been communicated.
- i) Record the 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.

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Capability 6. Clinical examination and procedural skills

The advanced nurse practitioner must consistently:

- a) Ensure the patient understands the purpose of any physical examination (including intimate examinations), describe what will happen and the role of the chaperone where applicable.
- b) Obtain consent and arrange the place of examination to give the patient privacy and to respect their dignity (and comfort as far as practicable). Ensure Inspection and palpation is appropriate and clinically effective.
- c) 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 disabilities), working with chaperones, where appropriate.
- d) Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively.
- e) Use nationally recognised tools where appropriate such as NEWS2 to assess patient condition
- f) Perform a mental health assessment appropriate to the needs of the patient, their presenting problem and manage any risk factors such as suicidal ideation promptly and appropriately.
- g) Understand the need for a systematic approach to clinical examination and have the ability to identify and interpret signs accurately.
- h) Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.

Please see Appendix 1 for a list of Core clinical skills and an indicative list of common patient presentations in general practice that Advanced Nurse Practitioners should be able to manage safely:

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Capability 7. Making a diagnosis

The advanced nurse practitioner must consistently:

- 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) 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.
- c) 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, referral.
- d) Understand the indication for initial and follow-up investigations in relation to the presentations and taking responsibility for interpretation, actioning, or appropriate escalation of results.
- e) Formulate a differential diagnosis based on subjective and where available objective data.
- f) Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained. Can use time as a diagnostic tool appropriately.
- g) Revise hypotheses in the light of additional information and can think flexibly around problems generating functional and safe solutions.
- h) Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately.
- i) Be confident in and take responsibility for own decisions whilst being able to recognise when a clinical situation is beyond individual capability or competence and escalate appropriately.

For a range of likely diagnostic investigations please see Appendix 1

[Appendix](#) 1. Core clinical skills, Core indicative knowledge, patient presentations, investigations and referrals

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Domain C. Condition management, treatment and prevention

Introduction

Advanced Nurse Practitioners support and encourage individuals to self-manage their condition (where appropriate) and to make behaviour changes. They focus on how they can have a positive impact on the health and wellbeing of individuals, communities and populations. They lead and advise on interventions and formulate and enable the development and implementation of management plans.

They work in collaboration with health and social care colleagues (across services, agencies and networks) to meet individuals' best interests. Advanced Nurse Practitioners need to be able to develop, lead on and enact an integrated management plan that considers all the options and needs and wishes of the individuals.

Advanced Nurse Practitioners 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 management plan needs to support self-management and consider health promotion and lifestyle interventions, dependent on the possibilities and on the needs and wishes of the individual.

Capability 8. Clinical management

The advanced nurse practitioner must consistently:

- a) Vary the management options responsively according to the circumstances, priorities, patient need and preferences of those involved with an understanding of local service availability and relevant guidelines.
- b) Consider a 'wait and see' approach where appropriate.
- c) Safely prioritise problems in situations where the patient presents with multiple issues.
- d) Implement management plans in collaboration with patients, and where appropriate carers, families and other healthcare professionals.
- e) Arrange appropriate follow up that is safe and timely to monitor changes in patient'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.
- f) Evaluate outcomes of care against existing standards and patient outcomes and manage/adjust management plans appropriately in line with best available evidence.
- g) Identify when interventions have been successful and complete episodes of care with the patient, offering appropriate follow-on advice to ensure patients understand what to do if situations/circumstances change.
- h) Act as an advocate for patients to ensure health needs are met and are consistent with a patient's informed choices.
- i) Provide continuity of care as appropriate to the patient.
- j) Ensure care is coordinated both within the practice team and other health and social care services.
- k) Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy.
- l) Ensure safety netting advice is appropriate and the patient understands when to seek urgent or routine review.
- m) Support patients who might be classed as frail and work with them utilising best practice i.e. the frailty framework.
- n) Recognise and supports patients in their last year of life.

Capability 9. Managing medical and clinical complexity

The advanced nurse practitioner must consistently:

- a) Understand the complexities of managing patients with co-morbidities.
- b) Simultaneously manage acute and chronic problems.
- c) Manage both practitioner and patient uncertainty.
- d) Recognise the inevitable conflicts that arise when managing patients with multiple problems and take steps to adjust care appropriately.
- e) Communicate risk effectively to patients and involves them appropriately in management strategies.
- f) Consistently encourage improvement and rehabilitation and, where appropriate, recovery.
- g) Manage situations where management or care is needed out of hours and understands how enable the necessary management plan.
- h) Manage patients appropriately and with regard for other care providers involved in their care

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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Capability 10. Independent prescribing and pharmacotherapy

The advanced nurse practitioner must consistently:

- 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) Support compliance and concordance.
- c) Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.
- d) 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).
- e) Practice in line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources
- f) Appropriately review response to medication, recognising the balance of risks and benefits, which may occur in the context of factors such as polypharmacy, multimorbidity, frailty, existing medical issues such as kidney or liver issues and cognitive impairment.
- g) Confidently be able to explain and discuss risk and benefit of medication with patients using appropriate tools to assist as necessary such as Cate's Plot.
- h) Advise patients on medicines management, including compliance and the expected benefits and limitations and inform them impartially on the advantages and disadvantages in the context of other management options.
- i) Have knowledge and skills regarding necessary monitoring of patients on medication.
- j) Recognise adverse drug reactions and manage appropriately, including reporting where required.
- k) Identify sources of further information (e.g. websites or leaflets) and advice (e.g. pharmacists) and be able to signpost patients as appropriate to complement the advice given.
- l) 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 and social prescribing).
- m) Support patients to only take medications they require and deprescribe where appropriate.
- n) Maintain accurate, legible and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine.

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Domain D. Leadership and management, education and research

Introduction

Advanced Nurse Practitioners working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the Multi-Professional Framework for Advanced Clinical Practice Framework (2017)²; the capabilities are common across this level of practice enabling standardisation.

The four pillars that underpin this practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

The knowledge, skills and behaviours specific to **Clinical Practice for Advanced Nurse Practitioners** are articulated in Domains A, B and C of this framework.

The capabilities for Leadership and Management, Education and Research, which apply to all models of advanced clinical practice across sectors, specialties and professions are presented below.

² Health Education England (2017) Multi Professional Framework for Advanced Clinical Practice in England <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

Capability 11. Leadership, management and organisation

The advanced nurse practitioner must consistently:

- a) Be well organised with due consideration for patients and colleagues – demonstrates effective time management, carries out both clinical and non-clinical aspects of work in a timely manner. Understands the constraints of the time limited nature of general practice and ensure safe practice
- b) Respond positively when services are under pressure in a responsible and considered way
- c) Proactively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.
- d) Role model the values of their organisation/place of work, demonstrating a patient-centred approach to service delivery and development.
- e) Role model the values of being an Advanced Nurse Practitioner
- f) Evaluate own practice and participate in multi-disciplinary service and team evaluation (including audit),
- g) Demonstrate the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).
- h) Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.
- i) Actively seek and be positively responsive to feedback and involvement from patients, families, carers, communities and colleagues in the co-production of service improvements.
- j) Lead new practice and service redesign solutions in response to feedback, evaluation and workforce and service need, working across boundaries and broadening sphere of influence.
- k) Critically apply advanced clinical expertise across professional and service boundaries to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.
- l) Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.
- m) Lead on developing 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.)
- n) Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect patients, families, carers, communities and colleagues' safety and well-being when necessary.
- o) 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.
- p) Deal with compliments and complaints appropriately, following professional standards and applicable local policy.
- q) Actively participate in Significant Event Review and share the learning.

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

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Capability 12. Education and development

The advanced nurse practitioner must consistently:

- 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) Seek and utilise clinical supervision for self and others to support and facilitate professional development.
- c) Engage in self-directed learning, critically reflecting on practice to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.
- d) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.
- e) Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.
- f) Identify further developmental needs for the individual and the wider team and supporting them to address these.
- g) Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice.
- h) Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others. Actively facilitates the development of others
- i) Actively seek to share best practice, knowledge and skills with other members of the team through educational sessions, presentations at meetings etc

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Capability 13. Research and evidence based practice

The advanced nurse practitioner must consistently:

- a) Critically engage in research 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 acting on the findings.
- c) Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.
- d) Understand and utilise the evidence of best practice to inform own practice
- e) 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.
- f) Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.
- g) Lead on Quality Improvement initiatives/projects – sharing outcomes and leading change.
- h) Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
- i) Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).
- j) Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.

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

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Appendix 1. Core clinical skills, Core indicative knowledge, patient presentations, investigations and referrals

The following outlines the key clinical presentations that Advanced Nurse Practitioners need to be able to manage in general practice settings. It details assessment and management skills that practitioners must be able to apply appropriately within the context of the capabilities and are applicable across the variety of patients presenting across the age range.

These are the core clinical skills, but as advanced practitioners develop, they may develop additional skills or areas of special interest according to the environment in which they work.

It should be noted that some key clinical presentations can be related to more than one system and systems interlink; therefore, whilst it's important for Advanced Nurse Practitioners to have the appropriate knowledge and skills of each system they must also and importantly understand the complex inter and co dependencies of systems when providing care to patients.

For each of the clinical skills below the advanced nurse practitioner will also need to have sufficiency in the theoretical and practical underpinning knowledge and understanding of each system in order to demonstrate capability in the provision of care for each of the core clinical skills below.

The knowledge statements below therefore apply to clinical skills that are within this appendix, it will be for the Advanced Nurse Practitioner and their Clinical Supervisor to contextualise the knowledge statements; appropriate to the clinical environment.

In addition to the above generic capabilities outlined in the framework the Advanced Nurse Practitioner will need to know and understand:

- When more focussed history is required relating to a specific presenting problem
- That conditions can present differently in patients, and that many presentations can be attributed to more than one system
- How individuals' current medication and existing conditions may affect their presenting symptoms
- The anatomy and physiology of the human body as it applies to the clinical condition/presentation to be assessed
- The different stages of specific health conditions including the short-, medium- and long-term effects of specific health conditions on the individual's physiological, psychological, mental and biological states and function
- The relevant range of relevant baseline observations and tests across the life span, and appropriate methods for performing them
- Where the further investigations can be carried out, who undertakes them, and the timescales involved

Importantly, where there is doubt or ambiguity the practitioner is not expected to make a diagnosis but rather keep an open mind and treat according to presentation, formulating an impression/differential diagnosis as to what might be the cause and what needs escalation to be ruled out. At all times practitioners are required to put patient safety first and to manage risk(s) appropriately.

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<p>Respiratory System</p> <p>Demonstrate knowledge of the respiratory system, analysing severity, and its impact on related systems</p> <p>Demonstrate knowledge of how to recognise the influence of psycho-social, occupational family history, age, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology in patients</p>		
<ul style="list-style-type: none"> • Identify the need for and initiate immediate treatment of a patient with obvious respiratory emergencies including respiratory arrest, respiratory distress and anaphylaxis. • Take a structured and appropriate history of a patient presenting with a respiratory condition. • Perform appropriate respiratory assessment including inspection, palpation, percussion and auscultation. • Provide well evidenced differential diagnosis and suggested management plan. • Supply and/or administer appropriate therapies. • Instruct service users in the use of medicines and devices. • Identify and rationalise need for additional tests such as X-Ray, blood tests, respiratory function tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc • Be able to write a comprehensive and appropriate referral letter 	<ul style="list-style-type: none"> • Shortness of breath, breathing difficulties • Pain on breathing • Cough, including haemoptysis • Wheeze • Sleep apnoea • Pallor 	<ul style="list-style-type: none"> • Temperature, • Pulse rate, rhythm, volume and character • Blood pressure • Respiratory rate • Oxygen saturation • Respiratory examination – including inspection, auscultation, percussion & palpation • Sputum sample • Chest X-ray • Blood tests –FBC, ESR • Peak flow rate • FeNO testing • Spirometry • Epworth Score • Routine, urgent and 2 week wait referral criteria

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Recognise the effect that the environment, lifestyle and genetics can have on the respiratory system and provide lifestyle and health promotion advice or referral, such as smoking cessation etc. Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. 		
Cardiovascular System Demonstrate knowledge of the cardiovascular system, analysing potential severity and the impact on related systems Demonstrate knowledge of the influencing factors such as psycho-social & family history, risk factors, age, symptomatic and clinical signs.		
<ul style="list-style-type: none"> Identify the need for and initiate immediate treatment of patient with obvious cardiovascular emergencies including cardiac arrest, cardiac chest pain. Take a structured and appropriate history of a patient presenting with a cardiovascular condition. Perform appropriate cardiovascular assessment. Provide well evidenced differential diagnosis and suggested management plan. Supply and/or administer appropriate therapies. Instruct service users in the use of medicines and devices. Identify and rationalise need for additional tests such as ECG, X-ray, blood tests, echo etc. Identify the need for additional clinical and professional support such as referral, second opinion etc. Be able to write a comprehensive and appropriate referral letter 	<ul style="list-style-type: none"> Chest pain Chest discomfort Orthopnoea Palpitations Irregular pulse Oedema Blood pressure issues 	<ul style="list-style-type: none"> Temperature, Pulse rate, rhythm, volume and character Blood pressure Respiratory rate Cardiovascular examination – including inspection, auscultation, percussion & palpation Chest X-ray Bloods – FBC, U&Es TFT, ESR, lipid profile, HbA1c, BNP Electrocardiograph (ECG) Echocardiogram (Echo) 24-hour BP monitoring 24-hour ECG Monitoring Use of risk factor calculators Routine, urgent and 2 week wait referral criteria

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Recognise the effect that the environment, lifestyle and genetics can have on the cardiovascular system and provide lifestyle and health promotion advice or referral, such as weight loss, exercise and smoking cessation etc. Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. 		
<p>Gastrointestinal & Hepatic System</p> <p>Demonstrate knowledge of the gastrointestinal system.</p> <p>Understand how to obtain appropriate patient clinical history, examine/ palpate the abdomen/undertake Digital Rectal Examination and how to communicate the correct evaluation of the patient issues, recognising and demonstrating appropriate knowledge of symptoms and clinical signs, demonstrating an understanding of potential cause and clinical effect.</p> <p>Demonstrate knowledge of the hepatic system, analysing severity and its impact on related systems:</p> <p>Understands how to recognise the influence of psychosocial & family history, age, risk factors, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology of the patient.</p>		
<ul style="list-style-type: none"> Take a structured and appropriate history of a patient presenting with an abdominal or associated condition. Perform appropriate abdominal examination/assessment including digital rectal examination. Provide well evidenced differential diagnosis and suggested management plan. Identify the need for and initiate immediate treatment of patient with obvious GI & hepatic emergencies. Supply and/or administer appropriate therapies. Identify and rationalise need for additional tests such as urinalysis, high vaginal swabs, stool and blood tests etc. 	<ul style="list-style-type: none"> Difficulty Swallowing Poor appetite Abdominal pain Abdominal distension Abdominal mass/swelling Constipation Diarrhoea Faecal leaking/incontinence Change in bowel habit – blood in stools, mucus in stools Nausea & / Vomiting Haematemesis Weight loss 	<ul style="list-style-type: none"> Temperature, Pulse rate Blood pressure Blood tests – FBC, LFT, U&Es ESR, CRP, coeliac screen, haematinics, amylase, hepatitis, HIV Stool sample – culture and sensitivity, faecal calprotectin, helicobacter-pylori testing, FIT testing or FOB Abdominal examination – including inspection, auscultation, percussion & palpation

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter • Identify and manage complications with medical devices, such as stomas. • Recognise the effect lifestyle that the environment, lifestyle and genetics can have the GI and hepatic systems and provide information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. 	<ul style="list-style-type: none"> • Indigestion • Jaundice • Rectal pain • Rectal bleeding • Abnormal blood results – deranged Liver function tests (LFTs), anaemia • High risk behaviours & concerns – intravenous (IV) drug use, sexual history, contact with suffers of • Stoma issues 	<ul style="list-style-type: none"> • Digital rectal examination • Abdominal Ultrasound • Direct referral for gastroscopy, endoscopy, routine, urgent and 2 week wait referral criteria
<p>Renal & Genito Urinary System</p> <p>Demonstrate knowledge of the renal system, analysing severity and its impact on related systems</p> <p>Demonstrate knowledge of how the influencers of psych-social, family history, age, risk factors, symptomatic and clinical signs, are relevant to the normal and abnormal anatomy and physiology in patients</p> <p>Understands how the identifying relevant symptoms, clinical signs and the potential anatomical and physiological features are evident in:</p> <ul style="list-style-type: none"> • Patients with Acute Kidney Injury • Patients with Chronic Kidney Failure. 		
<ul style="list-style-type: none"> • Identify the need for and initiate immediate treatment of patient with obvious renal emergencies. • Take a structured and appropriate history of a patient presenting with a renal or GU system problem. • Perform appropriate abdominal / genitourinary examination/assessment. 	<ul style="list-style-type: none"> • Loin pain • Groin pain • Haematuria • Urinary symptoms – dysuria, frequency, urgency, incontinence, retention 	<ul style="list-style-type: none"> • Temperature, • Pulse rate • Blood pressure • Blood tests <u>U&Es, PSA, ACR</u>

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Provide well evidenced differential diagnosis and suggested management plan. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as urinalysis, ultrasound scan (KUB) and blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter • Identify and manage complications with medical devices, such as urinary catheters and urostomies. • Recognise the effect lifestyle that the environment, lifestyle and genetics can have the renal & GU systems and provide information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. 	<ul style="list-style-type: none"> • Abnormal blood results – deranged renal function including chronic kidney disease (CKD) and Acute Kidney Injury (AKI) • Family history of kidney problems/diseases • Catheter issues • Recurrent infection 	<ul style="list-style-type: none"> • Abdominal examination – including inspection, auscultation, percussion & palpation • Prostate examination • Urinalysis • Mid-stream urine culture • Ultrasound Kidneys, Ureters, Bladder (KUB) • Routine, urgent and 2 week wait referral criteria
<p>Neurological System</p> <p>Demonstrate knowledge of the neurological system, and its impact on related systems</p> <p>Demonstrate knowledge of how to recognise the influencers of mechanism of injury, psycho-social & family history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in patients.</p> <p>Demonstrate a sound understanding of the Mental Capacity Act (2005) and its application in practice including the relative testing procedures including:</p> <ul style="list-style-type: none"> • The ethos underpinning the Act and the role of family and friends, and advanced directives <p>The conditions under which capacity is decided</p>		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting with a neurological condition or head injury. • Perform an appropriate neurological examination/assessment. • Provide well evidenced differential diagnosis and suggested management plan. • Identify the need for and initiate immediate treatment of a patient with obvious neurological emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as CT head, MRI Scan, blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter • Recognise the effect that the environment, lifestyle and genetics can have on the neurological system and provide information, lifestyle and health promotion advice or referral. 	<ul style="list-style-type: none"> • Altered level of consciousness • Fits, faints & funny turns • Dizziness • Altered power, tone, sensitivity • Paraesthesia • Altered level of consciousness • Weakness -localised, general • Altered gait • Facial palsy • Speech Changes • Headache • Head Injury • Memory problems • Confusion 	<ul style="list-style-type: none"> • Temperature, • Pulse rate, rhythm, volume and character • Blood pressure • Neurological examination – including inspection, palpation, reflexes, power, tone, strength, pupils and nystagmus • Cranial nerve examination • Computerized Tomography (CT Scan) • Magnetic Resonance Imaging (MRI Scan) • Routine, urgent and 2 week wait referral criteria including TIA clinic • Glasgow Coma Scale • Blood tests – ESR, drug levels e.g. anticonvulsants
<p>Musculoskeletal System</p> <p>Demonstrate knowledge of the musculoskeletal system and its impact on related systems,</p> <p>Demonstrate knowledge of how to recognise the influence of mechanism of injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in patients.</p> <p>Demonstrates knowledge of the gross and surface anatomy of the musculoskeletal system relevant to joint/area being assessed and presenting pathology.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting with a musculoskeletal issue. 	<ul style="list-style-type: none"> • Pain • Swelling 	<ul style="list-style-type: none"> • Temperature • Pulse rate

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Perform an appropriate musculoskeletal examination/assessment. Including examination of the spine, shoulder, elbow, wrist, hand & fingers: the pelvis, hip, knee, ankle, foot & toes. • Provide well evidenced differential diagnosis and suggested management plan. • Identify the need for and initiate immediate treatment of a with obvious musculoskeletal emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as X-ray, ultrasound, MRI, CT, blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc (could be but not limited to physiotherapy, occupational therapy, orthotics, orthopaedics) • Recognise the effect that the environment, lifestyle and genetics can have on the musculoskeletal system and provide information, lifestyle and health promotion advice or referral. • Be able to write a comprehensive and appropriate referral letter • Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. • 	<ul style="list-style-type: none"> • Redness • Stiffness • Difficulty with movement – spasticity, tremor • Minor injury 	<ul style="list-style-type: none"> • Examination of spine, including neck. Shoulders, elbows, wrists, hands & fingers. Hips, pelvis, knee, ankle, feet and toes. • Reflexes • Blood tests – FBC, calcium, ESR, CRP, vitamin D, rheumatoid factor, anti CCP, urate autoimmune antibodies • X-ray • Ultrasound • Computerized Tomography (CT Scan) • Magnetic Resonance Imaging (MRI Scan) • Routine, urgent and 2 week wait referral criteria
<p>Ears Nose and Throat</p> <p>Demonstrate knowledge of the ear, nose and throat systems</p> <p>Demonstrate knowledge of how to recognise any injury, psycho-social, family & occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in patients</p>		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting with a patient presenting with a ears, nose and/or throat condition. • Perform an appropriate ENT examination/assessment. Including ear, nose/nasal, pharynx, mouth. • Identify the need for and initiate immediate treatment of a patient with obvious ENT emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as swabs, blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter • Recognise the effect that the environment, lifestyle and genetics can have on the ENT system and provide information, lifestyle and health promotion advice or referral. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient 	<ul style="list-style-type: none"> • Dizziness • Vertigo • Otalgia • Otorrhoea • Sinus pain • Nasal pain, obstruction • Mouth pain • Neck swelling • Sore throat • Throat swellings • Tinnitus • Hearing loss • Snoring • Voice changes 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Respiratory rate • Assessment for lymphadenopathy • Blood tests – FBC, glandular fever screen. TFT • Otoscopy • Routine, urgent and 2 week wait referral criteria
Eyes Demonstrate knowledge of optic system and any impact on related systems Demonstrate knowledge of how to recognise any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in patients		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting with an eye problem. 	<ul style="list-style-type: none"> • Red eye • Painful red eye 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Blood pressure

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Perform appropriate ocular, fundoscopy and visual examination / assessment. • Provide well evidenced differential diagnosis and suggested management plan. • Identify the need for and initiate immediate treatment of a patient with obvious eye emergencies. • Identify and rationalise need for additional tests such as fluorescein staining, slit lamp or conjunctival swabs. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter • Recognise the effect that the environment, lifestyle and genetics can have on the eye and provide information, lifestyle and health promotion advice or referral. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. 	<ul style="list-style-type: none"> • Painful eye – including eye & or lids • Visual disturbance – blurred vision, diplopia, flashing lights, floaters • Acute loss of vision • Eye discharge • Eye injury • Foreign Body • Swollen eye/lid 	<ul style="list-style-type: none"> • Visual acuity • Fundoscopy • Pupils • Routine, urgent and 2 week wait referral criteria
<p>Dermatology</p> <p>Demonstrate knowledge of the dermatological system</p> <p>Demonstrate knowledge of how to recognise any injury, psycho-social, family & occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in patients</p> <p>Demonstrates knowledge of the gross and surface anatomy of skin.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting with a skin problem. 	<ul style="list-style-type: none"> • Rash – localised • Rash – systemic 	<ul style="list-style-type: none"> • Temperature • Pulse rate

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Perform an appropriate skin and or wound examination. • Provide well evidenced differential diagnosis and suggested management plan. • Use of appropriate descriptors such as ABCDE • Identify the need for and initiate immediate treatment of a patient with obvious skin emergencies. • Identify and initiate appropriate treatment for patients presenting with minor wounds. • Follow national guidance and national navigation pathways to identify and rationalise need for additional tests such as biopsy, swab, doppler etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc • Be able to write a comprehensive and appropriate referral letter • Recognise the effect that the environment, lifestyle and genetics can have on the eye and provide information, lifestyle and health promotion advice or referral. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the patient. 	<ul style="list-style-type: none"> • Itching • Infestation • Spots • Skin lesions, moles • Nail issues/changes • Changes in pigmentation • Skin ulcers • Skin wound – minor & complex • Post-operative wounds • Minor injury 	<ul style="list-style-type: none"> • Inspection, palpation • Skin and/or nail scrapings/samples • Blood tests FBC, calcium, U&Es, LFT, ESR, CRP, TFT, haematinics, • Routine, urgent and 2 week wait referral criteria
<p>Men's Health</p> <p>Demonstrate knowledge of the anatomy and physiology of the male genitalia, & prostate and any impact on related systems</p> <p>Demonstrate knowledge of how to recognise any injury, psycho-social, family, occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in patients</p> <p>Have knowledge and understanding of men's health issues</p>		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
Awareness of a variety of potential of issues that present differently in men such as domestic abuse, sexual abuse, & depression as examples		
<ul style="list-style-type: none"> • Awareness of a variety of potential of issues that present differently in men such as depression, domestic violence, sexual abuse, erectile dysfunction • Assess disease risk factors specific to men. • Understand how to refer, in a timely manner, using national and local guidelines • Be able to write a comprehensive and appropriate referral letter • Have a clear understanding of adult safeguarding issues. • Be able to carry out male genital examination and prostate examination when appropriate and with consent • Request further investigations appropriately 	<ul style="list-style-type: none"> • Testicular pain • Testicular lumps • Genital rashes/irritation • Urinary symptoms including dysuria, haematuria, nocturia, changes in urinary stream • Penile pain • Penile discharge • Erectile dysfunction • Groin swelling 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Male genital examination including inspection and palpation of penis, testicular examination • Abdominal examination • Prostate examination • Blood tests FBC, U&Es, HbA1c, lipids, testosterone, SHBG, free androgen index, FSH/LH +/- prolactin • Ultrasound • Routine, urgent and 2 week wait referral criteria
Women's Health Demonstrate knowledge of how to recognise any injury, psycho-social, occupational & family history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in patients Have knowledge and understanding of women's health issues Awareness of a variety of potential of issues that present differently in women such as domestic abuse, female genital mutilation, sexual abuse, menopausal symptoms & depression as examples		
<ul style="list-style-type: none"> • Understand how to refer appropriately, in a timely manner, using national and local guidelines. • Be able to write a comprehensive and appropriate referral letter 	<ul style="list-style-type: none"> • Breast symptoms including pain, lump, nipple discharge, skin changes • Inter-menstrual bleeding • Post-coital bleeding 	<ul style="list-style-type: none"> • Temperature • Pulse • Abdominal examination • Breast examination

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Have a clear understanding of adult safeguarding issues. • Assess disease risk factors specific to woman. • Be able to carry out female genital examination (including but not limited to speculum and bimanual) and breast examination when appropriate and with consent • Request further investigations appropriately • Advocate public screening in line with local and national screening programmes 	<ul style="list-style-type: none"> • Menstrual problems – including dysmenorrhoea, menorrhagia, oligomenorrhoea, primary & secondary amenorrhoea • Dyspareunia • Vaginal irritation • Vaginal discharge • Hirsutism • Menopausal symptoms – including hot flushes, night sweats, vaginal dryness 	<ul style="list-style-type: none"> • Female genital examination including inspection, palpation of vulvar area, vaginal examination, speculum examination & bimanual • High vaginal, endocervical and chlamydia swab • Pelvic ultrasound • Transvaginal ultrasound • Blood tests FBC, TFT, FSH, LH, prolactin, testosterone, SHBG, CA125 • Routine, urgent and 2 week wait referral criteria
<p>Family Planning & sexual health</p> <p>Demonstrate knowledge of male and female reproductive systems and any impact on related systems</p> <p>Demonstrate knowledge of how to recognise any injury, psycho-social, family & occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in patients</p>		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Conduct and document a relevant health history, including a comprehensive obstetric and gynaecological history. • Work collaboratively with the multi-professional team and outside agencies in managing sexual health and care. • Collaboratively provide care and access to appropriate health care professionals as indicated by a patient's circumstances. • Carry out an assessment, using appropriate tests and make onward referrals as required. • Be able to write a comprehensive and appropriate referral letter • Promote sexual health and offer risk assessments and management of patients who have sexual health concerns which may include contraception, and sexually transmitted infections. • Have a clear understanding of safeguarding issues including but not limited to female genital mutilation 	<ul style="list-style-type: none"> • Genital rashes • Vaginal/penial discharge • Contraception including general advice, counselling on, problems with • Emergency contraception • Unprotected sexual intercourse • Sexual assault • Inability to conceive 	<ul style="list-style-type: none"> • Family Planning Clinic referral • Genito Urinary Medicine (GUM) referral • Swabs • Blood tests – female- rubella status, mid-luteal progesterone (day 21 of 28d cycle), FSH & LH on day 1-5 of 28d cycle), TFT • Blood tests - male – testosterone, FSH & LH • Semen analysis • Fertility referral
<p>Mental Health</p> <p>Demonstrate knowledge of the range of different mental health needs and their impact on physical, behavioural, emotional and psychological wellbeing.</p> <p>Demonstrate knowledge of how to recognise any injury/trigger & the importance of psycho-social, family & occupational history, age, symptomatic and clinical signs</p> <p>Understand mental health and related services, and the policies and procedures for referring individuals to them.</p> <p>Demonstrate knowledge of the range of actions you can take when people may have mental health needs and/or related issues, and how to decide what action is appropriate.</p> <p>Understand the services which can be accessed by people in your locality who have specific mental health requirements including the eligibility criteria.</p>		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
Demonstrate knowledge of how to assess the required degree of urgency when referring people to services		
<ul style="list-style-type: none"> • Assess the impact of the patient's complaint on their daily life, including work life, home life, social life, dietary intake, sleep, illicit drug use. • Develop, maintain & utilise links with other agencies in support of patients with mental health issues. • Be aware of local guidelines & pathways for referral to other agencies to support this client group including psychiatry, counselling, support groups. • Be able to write a comprehensive and appropriate referral letter • Understand the need for multi-agency working for adult safeguarding and know how to make a referral when there are concerns. • Understand how to make a referral to the crisis team. • Understand the procedures & protocols in place both within & outside of the practice in relation to adult safeguarding, care of vulnerable adults. • Understand the effect of long-term conditions and other diagnoses on mental and psychological health. • Recognise the effect that the environment, lifestyle and genetics can have on mental health and provide information, lifestyle and health promotion advice or referral. 	<ul style="list-style-type: none"> • Suicidal ideation, self-harm • Low mood • Anxiety • Stress • Panic • Post-natal mental health issues • Visual/auditory hallucinations • Paranoia • Anger • Bereavement • Eating disorders • Substance misuse 	<ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ9) • Generalised Anxiety Disorder Questionnaire (GAD7) • Mini mental state examination (MMSE) • Edinburgh Post Natal Depression Questionnaire
Additional key clinical presentation Demonstrate knowledge and understanding of a range of additional clinical presentations, pertinent to the scope of practice of the individual practitioner		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting • Perform an appropriate examination/assessment. • Provide well evidenced differential diagnosis and suggested management plan. • Identify the need for and initiate immediate treatment needs of a patient • Make suitable and appropriate referrals 	<ul style="list-style-type: none"> • Tired all the time • Generalised aches and pain • Lymphadenopathy • Sleep issues • Fever • Substance / alcohol misuse • Overdose / poisoning • Vulnerable adult • Family/carer concern • Genetic predisposition 	<ul style="list-style-type: none"> • Temperature • Pulse • Blood tests – FBC, TFT, HbA1c, LFT, U&Es • Appropriate systems review as per other sections depending on presenting problem • Referral to substance/alcohol misuse treatment services • Support services for carer/families • How to access information from poisons centre • Referral criteria and processes for assessment and support of vulnerable adults • Referral criteria for genetic screening, counselling,
<p>Emergency Presentations</p> <p>Demonstrate knowledge of the range of emergency patient presentations, understanding the complex interrelations of body systems and their inter-dependencies on life</p> <p>Demonstrate knowledge of what appropriate actions to take in a range of emergency situations</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting • Perform an appropriate examination/assessment. • Provide well evidenced differential diagnosis and suggested management plan. 	<ul style="list-style-type: none"> • Respiratory distress • Cardiovascular adverse signs • Anaphylaxis • Angioedema • Collapse • Seizure • Sepsis 	<ul style="list-style-type: none"> • Emergency procedures for seeking assistance and calling ambulance • How to use the emergency equipment including basic life support, oxygen and defibrillator • Administration of adrenalin

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Identify the need for and initiate immediate treatment needs of a patient Make suitable and appropriate referrals 	<ul style="list-style-type: none"> Non blanching rash Overdose/poisoning Suspected diabetic ketoacidosis Meningism Limp child 	<ul style="list-style-type: none"> Administration of benzylpenicillin or equivalent for those with penicillin allergy Initiation of the sepsis 6 guidelines
<p>Paediatrics</p> <p>Understand factors that affect the child's health, growth/development. E.g. genetic background, family history, demographics, prenatal factors, family & cultural influences</p> <p>Be aware of local guidelines & pathways for referral to paediatrics, community paediatrics, health visitors and school health team</p> <p>Understand the need for multi-agency working for child protection and know how to liaise with other health professionals/social services regarding children in need or with a child protection plan</p> <p>Understand the procedures & protocols in place both within & outside of the practice in relation to child safeguarding. Have a clear understanding of how to make a referral to child safeguarding team and document appropriately</p> <p>Understand the role of the midwife, health visitor and school health team and know when and how to make a referral</p>		
<ul style="list-style-type: none"> Take a history, examine appropriately, make an assessment, refer for further investigation as necessary, refer to other services effectively, with consideration of the age of the child/young person. Have a sound understanding of factors that affect the child's/young person's health, growth/development. E.g. genetic background, demographics, prenatal factors, family & cultural influences. Promote the health of the child & support parents in making informed choices Be aware of local guidelines & pathways for referral to paediatrics, community paediatrics, health visitors and school health team. 	<ul style="list-style-type: none"> Vulnerable child Rashes including inflammatory, infected, localised and systemic, napkin rashes Pyrexia of unknown origin Crying baby Ear symptoms including otalgia, discharge Eye symptoms including eye discharge, pink eye, red eye, visual symptoms Cough/wheeze/stridor/respiratory distress/nasal symptoms 	<ul style="list-style-type: none"> Temperature, Pulse rate, rhythm, volume and character Blood pressure Respiratory rate Oxygen saturation Capillary refill time Referral criteria for midwife, health visitor, school health team, paediatrician, community paediatrician, child safeguarding

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Be able to write a comprehensive and appropriate referral letter • Manage key conditions and red flag paediatric conditions. 	<ul style="list-style-type: none"> • Sore throat • Vomiting, feeding problems, failure to thrive • Bowel symptoms including diarrhoea, constipation, worms • Urinary symptoms • Abdominal pain • Problem behaviour • Limp • Muscular-skeletal symptoms • Behavioural problems 	<ul style="list-style-type: none"> • Blood tests – only when absolutely necessary – appropriate to presentation
Palliative & End of Life Understand and practice within the key legal framework relating to end of life care such as, DNACPR, Advanced Directives, Lasting Power of Attorney, Allow Natural Death Orders and Treatment Escalation Plans.		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a patient presenting in palliative care or in the last year to days of life. • Perform appropriate system and symptom assessment and examination. • Provide well evidenced differential diagnosis and suggested management plan, to include the use of non-pharmacological interventions. • Identify the need for immediate treatment of oncology related palliative care emergencies such as metastatic spinal cord compression, superior vena cava obstruction and hypercalcaemia. • Identify and rationalise any need for additional support for the patient and carer / family, socially, psychologically and medically. 	<ul style="list-style-type: none"> • Pain • Nausea/vomiting • Agitation • Low mood 	<ul style="list-style-type: none"> • Referral criteria and processes for pain & symptomatic relief • Appropriate systems review sections depending on presenting problem • Referral for care – e.g. district nurses, palliative care, Macmillan

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Identify the need for additional clinical and professional support such as referral, second opinion etc. Be able to write a comprehensive and appropriate referral letter 		
Medication Review & Medication Issues Understand the necessary monitoring requirements of medicines and how to act on the results Understand how to document the details of a medication review on the clinical system Have a sound understand how repeat prescribing works within the general practice and wider team – e.g. community pharmacy		
<ul style="list-style-type: none"> To be able to review medication in terms of efficacy, need, side effects, safety, clinical cost and in line with prescribing guidelines. and AMR standards. Assess for concordance and compliance issues considering the patients individual circumstances and requirements. Help patients to understand what why they have been prescribed (or not prescribed) medication and what for and why Act appropriately on alerts issued by the MHRA Understand the traffic light system for local formulary and medications issued only under shared care agreements 	<ul style="list-style-type: none"> Adverse side effects Ineffective medication Poor compliance Over use of medication Misuse of medication Issues with polypharmacy Abnormal blood test monitoring results Higher risk groups – requiring risk reduction medicines 	<ul style="list-style-type: none"> Blood monitoring – U&E, LFT, FBC, drug levels, CRP, TFT Referral back to secondary care when required
Pain – assessment and management Pain physiology as it relates to clinical presentation of pain and the effects of pain on the patient Pain assessment tools and methods Atypical presentation of pain		

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Demonstrate the ability to assess both acute and chronic pain. • Recognise and acknowledge the effect of pain on the patient's activities of daily living and well-being. • Prescribe appropriately including the need for multimodal analgesic provision. • Initiate and review treatment options. • Recognise pain as potential cause of delirium and/or agitation. • Promote multi-disciplinary and palliative care teams in working with patients in pain. • Carry out an assessment, using appropriate tests and make onward referrals as required. • Be able to write a comprehensive and appropriate referral letter 	<ul style="list-style-type: none"> • Acute pain • Chronic pain • Worsening of pain • Change in type of pain • Ineffective management of pain • Pain affecting sleep 	<ul style="list-style-type: none"> • Pain Management Teams • Investigations appropriate to presentation
Learning Disability		
Have knowledge on how to access additional specialist advice and help support patients and their relatives/carers.		
<ul style="list-style-type: none"> • Demonstrate the ability to engage with patients with a Learning Disability • Demonstrate sensitivity to the impact of any change, such as hospital appointments, admission or any transition which patients may find particularly distressing, as they are unfamiliar. • Support patients to be fully informed and involved in their care decisions thereby empowering them to be autonomous. • Support patients in accessing regular health checks and other universal services they are entitled to benefit from. 	<ul style="list-style-type: none"> • Any of the above presentations 	<ul style="list-style-type: none"> • Specialist Learning Disability Services • Advocacy Groups • Peer Networks

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Ensure that where patients with a Learning Disability also have another condition that appropriate attention is made to their specific needs and their care is tailored to these. 		
<p>Alternative modes of consultation (telephone, Skype, home visits, group, via interpreter etc)</p> <p>Be aware of the challenges of consulting using an alternative mode of consultation.</p> <p>Have the knowledge to be able to adapt the consultation appropriately with special consideration of confidentiality (e.g. ensuring you are speaking to the correct person)</p> <p>history taking (e.g. without visual cues).</p>		
<ul style="list-style-type: none"> Have the skills to interpret with the use of an interpreter – this maybe for language which maybe require a face to face or telephone interpreter. British sign language interpreter, use of hearing loop, Makaton interpreter. Provide information to the patient & the interpreter about the purpose and the nature of the interaction. Agree with the interpreter their role, any interventions they should make, and the level of detail required in the communication. Explain to the interpreter any specific terms and concepts that the patient may not understand. Clarify with the interpreter any communications from the patient that you are not able to understand. Support the interpreter to work in ways that promote the patient's rights and choices, respect their 	<ul style="list-style-type: none"> Any of the above presentations in the context of alternative modes of consultation context 	<ul style="list-style-type: none"> Interpreter services Advocacy groups Local Government/Social care Third-Sector organisations

Core Clinical Skills	Indicative patient presentations	Key clinical investigations / referrals (may include but not be limited to)
<p>experiences, expertise and abilities and promote inclusion.</p> <ul style="list-style-type: none"> • Ensure the interpreter allows sufficient time for the patient to communicate fully their thoughts, views, opinions and wishes. • Monitor the understanding of all involved and the effectiveness of the interpretation. • Modify interactions to improve communication and understanding. • Summarise communication at appropriate points to ensure that all involved agree what has been communicated and any actions to be taken. 		

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Appendix 2. Glossary

Blood tests and investigations

ACR - urine albumin to creatinine ratio

BNP – brain natriuretic peptide

CA125 - cancer antigen 125

CCP - cyclic citrullinated peptide antibody

CRP – C-reactive protein

ESR – erythrocyte sedimentation rate

FeNo - Fractional exhaled Nitric Oxide

FBC – full blood count

FIT - faecal immunochemical test

FOB – faecal occult blood

FSH – follicle stimulating hormone

Haematinics – usually includes ferritin, vitamin b12, folate

HbA1c - glycated hemoglobin

LFT – liver function tests

LH – luteinising hormone

Mid-luteal progesterone (day 21 of 28-day cycle)

PSA – prostate specific antigen

SHBG - sex hormone binding globulin

TFT = thyroid function test

U&Es – urea and electrolytes

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Appendix 3. How the framework was developed

Development of the framework was steered by a project management group representing key stakeholder organisations.

A wider stakeholder list was also established to include a more diverse range of organisations and individuals that wished to be up-dated on development of the framework and to provide comments or feedback as part of the consultation process.

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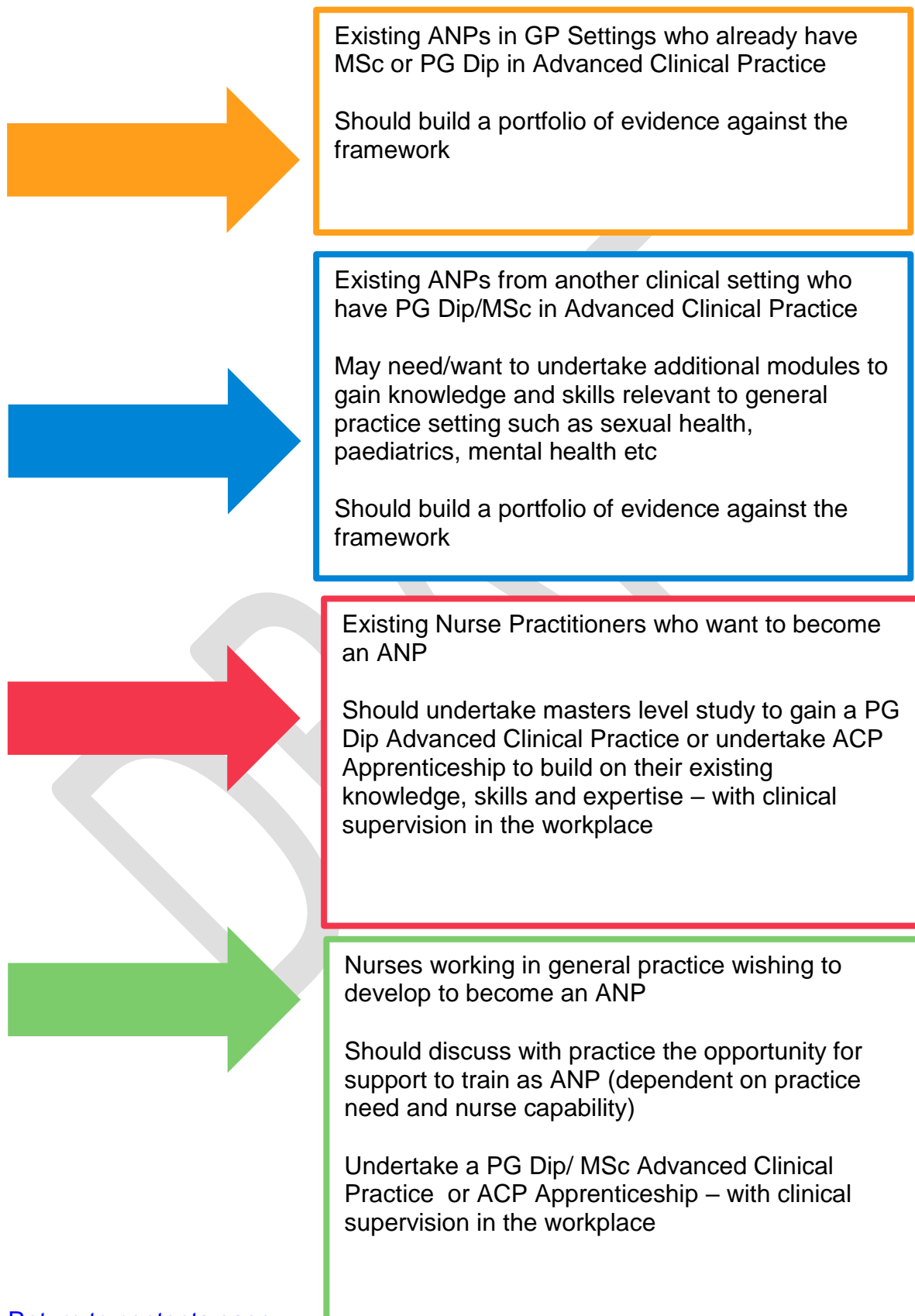
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Appendix 5. Routes to becoming an Advanced Nurse Practitioner (ANP)



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Annex 1. Portfolio and Assessment Materials

This appendix contains a range of assessment materials that Advanced Nurse Practitioners, clinical supervisors and other stakeholders may find of use in evidencing the development of core capabilities. The assessment materials are not mandated for use with the framework and individuals are at liberty to use their own local materials.

This information is provided merely as a helpful supporting mechanism and to enable the utilisation of the framework.

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Portfolio Guidance

This guide is designed to help develop a portfolio of evidence to demonstrate capability as an Advanced Nurse Practitioner (ANPs). National and regional work is underway to look at how portfolios will be reviewed in general practice. It is envisaged that there will be an electronic portfolio for all advanced level practitioners in the future to aid this process.

Portfolios should contain a range of evidence which is linked to the capabilities. Each piece of evidence should state why it demonstrates capability. It is often the case that one piece of evidence can demonstrate more than one capability.

For example - a learning log entry about a consultation seen may demonstrate data gathering/communication skills, clinical examination skills, and management plan skills.

It is about quality of evidence rather than quantity.

Both existing and trainee ANPs will need to develop a portfolio. As advanced level nurse practitioners they need evidence across the four pillars of advanced practice. Portfolios can be used for appraisal and revalidation purposes.

Trainee ANPs (tANPs) may have portfolio requirements set by higher education institutes which can be included as evidence and link to the framework capabilities. This will help them to evidence their progress and identify learning needs.

Each pillar of advanced practice should not be seen in isolation but more as four areas of practice that come together to allow a clinician to work at an advanced level. For example, a quality improvement project could lead to a change in process requiring leadership skills to implement. Shared learning from this type of work, when presented at a local group/meeting could demonstrate some educational competencies.

The following includes some portfolio tools and some assessment tools with some guidance on how to use them. Many have been adapted with kind permission from the Royal College of General Practitioners (RCGP) tools for use by GP Speciality Trainees. Also included is a capability mapping and cross-referencing document to help to organise the portfolio in a useful format and demonstrate evidence.

Portfolio Contents

It is advised that the portfolio should include the following;

- A record of achievement - modules successfully completed at university, and other training environments.
- Personal Development Plan (PDP) identifying SMART objectives
- A record of work place based assessments to include;
 - a consultation observation tool assessment (COT)
 - a case-based discussion (CBD)
 - directly observed procedures (DOPs)

- Learning Log – including reflection
- Patient satisfaction questionnaires (PSQ)
- Multi-Source feedback from colleagues (MSF)
- Any patient compliments or complaints
- Significant Event Analysis
- Quality Improvement Projects/Audit
- Information relating to management and leadership
- Information relating to the education

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PERSONAL DEVELOPMENT PLAN (PDP)

PDPs should have SMART objectives – which helps to make them achievable;

Think about the following to help you;

S – specific things – be focused and not too general – why has this learning need arisen

M – measurable – so you know when you have achieved it

A – achievable – be realistic! You can't learn everything in one go! How will you achieve it? What strategies can you use?

R – relevant – make it relevant to your ANP role – how will achieving the goal make a difference to your practice?

T – time lined – so you can tick them off and add new objectives

LEARNING/DEVELOPMENT NEED	DEVELOPMENT OBJECTIVE	ACHIEVEMENT DATE	STRATEGIES TO USE	OUTCOMES/EVIDENCE
WHAT BROAD AREA DO YOU NEED TO ADDRESS?	WHAT SPECIFIC GOAL ARE YOU SETTING?	WHEN DO YOU HOPE TO ACHIEVE IT?	HOW WILL YOU ACHIEVE IT?	HOW WILL YOU SHOW YOU HAVE ACHIEVED IT?
<i>An example; To manage breast problems</i>	<i>To be capable in breast examination</i>	<i>3 months</i>	<i>Undertake 2 DOPS assessments with my clinical supervisor</i>	<i>When my CS has signed off 2 breast examination DOPs as capable</i>

Guidance when assessing Directly Observed Procedures (DOPs) for ANP

DOPs is a work place based assessment.

It provides a way of assessing what the trainee does in practice, day to day, how they apply their knowledge, skills, communication skills etc. Whilst DOPs exist to capture skills it is important to assess some common shared themes.

Suggested areas for consideration would be;

- Is there a clinical need for the examination?
- Has this been explained appropriately to the patient?
- Has consent been granted?
- Has a chaperone been offered?
- Are there good hygiene practices?
- Is there an understanding of the relevant anatomy?
- Is the patient treated with respect and provided with privacy?
- Does the ANP maintain an empathetic approach throughout?
- Does the ANP explain what is going on throughout the procedure?
- Are their findings accurate? – findings should be checked by the clinical supervisor
- Does the ANP provide an appropriate explanation of their findings to the patient and the implications?
- Is there an appropriate management plan made with the patient?

Please note a grading of **Needs further development** is not a fail but a suggestion that more practice and exposure to similar clinical scenarios is required.

Please ensure that your clinical supervisor or another senior clinician signs off your DOPs.

DOPs can be used to help gather evidence of capability and any skill/examination

E.g. Ear examination, cardiovascular examination, MSK, **BUT** should include the following

Breast Examination

Female Genital

Male Genital

Digital Rectal Examination

Prostate Examination

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Directly Observed Procedure (DOP) Assessment– ANP

ANP Name:

Date:

Clinical Supervisor:

TYPE OF PROCEDURE: Please provide a brief description below

DESCRIPTION OF DOP ASSESSED;

With reference to the items on the DOPs guidance sheet

PLEASE MARK AS **CAPABLE** or **NEEDS FURTHER DEVELOPMENT** (circle)

WHAT WAS DONE WELL?

WORKING POINTS?

LEARNING NEEDS?

Advanced Nurse Practitioner ACP

Portfolio Reflection.

Date Seen	
------------------	--

What happened – brief description

Presenting problem

Differential Diagnoses & your clinical reasoning

Reflection – what did you learn?

Impact on your practice – what will you do the same or differently next time & why?

Supervisor's comments – competencies demonstrated, learning points?

ANP.....

Supervisor.....

Reflective / Learning Log

The Log is a diary of 'events', experience gained and reflection to inform and evidence development and advanced practice.

Date	Nature of Experience	Brief Reflection	Domain/ Capability

Case Based Discussion ANP

ANP Name:		Date:		
Clinical Supervisor Name:				
<u>GRADES</u>	I – insufficient evidenced	N – needs further development	C - capable	E - excellent

<u>NO.</u>	<u>CAPABILITIES</u>	<u>QUESTIONS</u>	<u>EVIDENCE OBTAINED</u>	<u>GRADE</u>
<u>DOMAIN A PERSON-CENTRED COLLABORATIVE WORKING</u>				
<u>1</u>	Communication & Consultation Skills			
<u>2</u>	Practising Holistically to personalise care and both patient and public health			
<u>3</u>	Working with colleagues & in teams			

<u>4</u>	Maintaining an ethical approach & fitness to practice			
<u>Domain B. Assessment, investigations and diagnosis</u>				
<u>5</u>	Information gathering & interpretation			
<u>6</u>	Clinical examination			
<u>7</u>	Making a diagnosis			
<u>Domain C. Condition management & treatment</u>				
<u>8</u>	Clinical management			

<u>9</u>	Managing medical & clinical complexity			
<u>10</u>	Prescribing & pharmacotherapy			
<u>Domain D. Leadership and management, education and research</u>				
<u>11</u>	Leadership & management			
<u>12</u>	Education			
<u>13</u>	Research			
<u>FEEDBACK</u>				
<u>ACTION PLAN</u>				

Cased Based Discussion – Guidance

Case based discussions (CBD) are a great way to explore capability, clinical reasoning and critical thinking.

They should be pre planned and based on the clinical record. The CBD form has an area to write pre-planned questions by the CS. There is a useful CBD question maker for GPs on the RCGP Website;

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/cbd-for-mrcgp-workplace-based-assessment.aspx>

Good practice would be for the ANP to send the clinical supervisor (CS) 3 or 4 cases – could do this by sending a task on system one for example. The CS can have a look at the cases/records and choose one to discuss.

The CS should ask the ANP to 'present' the chosen case to them.

The CS can then ask questions and a discussion can follow.

At the end the CS should provide some feedback for the ANP;

What went well and why?

Any working points?

Consultation Observation Tool: Marking/Notes Sheet – ANP

ANP Name:	Date:
Clinical Supervisor:	

Grades	I – Insufficient evidence	N – Needs further development	C - Capable	E - Excellent
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Criterion	Grade	Evidence
<u>Discovers the reason for the patient's attendance</u>		
Encourages the patient's contribution Capabilities 1, 2, 4		
Responds to cues Capabilities 1, 2, 3, 34		
Places presenting problem in appropriate psychosocial context		

Capabilities 1, 2, 3, 4		
Explores patient's health understanding		
Capabilities 1, 2, 4		
<u>Defines the clinical problem</u>		
Includes/excludes likely relevant significant condition Capabilities 1, 2,		
Appropriate physical or mental state examination Capability 6		
Makes appropriate working diagnosis Capability 7		

<u>Explains the problem to the patient</u>		
Explains the problem in appropriate language		
Capabilities 1, 2, 8, 9, 10		
<u>Addresses the patient's problem</u>		
Seeks to confirm the patient's understanding		
Capabilities 1, 2,		
Makes an appropriate management plan		
Capabilities 8, 9, 10		
Patient is given the opportunity to be involved in significant management		

decisions Capabilities 2, 3, 4, 8, 9, 10		
<u>Makes effective use of the consultation</u>		
Makes effective use of resources		
Capabilities 1, 2, 3, 4, 10, 12		
Condition and interval for follow up are specified		
Capabilities 1, 2, 8, 9		
Feedback & recommendations for further development:		
Agreed action:		

COT guidance – can be undertaken during a shared surgery or by reviewing a video of a consultation (undertaken with patient consent – form signed and scanned into notes)

An audio COT can also be evidenced e.g.; to assess telephone consultation skills

DRAFT

CLINICAL SUPERVISORS REPORT

ANP Name:		Date:		
Clinical Supervisor Name:				
<u>GRADES</u>	I – insufficient evidence	N – needs further development	C - capable	E - excellent
RELATIONSHIP				
Explores patient's agenda (their Ideas, Concerns and Expectations).			(Capabilities 1, 2)	Grade
Works in partnership to negotiate a plan			(Capabilities 1, 2, 8, 10, 12)	
Recognises the impact of the problem on the patient's life			(Capability 2)	
Works co-operatively with team members, using their skills appropriately			(Capability 3)	

DIAGNOSTICS		
Takes a history and investigates systematically and appropriately	(Capability 5)	Grade
Examines appropriately and correctly identifies any abnormal findings, (please comment on specific examinations observed)	(Capability 6)	Grade
Elicits important clinical signs & interprets information appropriately	(Capability 5, 6)	Grade
Suggests an appropriate differential diagnosis	(Capability 7)	Grade

Refers appropriately and co-ordinates care with other professionals	(Capabilities 3, 8, 9)	Grade
MANAGEMENT		
Keeps good medical records	(Capability 11)	Grade
Uses resources cost effectively	(Capabilities 11, 12)	Grade
Keeps up-to-date and shows commitment to addressing learning needs	(Capability 12)	Grade
PROFESSIONALISM		
Identifies and discusses ethical conflicts	(Capability 4)	Grade

Shows respect for others	(Capabilities 3, 4)	Grade
Is organised, efficient and takes appropriate responsibility	(Capabilities 11)	Grade
Deals appropriately with stress	(Capabilities 4, 11)	Grade

If you have concerns, or are unable to grade please elaborate further. Do you have any recommendations that might help the learner or the Educational Supervisor?

Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? * Yes No

If yes, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about this trainee's fitness to practise or conduct? *

ANP Advanced Clinical Practice Capability Cross Referencing

Evidence					
	Section 1		Section 2	Section 3	Section 4
	MSc Assignments	Other training	Work based Assessments	Reflections/Learning log	Feedback/Correspondence
ANP Competencies					
Domain A. Person-centred collaborative working					
1	Communication & consultation skills				

2	Practising Holistically Promoting Health <ul style="list-style-type: none"> • public • patient 					
3	Working with colleagues and in teams					
4	Maintaining an ethical approach & Fitness to Practice					
Domain B. Assessment, investigations and diagnosis						
5	Information gathering and interpretation					

6	Clinical examination & procedural skills					
7	Making a diagnosis					
Domain C. Condition management & treatment						
8	Clinical management					
9	<u>Managing medical and clinical complexity</u>					
10	Independent prescribing and pharmacotherapy					
Domain D. Leadership and management, education and research						

11	Leadership, management & organisation					
12	Education – maintaining performance					
13	Research					
Evidence across the systems						
Respiratory						
	<ul style="list-style-type: none"> • Shortness of breath, breathing difficulties • Pain on breathing 					

	<ul style="list-style-type: none"> • Cough, including haemoptysis • Wheeze • Sleep apnoea • Pallor 					
Cardiovascular						
	<ul style="list-style-type: none"> • Chest pain • Chest discomfort • Orthopnoea • Palpitations • Irregular pulse • Oedema • Blood pressure issues 					
GI & Hepatic						

<ul style="list-style-type: none"> • Difficulty Swallowing • Poor appetite • Abdominal pain • Abdominal distension • Abdominal mass/swelling • Constipation • Diarrhoea • Faecal leaking/incontinence • Change in bowel habit – blood in stools, mucus in stools • Nausea & / Vomiting • Haematemesis • Weight loss • Indigestion • Jaundice 					
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	<ul style="list-style-type: none"> • Rectal pain • Rectal bleeding • Abnormal blood results – deranged Liver function tests (LFTs), anaemia • High risk behaviours & concerns – intravenous (IV) drug use, sexual history, contact with suffers of • Stoma issues 					
Renal & GU						
	<ul style="list-style-type: none"> • Loin pain • Groin pain • Haematuria • Urinary symptoms – dysuria, frequency, urgency, incontinence, retention • Abnormal blood results – deranged renal function 					

	<ul style="list-style-type: none"> Family history of kidney problems/diseases Catheter issues 					
Neurological						
	<ul style="list-style-type: none"> Altered level of consciousness Fits, faints & funny turns Dizziness Altered power, tone, sensitivity Paraesthesia Altered level of consciousness 					

	<ul style="list-style-type: none"> • Weakness -localised, general • Altered gait • Facial palsy • Speech Changes • Headache • Head Injury • Memory problems • Confusion 					
MSK						
	<ul style="list-style-type: none"> • Pain • Swelling 					

	<ul style="list-style-type: none"> • Redness • Stiffness • Difficulty with movement – spasticity, tremor • Minor injury 					
Ear, nose & throat						
	<ul style="list-style-type: none"> • Dizziness • Vertigo • Otagia • Otorrhoea • Sinus pain • Nasal pain, obstruction • Mouth pain • Neck swelling 					

	<ul style="list-style-type: none"> • Sore throat • Throat swellings • Tinnitus • Hearing loss • Snoring • Voice changes 					
Eyes						
	<ul style="list-style-type: none"> • Red eye • Painful red eye • Painful eye – including eye & or lids • Visual disturbance – blurred vision, diplopia, flashing lights, floaters • Acute loss of vision • Eye discharge 					

	<ul style="list-style-type: none"> • Eye injury • Foreign Body • Swollen eye/lid 					
Dermatology						
	<ul style="list-style-type: none"> • Rash – localised • Rash – systemic • Itching • Infestation • Spots • Skin lesions, moles • Changes in pigmentation • Skin ulcers 					

	<ul style="list-style-type: none"> • Skin wound • Post-operative wounds • Minor injury 					
Men's Health						
	<ul style="list-style-type: none"> • Testicular pain • Testicular lumps • Genital rashes/irritation • Urinary symptoms including dysuria, haematuria, nocturia, changes in urinary stream • Penile pain • Penile discharge 					

	<ul style="list-style-type: none"> • Erectile dysfunction • Groin swelling 					
Women's health						
	<ul style="list-style-type: none"> • Breast symptoms including pain, lump, nipple discharge, skin changes • Inter-menstrual bleeding • Post-coital bleeding • Menstrual problems – including dysmenorrhoea, menorrhagia, oligomenorrhoea, primary & secondary amenorrhoea • Dyspareunia 					

	<ul style="list-style-type: none"> • Vaginal irritation • Vaginal discharge • Hirsutism • Menopausal symptoms – including hot flushes, night sweats, vaginal dryness 					
Sexual health & family planning						

	<ul style="list-style-type: none"> • Genital rashes • Vaginal/penial discharge • Contraception including general advice, counselling on, problems with • Emergency contraception • Unprotected sexual intercourse • Sexual assault • Inability to conceive 					
Mental health						

	<ul style="list-style-type: none"> • Suicidal ideation, self-harm • Low mood • Anxiety • Stress • Panic • Post-natal mental health issues • Visual/auditory hallucinations • Paranoia • Anger • Bereavement • Eating disorders • Substance misuse 					
Paediatrics						

	<ul style="list-style-type: none"> • Vulnerable child • Rashes including inflammatory, infected, localised and systemic, napkin rashes • Pyrexia of unknown origin • Crying baby • Ear symptoms including otalgia, discharge • Eye symptoms including eye discharge, pink eye, red eye, visual symptoms • Cough/wheeze/stridor/respiratory distress/nasal symptoms • Sore throat 					
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	<ul style="list-style-type: none"> • Vomiting, feeding problems, failure to thrive • Bowel symptoms including diarrhoea, constipation, worms • Urinary symptoms • Abdominal pain • Problem behaviour • Limp • Muscular-skeletal symptoms • Behavioural problems 					
Palliative & last year of life						
	<ul style="list-style-type: none"> • Pain • Nausea/vomiting 					

	<ul style="list-style-type: none"> • Agitation • Low mood 					
Medication review & issues						
	<ul style="list-style-type: none"> • Adverse side effects • Ineffective medication • Poor compliance • Over-use of medication • Misuse of medication • Issues with polypharmacy • Abnormal blood test monitoring results • Higher risk groups – requiring risk reduction medicines 					

Pain – assessment and management						
	<ul style="list-style-type: none"> • Acute pain • Chronic pain • Worsening of pain • Change in type of pain • Ineffective management of pain • Pain affecting sleep 					
Emergency Presentations						
	<ul style="list-style-type: none"> • Respiratory distress • Cardiovascular adverse signs 					

	<ul style="list-style-type: none"> • Anaphylaxis • Angioedema • Collapse • Seizure • Sepsis • Non blanching rash • Overdose/poisoning • Suspected diabetic ketoacidosis • Meningism • Limp child 					
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Patient Satisfaction Questionnaire (PSQ) Guidance

A PSQ has been included for use as patient feedback is very important.

Good practice would be to select a time to undertake the questionnaire with the support of the clinical supervisor and reception staff.

Ask reception to give out a questionnaire & pen to every patient who attends to see the ANP and ask the patient to hand the questionnaire back to reception after their appointment.

This process should continue until a minimum of 40 completed responses have been received.

Ideally the responses should be looked at by the clinical supervisor and feedback given to the ANP

Multi-Source Feedback (MSF) Guidance

Multi-source feedback is collected from colleagues. Good practice would be to send out a questionnaire to a range of both clinical and non-clinical colleagues.

This process requires at least 5 clinical and 5 non clinical responses

Ideally the responses should be looked at by the clinical supervisor and feedback given to the ANP

Multi-Source Feedback (MSF)

ANP's Name:

Date & location of MSF undertaken:

Part 1

This part should be completed by **all** respondents

Please state your job title

Please provide your assessment of this ANPs overall professional behaviour
(please circle)

Very poor	Poor	Fair	Good	Very Good	Excellent	Outstanding
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Notes: You may wish to consider the following:

The ANP:

- Is caring of patients
- Is respectful of patient
- Shows no prejudice in the care of patients
- Communicates effectively with patients
- Respects other colleagues' roles in the health care team
- Works constructively in the health care team
- Communicates effectively with colleagues'
- Speaks good English and at an appropriate level for patients
- Does not shirk their responsibilities
- Demonstrates commitment to their work as a member of the team
- Takes responsibility for own learning

Comments (Where possible please justify comments with examples).

Highlights in performance areas (areas to be commented)

--

Possible suggested areas for development in performance

--

Part 2

To be completed by Clinical Staff Only

Please provide your assessment of this ANP's overall clinical performance

Very poor	Poor	Fair	Good	Very Good	Excellent	Outstanding
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Notes: You may wish to consider the following:

The ANP:

- Ability to identify patients' problems
- Take a diagnostic approach
- Patient management skills
- Independent learning habits
- Range of clinical and technical skills

Comments (where possible please justify comments with examples)

Highlights in performance (areas to be commended):

--

Possible suggested areas for development in performance:

--

Patient Satisfaction Questionnaire (PSQ) for an Advanced Nurse Practitioner

Dear Patient,

We would be grateful if you would complete this questionnaire about your visit to the Advanced Nurse Practitioner (ANP) today. The ANP that you have seen is a fully qualified nurse who had masters level training to work at an advanced level in general practice.

Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer all the questions below. There are no right or wrong answers and your ANP will not be able to identify your individual responses.

Thank you.

Please rate the ANP at:

Please circle your response

Making you feel at ease, (being friendly and warm towards you, treating you with respect; not cold or abrupt)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Letting you tell "your" story... (giving you time to fully describe your illness in your own words; not interrupting or diverting you)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Really listening... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Being interested in you as a whole person... (asking/knowing relevant details about your life, your situation; not treating you as "just a number")

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Fully understanding your concerns... (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Showing care and compassion... (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Being positive... (having a positive approach and a positive attitude; being honest but not negative about your problems)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Explaining things clearly... (fully answering your questions, explaining clearly, giving you adequate information; not being vague)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Helping you to take control... (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Making a plan of action with you... (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Overall, how would you rate your consultation today?

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding
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Many thanks for your assistance

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