

**Training Handbook**

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#  Introduction

## Guidance statement

The aim of this handbook is to outline the training requirements and development needs of staff working in general practice. It is intended to be used as a guidance document and includes, within the relevant sections, links to appropriate policies and training accessible in the [Practice Index HUB](https://hub.practiceindex.co.uk/).

This Training Handbook explains the processes that must be adhered to, in order to ensure compliance at all levels with mandatory and role-essential training requirements. The handbook should be read in conjunction with your job description and/or terms of reference.

This document is a guidance document and if you require any clarification or additional information, please speak to your line manager in the first instance.

This handbook incorporates the organisation’s policy for staff development at [Section 5.](#_Staff_development)

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/2022-01-01). Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

# Definition of terms

## Continuing professional development

The [GMC](https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf) define continuing professional development (CPD) as any learning outside of undergraduate or postgraduate education which helps individuals maintain and improve performance. It covers the development of an individual’s knowledge, skills, attitudes and behaviours across all areas of professional practice. It includes both formal and informal learning activities.

## Care Certificate

The Care Certificate is defined by [Skills for Care](https://www.skillsforcare.org.uk/Developing-your-workforce/Care-Certificate/Care-Certificate.aspx) as an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

## Core Skills Training Framework

Developed by [Skills for Health](https://www.skillsforhealth.org.uk/core-skills-training-framework/), the Core Skills Training Framework (CSTF) sets out minimum learning outcomes, frequency of refresher training and links to relevant legislation or expert guidance.

## Clinical supervision

The [Nursing Education Network](https://nursingeducationnetwork.net/2019/02/20/clinical-supervision-in-nursing/) define clinical supervision asa formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, be responsible for their own practice and patient protection and safety of care in a wide range of situations.

## Induction

[CIPD](https://www.hr-inform.co.uk/templates-and-tools/induction-training-in-the-nhs) explain that induction is the process of ensuring that new recruits have the right skills, knowledge and information to do their job effectively. Induction is usually provided through a combination of training and provision of information. It should help people to settle in and become productive as quickly as possible.

## Learning needs analysis

[NHS Digital](https://digital.nhs.uk/services/training-quality-improvement/education-and-training-standards-and-benchmarking/standard-2-planning-and-learning-needs-analysis) advise that a learning needs analysis (LNA) is used to identify the training and development needs of learners. It is the starting point for all training and the first step of the training life cycle. The purpose of an LNA is to outline how the organisation’s objectives will be met by the delivery of training by improving and/or changing the skills, knowledge and/or attitudes of those directly involved or affected by change.

## Mandatory training

Mandatory training is defined by the [Royal College of Nursing](https://www.rcn.org.uk/get-help/rcn-advice/training-statutory-and-mandatory) (RCN) as being compulsory training that is determined essential by an organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Some organisations use the terms ‘essential’ or ‘compulsory’ training as a ‘catch-all’ to cover both mandatory and statutory training.

## Personal development

The Cambridge Dictionary defines personal development as the process of improving your skills and increasing the amount of experience you have in your job.

## Preceptorship

Preceptorship is a programme of structured support for newly qualified practitioners as they move from student to autonomous practitioner, as well as those practitioners returning to practice following an extended break. During this time the individual should be supported by a preceptor, who is an experienced practitioner.

## Protected learning time

Protected learning time (PLT) is usually a programme of learning sessions delivered monthly at Integrated Care Board (ICB), Primary Care Network (PCN), or practice level. It is commonplace for practices to be able to close during PLT sessions, with the aim of the programme being to facilitate education, extend skills and knowledge, and improve ways of working to enhance patient care.

## Revalidation

This is the process by which clinical staff demonstrate they are up to date and fit to practise. Revalidation applies to GPs, nurses, pharmacists and pharmacy technicians, whilst other healthcare professionals, such as paramedics and physiotherapists, must complete a professional declaration.

## Statutory training

The [RCN](https://www.rcn.org.uk/get-help/rcn-advice/training-statutory-and-mandatory) explain that statutory training is usually required by law or where a statutory body has instructed an organisation to provide training on the basis of specific legislation (e.g., the Health and Safety at Work Act 1974 or the Management of Health and Safety at Work Regulations 1999).

## Training record

A record (usually digital) that includes evidence of training, which can be in the form of certification and/or screen shots which detail the course title, level of competency, date of completion of training, and refresher training requirements.

# Training requirements

## Induction

At this organisation, to enable all staff to support the delivery of safe and effective care, new members of the multidisciplinary team will undergo a robust induction process. This will enable the individual to understand their roles and responsibilities and the policies and procedures within the organisation.

Induction is about supporting personnel and ensuring that they carry out the duties they are employed to undertake. The Care Quality Commission (CQC) [provide guidance](https://www.cqc.org.uk/guidance-providers/regulations/regulation-18-staffing) on how this organisation can meet the requirements of the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18](https://www.legislation.gov.uk/uksi/2014/2936/regulation/18/made) and advise that this organisation must have an induction programme that prepares staff for their role.

This organisation must be able to demonstrate to the CQC that it has an effective induction process in place; this includes demonstrating that all staff understand and are trained in practice procedures. In addition, the organisation must be able to provide the CQC with evidence of completed induction programmes for **all** staff. Therefore, when a new member of staff completes induction, the completed programme **must** be retained, ideally in electronic format.

For long-serving members of staff, where there is no evidence of these employees having completed induction, it is recommended that they are issued with an induction pack which can be considered as a ‘refresher induction’ and, once completed, this can be retained as evidence for the CQC.

It is important that the format of the induction pack is considered; it should be accessible, transparent, and usable for all new members of staff. If an e-induction pack/programme is preferred, new staff will need to understand how to navigate the organisation’s intranet or software system that is used.

For further detailed information, see the organisation’s [Staff Induction Policy](https://practiceindex.co.uk/gp/forum/resources/staff-induction-policy.952/) and [CQC GP mythbuster 58: Practice induction packs](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-58-practice-induction-packs).



[Induction](https://practiceindex.co.uk/gp/solutions/learning/induction/) eLearning is available in the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## Mandatory training

This organisation is responsible for determining what mandatory training members of the team need to complete. Contrary to popular belief, it is not the responsibility of the CQC to decide what mandatory training the organisation needs to complete as this is dependent on two factors:

1. The needs of the people that use the organisation
2. The role and specific responsibilities of the organisation

It is therefore essential that this organisation:

* Determines what mandatory training is required for all staff groups
* Decides how mandatory training will be delivered
* Communicates mandatory training requirements effectively to staff
* Continually monitors staff compliance with mandatory training requirements

This organisation must ensure that all staff have the necessary qualifications and are competent and experienced to meet the needs of service users at all times, including:

* At the point of employment
* Upon being given additional responsibilities
* Throughout their period of employment with the organisation

This organisation will ensure that all staff are not requested to undertake a task for which they have not been appropriately trained.

All staff at this organisation are expected to partake in all arranged mandatory training events. Additionally, staff are required to participate in an annual appraisal/development process that will, through discussion, identify any training requirements from both an employee and employer perspective.

A training matrix for this organisation is illustrated in tabular form overleaf.

For further guidance, see [CQC GP mythbuster 70: Mandatory training considerations in general practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-70-mandatory-training-considerations-general-practice).



All [mandatory training](https://practiceindex.co.uk/gp/solutions/learning/elearning-mandatory-and-more/) courses are available in the [HUB](https://hub.practiceindex.co.uk/).

|  |
| --- |
| Training matrix |
| Subject | When | Who | Where |
| Anaphylaxis | Annually | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/anaphylaxis/).  |
| Chaperone Awareness | Five-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/chaperone-awareness/). See also [GP mythbuster 15](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones) |
| Complaints Management | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/complaints_management/). See also [GP mythbuster 103](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-103-complaints-management) |
| Conflict Resolution | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/conflict-resolution/). |
| Duty of Candour | Two-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/duty-of-candour/). See also [GP mythbuster 31](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-31-fit-proper-persons-requirement-fppr) |
| Equality and Diversity | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/equality-and-diversity/). |
| Fire Safety | Two-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/office-electrical-and-fire-safety/) (part of Office, Electrical and Fire Safety). |
| Health, Safety and Welfare | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/office-electrical-and-fire-safety/). |
| Infection Prevention and Control Tier 1 | Three-yearly | Non-clinical | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/infection-prevention-and-control-level-1-non-clinical-staff/). See also [GP mythbuster 99](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-99-infection-prevention-control-general-practice) |
| Infection Prevention and Control Tier 2 | Annually | Clinical staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/infection-prevention-and-control-level-2-clinical-staff/). See also [GP mythbuster 99](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-99-infection-prevention-control-general-practice) |
| Information Governance and Data Security Awareness | Annually | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/information-governance-and-dsa/). See also [GP mythbuster 85](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/nigels-surgery-85-data-security-protection-expectations-general-practice) |
| Mental Capacity Act and DoLS | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/mental-capacity-act/). See also [GP mythbuster 10](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-10-gps-mental-capacity-act-2005-deprivation-liberty-safeguards) |
| Moving and Handling Level 1 | Three-yearly | Non-clinical | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/moving-and-handling-level-1-all-staff-free-course/). |
| Moving and Handling Level 2 | Two-yearly | Clinical staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/moving-and-handling-level-2-clinical-staff/). |
| Oliver McGowan Mandatory Training Tier 1 (Part 1) | TBC | Non-clinical | In the [HUB](https://hub.practiceindex.co.uk/). |
| Oliver McGowan Mandatory Training Tier 1 (Part 2) | TBC | Non-clinical | Live online interactive session. |
| Oliver McGowan Mandatory Training Tier 2 (Part 1) | TBC | Clinical staff | In the [HUB](https://hub.practiceindex.co.uk/). |
| Oliver McGowan Mandatory Training Tier 2 (Part 2) | TBC | Clinical staff | One-day, face-to-face training session. |
| Preventing Radicalisation – Basic Prevent Awareness | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/preventing-radicalisation/). |
| Resuscitation – Adult Basic Life Support Level 1 | Annually | Non-clinical | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/resuscitation-adult-basic-life-support-level-1-2/). See also [GP mythbuster 1](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-1-resuscitation-gp-surgeries) |
| Resuscitation – Adult Basic Life Support Level 2 | Annually | Clinical staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/resuscitation-adult-basic-life-support-level-1-2/). See also [GP mythbuster 1](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-1-resuscitation-gp-surgeries) |
| Resuscitation – Paediatric Basic Life Support Level 1 | Annually | Non-clinical | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/resuscitation-paediatric-basic-life-support-level-1-2/). |
| Resuscitation – Paediatric Basic Life Support Level 2 | Annually | Clinical staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/resuscitation-paediatric-basic-life-support-level-1-2/). |
| Safeguarding Adults | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/safeguarding-adults-level-1/). See also [GP mythbuster 25](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-25-safeguarding-adults-risk) |
| Safeguarding Children | Three-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/safeguarding-children-level-1/). See also [GP mythbuster 33](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-33-safeguarding-children) |
| Sepsis | Annually | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/sepsis/). See also [GP mythbuster 88](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-88-sepsis) |
| Significant Events | Two-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/significant-events-safety-incidents-an-overview/). See also [GP mythbuster 3](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-3-significant-event-analysis-sea) |
| Whistleblowing | Two-yearly | All staff | In the [HUB](https://practiceindex.co.uk/gp/solutions/learning/whistleblowing/). See also [GP mythbuster 87](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-87-freedom-to-speak-up) |
| [Insert additional training as required] |  |  |  |

## Role-specific considerations

At this organisation, certain roles require individuals to complete additional training that is specific to their role. The table below illustrates additional training requirements for the various roles working at this organisation.

|  |  |
| --- | --- |
| Role | Role-specific considerations |
| Advanced Nurse Practitioners | * Educated to master’s level
* Independent prescribing qualification

See [CQC GP mythbuster 66: ANPs in primary care](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-66-advanced-nurse-practitioners-anps-primary-care) |
| Practice Nurses | * Immunisation training
* Education pathway for cervical screening
* Management of long-term conditions
* Travel health nursing: [Career and competence development guidelines](https://www.rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573)

See [CQC GP mythbuster 26: General practice nurses](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-26-practice-nurses) and also [CQC GP mythbuster 107: Pre-travel health services](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-107-pretravel-health-services) |
| Physician Associate | * Degree educated
* Post Graduate Diploma (PGDip)

See [CQC GP mythbuster 82: Physician associates in general practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-82-physician-associates-general-practice) |
| Healthcare Assistants | * Care Certificate (Available in the [HUB](https://practiceindex.co.uk/gp/solutions/learning/care-certificate/))
* Immunisation training
* Venepuncture
* Recording ECGs
* Health promotion
* Spirometry

See [CQC GP mythbuster 57: Health Care Assistants in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-57-health-care-assistants-general-practice) and also [CQC GP mythbuster 83: Spirometry in general practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-83-spirometry-general-practice) |
| Pharmacists as Advanced Clinical Practitioners | * Educated to master’s level
* Independent prescribing qualification

See [CQC GP mythbuster 66: ANPs in primary care](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-66-advanced-nurse-practitioners-anps-primary-care) as this covers the Advanced Practitioner role |
| Pharmacists as non-medical prescribers | * [GPhC-accredited training programme](https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber/accredited-courses)

See [CQC GP mythbuster 81: Pharmacy professionals in general practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-81-pharmacy-professionals-general-practice) and [CQC GP mythbuster 95: Non-medical prescribing](https://www.cqc.org.uk/node/3367) |
| First Contact Practitioners (FCPs) (Paramedics, Physiotherapists, Dietitians, Podiatrists, Occupational Therapists, etc.) | * Stage 1 of the [Roadmap for Practice](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/roadmaps-practice) (to be completed prior to working in primary care)
* Stage 2 of the [Roadmap for Practice](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/roadmaps-practice) (to be completed whilst working in primary care – within a six-month time frame)

See [CQC GP mythbuster 106: Primary care first contact practitioners](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-106-primary-care-first-contact-practitioners-fcps)  |
| Infection Prevention and Control Lead | * Appropriately qualified to act as the lead for all IPC matters
* Must have the authority to lead and implement change where needed

See [CQC GP mythbuster 99: Infection prevention and control in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-99-infection-prevention-control-general-practice) |
| Safeguarding Adults – Lead | * Level 3 training and must be aware of the respective safeguarding adult leads within the local integrated care board (ICB) and the local authority safeguarding adults team

See [CQC GP mythbuster 25: Safeguarding Adults at risk](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-25-safeguarding-adults-risk) |
| Safeguarding Children – Lead | * Level 3 training and must be aware of the respective safeguarding children and young people leads within the local integrated care board (ICB) and the local authority safeguarding children and young people team

See [CQC GP mythbuster 33: Safeguarding children](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-33-safeguarding-children) |
| Safeguarding Deputy | * As per adults’ and children’s safeguarding lead
 |
| Health and Safety Lead | * Must be competent and capable of implementing the measures required to ensure compliance with all health and safety matters (specific training requirements, e.g., Risk / COSHH Assessor, will be determined by the requirements of the individual’s role)
 |
| Do Not Attempt CPR (DNACPR) Lead | * Training that gives the healthcare professionals the knowledge, skills and confidence to talk to patients, relatives and carers about advance care planning and DNACPR decisions

See [CQC GP mythbuster 105: DNACPR](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-105-do-not-attempt-cardiopulmonary-resuscitation-dnacpr) |
| Chaperones | * All staff who undertake formal chaperone duties must be appropriately trained and have the competencies required to enable them to undertake the role effectively. Expectations of chaperones are listed in the [GMC guidance](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/intimate-examinations-and-chaperones)

See [CQC GP mythbuster 15: Chaperones](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones) |
| Fire Marshal / Fire Warden | * Any member of staff nominated to act as a Fire Marshal / Warden must be appropriately trained. Roles and responsibilities are outlined in the [Fire Warden: Roles and Responsibilities](https://practiceindex.co.uk/gp/solutions/learning/fire-warden-training/) course, accessible in the HUB
 |
| [Add as required] | * Any additional duties undertaken by staff must be supported by the appropriate certificate of competency / qualification
 |

## Core Skills Training Framework

The [Core Skills Training Framework](https://www.skillsforhealth.org.uk/core-skills-training-framework/) (CSTF) was designed to enable healthcare staff to move between employers without the need to duplicate training. If a training provider has aligned their training to the CSTF, it means that the training meets the Skills for Health minimum learning outcomes, frequency of refresher training, and is linked to the relevant legislation and guidance information. By doing so, statutory and mandatory training becomes portable between employers.

The following courses available in the [HUB](https://practiceindex.co.uk/gp/solutions/learning/) have been aligned to the CSTF and are therefore portable between healthcare organisations:

* Conflict Resolution
* Equality and Diversity
* Health, Safety and Welfare
* Infection Prevention and Control (Levels 1 – 2)
* Information Governance
* Moving and Handling (Levels 1 – 2)
* Office, Electrical and Fire Safety
* Preventing Radicalisation
* Resuscitation (Levels 1 and 2, Adult and Paediatric)
* Safeguarding Adults (Levels 1 – 3)
* Safeguarding Children (Levels 1 – 3)

## Care Certificate

[CQC GP mythbuster 57: Health Care Assistants in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-57-health-care-assistants-general-practice) explains that any Healthcare Assistant (HCA) employed by this organisation since April 2015 must complete the Care Certificate. The certificate is comprised of 15 standards:

* Understand your role
* Your personal development
* Duty of care
* Equality and diversity
* Working in a person-centred way
* Communication
* Privacy and dignity
* Fluids and nutrition
* Awareness of mental health, dementia and learning disabilities
* Safeguarding adults
* Safeguarding children
* Basic life support
* Health and safety
* Handling information
* Infection prevention and control

The organisation must be able to demonstrate how they have assessed the HCAs’ competence and ensured they are trained for all aspects of their role, upon being employed and throughout the period of their employment.



[Care Certificate](https://practiceindex.co.uk/gp/solutions/learning/care-certificate/) eLearning is available in the [HUB](https://practiceindex.co.uk/gp/forum/forums/elearning.339/).

## General Practice Assistant skills certificate

The terms General Practice Assistant (GPA) and Medical Assistant (MA) are often used interchangeably but for the purpose of this document, GPA will be used.

[Health Education England](https://www.e-lfh.org.uk/wp-content/uploads/2022/12/Accredited-training-programme-overview-v2.pdf) (HEE) advise that the GPA skills certificate is an accredited training programme based on a competency framework. The framework covers five domains (two clinical and three non-clinical):

* Care (clinical)
* Clinical (clinical)
* Communications (non-clinical)
* Administration (non-clinical)
* Managing health records (non-clinical)

The training programme comprises self-directed, work-based learning, requiring the learner to complete a portfolio of evidence, which will be uploaded to an online learning platform.

This organisation must assign a GP mentor who has overall responsibility for signing off the whole learning programme. They must support learners, alongside other colleagues who must be fully endorsed by the organisation.

Learners have one day of protected learning time (half a day of self-learning and half a day of mentor supervision) and learners will be expected to complete the programme within six to nine months.

On completion of the programme, a regional, nominated GP mentor will verify the portfolio of evidence being submitted to the training provider for final verification. On successful completion, learners will receive ten credits at Level 4.

Further detailed information can be found on the [General Practice Assistant Resources webpage](https://www.e-lfh.org.uk/programmes/general-practice-assistant/).

## Physician associates

[NHS Employers](https://www.nhsemployers.org/articles/physician-associates) explain that physician associates (PAs) are trained to work within a defined scope of practice and limits of competence to perform the following duties:

* Taking medical histories from patients
* Carrying out physical examinations
* Seeing patients with undifferentiated diagnoses
* Seeing patients with long-term chronic conditions
* Formulating differential diagnoses and management plans
* Carrying out diagnostic and therapeutic procedures
* Developing and delivering appropriate treatment and management plans
* Requesting and interpreting diagnostic studies
* Providing health promotion and disease prevention advice for patients

[NHS England](https://www.healthcareers.nhs.uk/explore-roles/medical-associate-professions/roles-medical-associate-professions/physician-associate/physician-associates-general-practice) advise that PA training lasts for two years, incorporating 1,600 hours of clinical training which includes 350 hours in general hospital medicine. In addition, learners will spend a minimum of 90 hours in other settings including mental health, surgery, and paediatrics. Further detailed information is available from the [Faculty of Physician Associates](https://www.fparcp.co.uk/employers/pas-in-general-practice).

This organisation will ensure that the guidance detailed in the British Medical Association’s (BMA) [Safe scope of practice for Medical Associate Professionals (MAPs)](https://www.bma.org.uk/media/tkcosjt1/maps-scope-of-practice2024-web.pdf) is adhered to, by both the supervisor and the PA.

## Trainee nursing associates

[NHS Employers](https://www.nhsemployers.org/articles/training-and-funding-nursing-associates) advise that most trainee nursing associate (TNA) training programmes are now being delivered through the apprenticeship route. The TNA programme is a 24-month programme which includes a balance of theory and practice learning.

To meet the programme requirements, TNAs must work in a variety of settings and situations to gain as much experience as possible; this includes the completion of at least two substantial placements, totalling 675 hours, in settings other than their primary place of employment.

TNAs must also meet the 15 standards detailed in the Care Certificate, and specific requirements for training and education are set out, and regulated by, the NMC in the [Standards for pre-registration nursing associate programmes](https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-programme-standards.pdf).

The TNA role can be used as a development pathway for individuals who wish to train to become a registered nurse.

For further detailed information, see [NHS Employers – Training and funding nursing associates](https://www.nhsemployers.org/articles/training-and-funding-nursing-associates).

## Apprentices

[There](https://www.nhsemployers.org/articles/physician-associates) are a wide range of apprenticeships available in the NHS, including but not limited to:

* [Healthcare assistant](https://www.healthcareers.nhs.uk/explore-roles/healthcare-support-worker/roles-healthcare-support-worker/healthcare-assistant)
* [Nursing associate](https://www.healthcareers.nhs.uk/explore-roles/nursing/roles-nursing/nursing-associate)
* [Physician associate](https://www.healthcareers.nhs.uk/explore-roles/medical-associate-professions/roles-medical-associate-professions/physician-associate)
* [Administration](https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/administration)

[NHS apprenticeships](https://www.healthcareers.nhs.uk/career-planning/study-and-training/nhs-apprenticeships) are available at several levels:

* Level 2 – equivalent to GCSEs
* Level 3 – equivalent to A levels
* Level 4 and 5 – equivalent to foundation degree and above
* Level 6 and 7 – equivalent to a full bachelor’s or master’s degree

Entry levels for apprenticeships are dependent on the employer and the type and level of apprenticeship.

There is a range of [funding available](https://www.gov.uk/employing-an-apprentice/get-funding) to support employers, including:

* **£1,000** is available for employers to support 16-18 year-olds into employment, as these apprentices can require more supervision and pastoral care
* **£1,000** of additional funding is also available for employers who employ apprentices aged 19-24, who have previously been in care or who have a local authority education health and care plan and may need extra support
* **Access to work funding** may also be available to support disabled members of staff, or staff with learning difficulties and disabilities (LDD), including apprentices
* **Apprenticeship levy funds** can be used to pay for the cost of training an apprentice

The table below provides detailed information about the various approved apprenticeships.

|  |  |  |  |
| --- | --- | --- | --- |
| Apprenticeship | Typical duration | Maximum funding available | Providers |
| [Nursing associate](https://haso.skillsforhealth.org.uk/standards/#standard-13234) | 24 months | £15,000 | [Search providers](https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/434/providers) |
| [Physician associate](https://haso.skillsforhealth.org.uk/standards/#standard-431) | 30 months | £17,000 | [Search providers](https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/506/providers) |
| [Healthcare assistant](https://haso.skillsforhealth.org.uk/standards/#standard-395) | 12 – 18 months | £3,000  | [Search providers](https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/103/providers) |
| [Customer service](https://haso.skillsforhealth.org.uk/standards/#standard-371)  | 12 months | £3,500 | [Search providers](https://haso.skillsforhealth.org.uk/standards/#standard-371) |
| [Business administrator](https://haso.skillsforhealth.org.uk/standards/#standard-364) | 12 – 18 months | £5,000 | [Search providers](https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/196/providers) |

[NHS Employers](https://www.nhsemployers.org/articles/what-apprenticeships-are-and-how-use-them) provide further detailed information on what apprenticeships are and how to use them.

# Assessing learning needs

## Learning needs analysis

A learning needs analysis (LNA) is sometimes referred to as a training needs analysis (TNA) and is used by this organisation to identify the skills required to inform the organisation’s training requirements. By conducting a LNA, it will ensure training is:

* Aligned to the organisation’s objectives
* Specifically designed to meet the learning needs of individuals
* Delivered using appropriate training methods

[NHS Digital](https://digital.nhs.uk/services/training-quality-improvement/education-and-training-standards-and-benchmarking/standard-2-planning-and-learning-needs-analysis) advise that the benefits of conducting a LNA include:

* Obtaining useful information to help develop and design training solutions
* Identifying possible risks, constraints and dependencies that may affect the training
* Anticipating resource requirements and restrictions
* Establishing training prerequisites early in the process

There are a range of methods that the organisation may use to collect data to inform the LNA, including but not limited to:

* Interviews
* Group discussions
* Focus groups
* Questionnaires and surveys, including e-surveys
* Job analysis (the job description could be used as starting point)
* On-the-job observation, including task analysis

[NHS Digital](https://digital.nhs.uk/cyber-and-data-security/guidance-and-assurance/data-security-and-protection-toolkit-assessment-guides/guide-3---staff-training/training-learning-needs-analysis---knowing-your-staff-3.1.1#the-objectives-of-a-tna-lna) advise that an organisational LNA (used to measure the learning needs of the organisation) should ideally be conducted annually, whereas a project-based LNA should be carried out early in the project lifecycle and may focus more on the job role.

An example of a LNA template is shown overleaf.

**Learning Needs Analysis example template**

|  |  |
| --- | --- |
| Position for analysis | [Insert position / job title] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation objective | Link to job description | Knowledge / skills required | Current knowledge / skill level | Learning / training needs | Recommendations |
| What objectives are trying to be achieved? | What are the links to the job description? | What skills / knowledge are required to achieve the objective(s)? | Rate current level on a scale of 3. (1 = Low, 2 = Medium, 3 = High) | Decide the need for training. (Low, Medium, or High) | Decide the type of training that is required. |
| Increase the use of SNOMED CT codes | Appropriately code all entries in the electronic healthcare record | **Knowledge:** Understanding the requirements and benefits of accurate coding**Skill:** Applying codes to entries in the clinical record | 1 1 | HighHigh | Practice Index Training:[Clinical Coding](https://practiceindex.co.uk/gp/solutions/training/clinical-coding/)Practice Index Training:[Clinical Coding](https://practiceindex.co.uk/gp/solutions/training/clinical-coding/) |
|  |  |  |  |  |  |

# Staff development

## Overview

Staff development at this organisation applies to all members of the multidisciplinary team, combining personal and professional development which enables individuals to progress their career pathways.

Staff development is about supporting personnel, ensuring they can manage their own learning so that they can enhance their skills and knowledge, which will enable them to deliver safe, effective clinical care.

At this organisation, the staff development programme has been produced to reflect statutory, mandatory and personal training requirements. Line managers are responsible for ensuring that staff complete both statutory and mandatory training within the given time frames.

## Considerations

This organisation is committed to ensuring that all staff are given the required training to enable them to work safely and effectively. The organisation wants to foster a culture of learning, permitting all staff to achieve their full potential whilst meeting the objectives of the organisation and individuals’ learning needs.

There are multiple factors that require consideration in relation to staff development, namely:

* Time
* Funding
* The effective use of available resources

The organisation will ensure that all training and staff development activities are managed appropriately, enabling all staff at the organisation to develop their skills and knowledge.

## Staff responsibility

All staff are expected to take responsibility for their own training requirements and to partake in all arranged mandatory training events. Staff are required to participate in an annual appraisal/development process that will, through discussion, identify any training requirements from both an employee and employer perspective.

All staff must seek the appropriate authorisation prior to attending any training events using the training application form on page 21.

**Training application form**

|  |
| --- |
| Applicant details |
| Surname |  | Forename |  |
| Title |  | Role |  |
| Staff number |  | Email address |  |

|  |
| --- |
| Course details |
| Title |  | Location |  |
| Start date |  | End date |  |
| Number of days |  | Study leave required |  |
| Award |  | Cost |  |

|  |
| --- |
| Alternative dates/venues |
| Date |  | Venue |  |
| Date |  | Venue |  |
| Date |  | Venue |  |

|  |
| --- |
| Details of recent training undertaken |
| Course |  | Date |  |
| Course |  | Date |  |
| Course  |  | Date |  |

|  |
| --- |
| Supporting information – include as much information as necessary to support your application here |
|  |

|  |  |
| --- | --- |
| Request approved by line manager |  |
| Name and date of approval |  |
| Training coordinator advised |  |
| Name and date |  |
| Cover (if applicable) authorised by manager |  |
| Name and date |  |

Retain a copy of the application form in the training file for audit purposes.

## Organisation-based training

This organisation will, through the training coordinator, deliver a training programme to meet the needs of the multidisciplinary team. An example of a training programme can be found in [Section](#_Annex_C_–) 11.

## Personal development

This organisation will ensure that a well-structured personal development strategy is in place which will encompass an annual review with individuals’ line managers. The development needs of personnel will be identified and a personal development plan agreed between the staff member and their line manager using the template on page 27.

# Continuing professional development

## CPD for GPs

The [BMA](https://www.bma.org.uk/media/6582/salaried-gp-handbook-updateoct2022.pdf) advise that full-time salaried GPs employed under the model contract are entitled to a minimum of 208 hours of protected time for professional development annually. This equates to four hours per week. For part-time employees, this is adjusted on a pro rata basis.

CPD can be accrued and taken on a flexible basis, to accommodate different learning styles in order to meet the needs of the individual GP. The BMA further advise that the employer and salaried GP may mutually agree to use some
of the allocated CPD time to allow the salaried GP to extend their management and development skills (e.g., to allow the salaried GP to take responsibility for a QOF domain). This should be with the proviso that these activities are used for the salaried GP’s development and that sufficient time is available for other personal development opportunities.

The following can be used to calculate a part-time salaried GP’s CPD entitlement:

Number of hours worked per week\* x 6.4 = number of minutes of CPD per week [X]

X divided by 60 = number of hours of CPD per week [Y]

X or Y x 52 = annual entitlement to CPD (X = minutes; Y = hours)

\*Leave counts as time worked; therefore, CPD entitlements should not be reduced in periods of annual leave. Furthermore, salaried GPs will continue to accrue entitlements during maternity leave.

CPD activities may include:

* Self-directed or private study
* Developing or updating a personal development plan (PDP)
* Courses
* Specific clinical refresher experience
* Audit
* Practitioner / self-directed learning groups
* Protected learning events
* Researching clinical queries
* Obtaining clinical experience (relevant to specific PDP aims)
* Management development activities provided these benefit the salaried GP’s personal or skills development
* In-house, practice-based educational meetings (excluding practice meetings that do not have a direct educational purpose, such as business, practice development, multi-disciplinary clinical team meetings, etc, since there is separate provision for these under the model contract)

It is important to balance these CPD activities to meet the individual’s educational and developmental needs.

## CPD for nursing staff

The [NMC](https://www.nmc.org.uk/revalidation/requirements/cpd/) advise that nurses must undertake 35 hours of CPD relevant to their scope of practice in the three-year period since their registration was last renewed, or since they joined the register. Of those 35 hours, at least 20 must include participatory learning.

Records of CPD must include the following:

* The method of CPD
* A description of the topic and how it relates to practice
* The date(s) on which the activity was undertaken
* The number of hours (including the number of participatory hours)
* The identification of the part of the [Code](https://www.nmc.org.uk/standards/code/) most relevant to the activity
* Evidence that the individual undertook the CPD activity

To meet the participatory learning requirement, individuals must undertake an activity that involves interaction with one or more other professionals (this can be face to face or virtually). The NMC have produced a [guidance sheet](https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/examples-of-cpd-activities-guidance-sheet.pdf) detailing examples of participatory and non-participatory CPD activities.

The NMC further advise that whilst the Code is key to planning revalidation, the NMC [standards of proficiency](https://www.nmc.org.uk/standards/) are of equal importance. It is recommended that the [continuing professional development log template](https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/cpd-log.doc) is used. Completed examples can be accessed [here](https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/completed-revalidation-forms-and-templates.pdf).

The CPD requirements for nursing associates are the same as those for registered nurses.

##  CPD for healthcare assistants

The [Code of Conduct](https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Code-of-Conduct-Healthcare-Support.pdf) for Healthcare Support Workers states that HCAs must “Strive to improve the quality of healthcare, care and support through continuing professional development”. Furthermore, the Code includes the following guidance statements, explaining that HCAs must:

* Ensure up-to-date compliance with all statutory and mandatory training, in agreement with their line manager
* Participate in CPD to achieve the competence required for their role
* Carry out competence-based training and education in line with their agreed ways of working
* Improve the quality and safety of the care provided with the support of their line manager / supervisor, and in line with their agreed ways of working
* Maintain an up-to-date record of their training and development
* Contribute to the learning and development of others as appropriate

At this organisation, all HCAs are expected to conform to the Code and maintain a record of all CPD activity.

There are a range of learning resources for HCAs available on the [RCN website](https://www.rcn.org.uk/Professional-Development/Nursing-Support-Workers/Learning-resources).

## CPD for Health and Care Professions Council registrants

The [Health and Care Professions Council](https://www.hcpc-uk.org/cpd/what-is-cpd/) (HCPC) have set out standards that every registrant must meet in order to ensure they are practising safely and effectively. Registrants at this organisation include (but are not limited to) paramedics and physiotherapists. All registrants [must meet five CPD standards](https://www.hcpc-uk.org/cpd/your-cpd/our-standards-for-cpd/):

1. Maintain a continuous, up-to-date and accurate record of their CPD activities
2. Demonstrate that their CPD activities include a variety of learning activities relevant to current or future practice
3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery
4. Seek to ensure that their CPD benefits the service user
5. Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD

Activities that constitute CPD include:

* Work-based learning
* Professional activity
* Formal education
* Self-directed learning

The HCPC advise that CPD activities must include a variety of learning types in order to meet the CPD standards. Examples of CPD activities can be [viewed here](https://www.hcpc-uk.org/cpd/your-cpd/cpd-activities/).

For detailed guidance on how to compile a CPD profile, see the HCPC’s [Continuing professional development and your registration](https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf?v=637106442760000000) guidance document.

## CPD for pharmacists and pharmacy technicians

The [General Pharmaceutical Council (GPhC)](https://www.pharmacyregulation.org/sites/default/files/document/gphc_revalidation_framework_january_2018.pdf) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. GPhC expect registrants to:

* Carry out, record, and submit four CPD entries, at least two of which must be planned learning activities
* Carry out, record, and submit one peer discussion
* Carry out, record, and submit one reflective account

There are two types of learning that can be recorded in CPD entries:

* Planned learning where individuals decide to enhance knowledge/skills in advance of carrying out the learning activity
* Unplanned learning where an event or incident happens that leads to an unscheduled learning activity without prior planning

The GPhC advise that registrants should carry out as much CPD as is necessary for them to be able to practise safely and effectively.

On an annual basis, registrants will need to submit records of CPD using the [myGPhC portal](https://login.mygphc.org/gphcprdaadb2c.onmicrosoft.com/b2c_1_auth-signupin/oauth2/v2.0/authorize?response_type=id_token&scope=openid%20profile&client_id=9ea710ce-d017-4191-a960-d2dca5ebbfe2&redirect_uri=https%3A%2F%2Fwww.mygphc.org%2F&state=eyJpZCI6ImExMWUxMDQwLTg3OWMtNGUxMy1hZWYxLTUwMDJhNTVkNWU5YiIsInRzIjoxNjc2Mzc4Mjg5LCJtZXRob2QiOiJyZWRpcmVjdEludGVyYWN0aW9uIn0%3D&nonce=28f8e566-d30c-47d4-bc1c-ca27d3a69bd4&client_info=1&x-client-SKU=MSAL.JS&x-client-Ver=1.4.17&client-request-id=10073ee2-b699-4949-83e5-105d2c5d4e0c&response_mode=fragment). If registrants have not signed up to myGPhC, they are to follow the information detailed in the [step-by-step guidance document](https://www.pharmacyregulation.org/sites/default/files/document/mygphc-creating-a-new-account-step-by-step-guide-january-2020.pdf).

## CPD for physician associates

The [Royal College of Physicians and Faculty of Physician Associates](https://www.fparcp.co.uk/professional-development/cpd/) (FPA) advise that physician associates are required to complete a minimum of 50 hours of CPD per year / 250 hours every five years. This is a requirement to remain in good standing and to be listed on the [Physician Associate Managed Voluntary Register](https://www.fparcp.co.uk/pamvr/overview) (PAMVR).

Physician associates are required to keep up to date with their learning and continually update their CPD on the FPA ePortfolio by recording reflections of their learning during each CPD year. If an associate fails to comply with this requirement, they may be referred to the FPA Professional Standards Committee (PSC).

## CPD for non-clinical staff

At this organisation, non-clinical staff will be encouraged to participate in CPD activity and will be supported to find opportunities to undertake learning activities which will enhance their knowledge and skills in a particular subject. Non-clinical staff will be advised on how to plan and record such activities and given the time to develop and complete CPD activity.

## CPD portfolio

At this organisation, staff will be encouraged to maintain an e-portfolio of CPD evidence, which demonstrates the knowledge and skills individuals have developed. [Healthcareers](https://www.healthcareers.nhs.uk/career-planning/career-planning/developing-your-health-career/developing-your-health-career/continuing-professional-development-cpd/continuing) advise that an e-portfolio is useful for:

* Keeping all relevant documents together
* Reflection on learning
* Recording career planning (and can include the personal development plan)
* Preparing for applications and interviews

Furthermore, the e-portfolio combines the evidence that reinforces what individuals have achieved in terms of work activities and attainment, using testimonials, appraisals, and other forms of personal feedback.

[Healthcareers](https://www.healthcareers.nhs.uk/career-planning/developing-your-health-career/developing-your-portfolio) suggest that portfolios should be:

* Accessible – easy to navigate, read and understand
* Live – changed and updated in line with the individual’s career development
* Robust – for positive assessment of the evidence
* Useful – now and in the future

## Personal development plan (PDP)

This organisation will ensure that a well-structured personal development strategy is in place which will encompass an annual review with individuals’ line managers. The developmental needs of personnel will be identified and a personal development plan agreed between the staff member and their line manager using the PDP template which follows.

The [NHS](https://www.healthcareers.nhs.uk/career-planning/developing-your-health-career/developing-your-health-career/personal-development-planning/personal-development-planning) advise that a PDP is:

* An individual plan
* A systematic way of identifying and addressing individuals’ educational needs
* A tool that can identify areas for further development and encourage lifelong learning. It can also identify goals for the forthcoming year and methods for achieving such goals

To be beneficial, a PDP must be:

* Personal to the individual
* A working / live document, something that is continually updated
* Flexible – used as a guide only
* Supported by evidence
* Reviewed regularly

A good PDP is one that:

* Has been thought out thoroughly
* Identifies specific learning needs for the individual’s current / future role
* Is achievable
* Encompasses reflection

Effective personal development planning will help staff at this organisation to reach their potential and achieve their goals.

**Template for personal development plan**

This template can be altered to reflect the specific needs of the learner.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning and development need – *provide details, i.e., skills, subject, theme, etc.*** | **Type of development – *course, workshop, conference, distance learning, etc.*** | **Time frame – e.g., *to be completed within six months***  | **Who is responsible – *individual, line manager, practice manager, etc.*** | **Further comments – *resources required, etc.*** | **Agreed with line manager – *included in appraisal***  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

# Revalidation requirements

## Revalidation for GPs

The [GMC](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation) state that every licensed doctor who practises medicine must revalidate. Revalidation takes place every five years and the revalidation process is outlined in the [GMC Guidance for doctors: requirements for revalidation and maintaining your licence](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources), which states that the revalidation process:

* Supports doctors in regularly reflecting on how they can develop or improve their practice
* Gives patients confidence that doctors are up to date with their practice
* Promotes improved quality of care by driving improvements in clinical governance

There are [six types](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/guidance-on-supporting-information-for-revalidation) of supporting information that GPs must collect and then reflect upon and discuss during appraisal:

1. CPD
2. Quality improvement activity
3. Significant events
4. Feedback from patients
5. Feedback from colleagues
6. Compliments and complaints

By collating the above, GPs will conform to the guidance detailed in the revalidation. The revalidation process can be started online using the [GMC Online portal](https://extgenmedcouncil.b2clogin.com/extgenmedcouncil.onmicrosoft.com/b2c_1a_usersigninormigrategmconline/oauth2/v2.0/authorize?client_id=1304d06d-0b67-4d06-9abd-e03aaef62a88&redirect_uri=https%3A%2F%2Fwww.gmc-uk.org%2Fqitm%2Fsignin-oidc&response_type=id_token&scope=openid%20profile&response_mode=form_post&nonce=638119851347598114.MWMxOTgyOTUtZDljYS00MTNkLWI5MGYtOTUzNTlhMDA5MTBkZDEwYjg3ZjAtNmEzYS00ZWVjLTgzYTktZTAzMjU5N2Q3YTJj&client_info=1&x-client-brkrver=IDWeb.1.24.0.0&state=CfDJ8DtCABSmGEdEnCxxoJSwbLQfLeSeA9dPrbM4DYpRwZAtjb4yqAgjOciRm8A7WiZTzoAQ_y3Q13_bqZbuSXsCYR1JdddDMidMwDqlLjgTYIzclPNf-v98XMclrD2sJH410oER_VjRHNpyhAAiVdz_vyh2Y8Q6t6eHHHkjWNX63sJjZJ6CgY05gAX4_G8hIbR-TE581aZkJ8-bkEVeX7THf1w64ow0E-lJr2sWy0NLHxyj26Tc_zlUyz59y-F_scTR5U0uXsTGoVS_W0WDrcv-BthrcuUtdMycNN1GaTssyXiDK7ssp_p6QeTk_HV9YgdeS1hJifPy1DXbYlLtP8hRL7ipgm1FhIx6loj0lLZgTGZE2F98Jtcfvv1JgGKTf0-Hig&x-client-SKU=ID_NETSTANDARD2_0&x-client-ver=6.17.0.0).

## Revalidation for nurses

The [NMC](https://www.nmc.org.uk/revalidation/requirements/) advise that all nurses, midwives and nursing associates are required to apply for revalidation using [NMC Online](https://online.nmc-uk.org/Account/Login?ReturnUrl=%2f). Revalidation take place every three years and registrants must meet the following criteria:

* A minimum of 450 practice hours
* 35 hours of Continuing Professional Development (CPD), of which at least 20 hours must be participatory learning
* Five pieces of practice-related feedback
* Five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and how this relates to the Code
* Reflective discussion with another nurse (or midwife)
* A health and character declaration, and
* A professional indemnity arrangement

The NMC have produced a [guidance document](https://www.nmc.org.uk/globalassets/sitedocuments/registration/nmc-online-user-guide.pdf) for nurses, midwives and nursing associates, explaining how to use NMC Online.

Nurses must submit their revalidation application on the first day of the month in which their registration expires – for example, if the renewal date is 30th April, their revalidation date will be 1st April.

Nurses’ line managers at this organisation can read the NMC’s [Employers’ guide to revalidation](https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/employers-guide-to-revalidation.pdf) to learn how they can best support members of their team.

For further detailed information, see the organisation’s [Nursing Staff Revalidation and Appraisal Policy](https://practiceindex.co.uk/gp/forum/resources/nursing-staff-revalidation-and-appraisal-policy.953/).

## Revalidation for pharmacists and pharmacy technicians

The [GPhC](https://www.pharmacyregulation.org/revalidation) advise that every time a pharmacy professional renews their registration with the GPhC, they will need to submit records to show how they have carried out and recorded revalidation activities. The [revalidation framework](https://www.pharmacyregulation.org/sites/default/files/document/gphc_revalidation_framework_january_2018.pdf) details what pharmacy professionals must do on an annual basis to meet the revalidation requirements.

Pharmacists and pharmacy technicians are required to submit the range of evidence detailed at [Section 5.5](#_CPD_for_pharmacists). For additional guidance and information, see the GPhC’s [Revalidation resources and examples](https://www.pharmacyregulation.org/revalidation-resources-pharmacy-professionals).

## Revalidation for physician associates

Currently (April 2024), physician associates are not required to revalidate. However, the [GMC advise](https://www.gmc-uk.org/pa-and-aa-regulation-hub/map-regulation/revalidation-for-physician-associates-and-anaesthesia-associates) that, ahead of regulation, a revalidation model will be developed and will be based on the collection of six pieces of supporting information, akin to GP revalidation requirements.

Due to a two-year regulation transition period, revalidation for physician associates will start no sooner than December 2026.

# Clinical supervision

## Aim of clinical supervision

It is widely acknowledged that clinical supervision provides staff with an opportunity to:

* Reflect on and review their practice
* Discuss individual cases in depth
* Change or modify their practice and identify training and continuing development needs

At this organisation, supervisors may use any of the following suggested models to facilitate effective clinical supervision, as follows:

* One-to-one supervision between a supervisor and supervisee. This is sometimes covered as part of mentoring which takes a more holistic view of the supervisee
* Group supervision in which two or more practitioners discuss their work with a supervisor
* Peer or co-supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor
* A combination of the above

## Role of clinical supervisors

At this organisation, only qualified and experienced clinical supervisors will be permitted to support staff. Their role is to encourage the supervisee to become actively engaged in the process, to listen, motivate and facilitate the learning process towards positive change and progress. The supervisor should always tailor the supervision to meet the needs of the supervisee whilst adopting a person-centred approach.

The supervisor is to provide ongoing and regular feedback regarding the supervisee’s performance, providing appropriate action plans and outcomes to enhance knowledge and professional skills.

Additional guidance can be found in [NHS England’s Clinical and education supervision model guidelines](https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/general-practice-gp/how-to-apply-for-gp-specialty-training/clinical-and-education-supervision-model-guidelines#:~:text=Clinical%20supervisors,-2.51%20Each%20trainee&text=A%20named%20clinical%20supervisor%20is,educational%20supervisor%20for%20each%20placement.).

## Role of clinical supervisee

Although the onus rests with the supervisor to provide and develop effective supervision, supervisees have an equal responsibility to contribute to the process. At this organisation, all supervisees need to actively participate, appropriately prepare for supervision sessions, be open to feedback, and personally reflect on the outcome(s) of their clinical supervision session. Keeping a personal record of discussions, and recognising the process as part of their own professional development, is beneficial as it contributes towards the revalidation process.

## Clinical supervision for nurses and HCAs

Clinical supervision is a formal, structured and continuous process of professional support and learning for practising nurses, with the inclusion of HCAs. The aim of this is to provide an opportunity whereby nurses and HCAs can critically reflect upon and discuss their clinical practice in a safe, supportive, and confidential environment.

At this organisation, the supervisor for nurses and HCAs will be a qualified and experienced nurse.

## Record-keeping

Well-documented evidence of clinical supervision can be used as part of any appraisal or revalidation process. It will provide demonstrable evidence that staff continue to meet the professional standards which are a condition of their ability to practise and a requirement of their role. A template for record-keeping can be found in the organisation’s clinical supervision policy.

For further detailed information, see the organisation’s [Clinical Supervision Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-supervision-policy.701/).

# Preceptorship

## The need

The [NMC guidance on preceptorship for newly qualified staff](https://www.nhsemployers.org/articles/preceptorships-newly-qualified-staff) strongly recommends that all new registrants have a period of preceptorship when starting employment. The NMC state that employers must protect service users and follow certain procedures throughout a nurse’s period of employment with them and that employees should have:

* A comprehensive induction
* Training and supervision
* Preceptorship and mentoring
* Continued access to professional development
* Clinical supervision

The benefits of preceptorship include, but are not limited to:

* Enhanced patient care and experience
* Improved recruitment and retention
* Reduced sickness absence
* Confident and skilled nursing staff
* Increased staff satisfaction and morale

The benefits of preceptorship to a nurse working in general practice are described in this [YouTube video](https://www.youtube.com/watch?v=272Zm1lE0mU&t=59s).

## Preceptorship programme

NHSE’s [National Preceptorship Framework for Nursing](https://www.england.nhs.uk/wp-content/uploads/2022/10/B1918_i_National-preceptorship-framework-for-nursing-10-October-2022.pdf) describes core and gold standard elements of a programme. Preceptorship programmes should cover the following:

* Clinical practice
* Communication
* Teamwork
* Leadership
* Professionalism and integrity
* Research and evidence
* Safety and quality
* Facilitation of learning
* Development of self and others

Health Education England also provide a [preceptorship framework](https://www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorship).

## Preceptorship roles

The NHSE [National](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework) P[[receptorship](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework)](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework) F[[ramework for](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework)](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework) N[[ursing](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework)](https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/#the-framework) recommends that organisations adopt the following [roles](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fworkforceskills.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F10%2FNational-Preceptorship-Project-Role-Descriptors-June-2022-2.docx&wdOrigin=BROWSELINK), as appropriate:

* Preceptorship lead
* Preceptor
* Preceptee
* Preceptorship champion

The preceptor must have a minimum of 12 months’ experience in general practice and should not be allocated more than two preceptees at any one time.

## Preceptorship duration

As detailed in the [National Preceptorship Framework for Nursing](https://www.england.nhs.uk/wp-content/uploads/2022/10/B1918_i_National-preceptorship-framework-for-nursing-10-October-2022.pdf), a preceptorship programme should last for six months at core standard and 12 months at gold standard. The duration of a standard preceptorship programme at this organisation is 12 months. However, programmes may be shorter depending on the organisation’s requirements or if the preceptee is returning to the organisation.

## Allocated time

The [National Preceptorship Framework for Nursing](https://www.england.nhs.uk/wp-content/uploads/2022/10/B1918_i_National-preceptorship-framework-for-nursing-10-October-2022.pdf) recommends a minimum of two weeks’ supernumerary for the preceptee in addition to their induction period. A minimum of eight hours’ protected time each year is recommended for preceptors to accommodate their development, meetings and peer support needs.

For a preceptorship programme to be effective, both the preceptor and preceptee will be allocated protected time and the following will apply:

* The preceptorship lead will allocate a nominated preceptor within the first week of the preceptee joining the organisation
* Each preceptee will have an initial meeting with their preceptor to explore their development needs and agree a learning plan with realistic objectives within their first two weeks of employment
* The preceptor will meet with the preceptee on a weekly basis during the first four weeks
* The preceptor and preceptee will work together one day per week for the first four weeks
* After the first month, meetings will continue at least monthly until the preceptee has achieved final sign-off of their preceptorship programme

Time for reflection, one-to-one learning and so on will be determined by the preceptorship lead.

## Evaluation

The preceptorship programme at this organisation will be evaluated annually by the preceptorship lead. Evaluation will include feedback from both preceptors and preceptees, and analysis of retention rates at 12 and 24 months after the newly qualified practitioner’s start date at the organisation.

## Meeting templates

Templates for the initial, interim and final meetings can be [accessed here](https://www.england.nhs.uk/wp-content/uploads/2023/03/B2098i-app-1-meeting-templates.docx).

##  Additional resources

The following links are useful resources for a preceptorship programme:

* [National Preceptorship Project for Nursing](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fworkforceskills.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F10%2FNational-Preceptorship-Project-Role-Descriptors-June-2022-2.docx&wdOrigin=BROWSELINK)
* [Preceptorship and Return to Practice for Nursing](https://www.hee.nhs.uk/sites/default/files/documents/preceptorshipframework_booklet%20FINAL.pdf)
* [Preceptorship Framework for Northern Ireland](https://nipec.hscni.net/wpfd_file/preceptorship-framework-final-31-8-22-df/)
* [Preceptorship Framework for Scotland](https://learn.nes.nhs.scot/42348/preceptorship)

# Competency frameworks

## Purpose

At this organisation, competency frameworks are used to define, assess, and monitor the knowledge, abilities, and qualities of members of the multidisciplinary team. The framework can be used to ensure that individuals have the necessary skills to provide an effective service to all service users.

The following frameworks are available:

|  |  |
| --- | --- |
| Staff group | Framework(s) |
| General Practice Assistant (GPA) | * [GPA Competency Framework](https://www.e-lfh.org.uk/wp-content/uploads/2022/09/Comp-framework-branded.pdf)
 |
| HCAs | * [The Care Certificate Framework](https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-Certificate/The-Care-Certificate-Framework.pdf)
 |
| Nurses | * [Primary Care and General Practice Nursing Career and Core Capabilities Framework](https://www.skillsforhealth.org.uk/wp-content/uploads/2022/05/Primary-Care-and-GPN-Framework-May22.pdf)
* [Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care](https://www.hee.nhs.uk/sites/default/files/documents/ACP%20Primary%20Care%20Nurse%20Fwk%202020.pdf)
 |
| Nursing Associates | * [Standards of Proficiency for Registered Nursing Associates](https://www.nmc.org.uk/standards/standards-for-nursing-associates/)
 |
| Paramedics | * [The Paramedic Specialist Core Capabilities Framework](https://www.hee.nhs.uk/our-work/paramedics)
 |
| Pharmacists | * [Prescribers Competency Framework](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework)
* [Advanced Pharmacy Framework](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Frameworks/RPS%20Advanced%20Pharmacy%20Framework.pdf)
 |
| Pharmacy Technicians | * [National Competency Framework for Primary Care Pharmacy Technicians](https://www.aptuk.org/static/pdf/e96397ce0f20d08f14c34e60fe4ebd97.pdf)
 |
| Physiotherapists | * [MSK Core Capabilities Framework for First Point Contact Practitioners](https://www.skillsforhealth.org.uk/info-hub/musculoskeletal-2018/)
 |
| Social Prescribing Link Worker | * [Social Prescribing Link Worker Competency Framework](https://www.nalw.org.uk/wp-content/uploads/2021/06/Social-Prescribing-Link-Worker-Competency-framework-April-2021-DRAFT.pdf)
 |

# Appraisals

## Training for appraisers

Performance appraisal procedures are in place at this organisation to ensure a fair and effective approach to reviewing employee performance, to help optimise employee job performance and development within the organisation.

The process helps employees to engage with their contribution to the objectives of the organisation and gives them support and encouragement to develop and excel in their roles.

It is therefore essential that line managers with appraisal responsibilities are trained appropriately to facilitate the appraisal process. The organisation will afford all staff with appraisal responsibilities the opportunity to participate in appraisal training upon appointment, and throughout their period of employment.

For further details, see the organisation’s [Performance Appraisal Guide for Managers](https://practiceindex.co.uk/gp/forum/resources/performance-appraisal-guide-for-managers.1210/).



[Appraisals](https://practiceindex.co.uk/gp/solutions/learning/appraisals/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

# Organisation-facilitated training

## Training programme

The organisation will, through the training coordinator, deliver a training programme to meet the needs of the multidisciplinary team. Training will usually be held monthly, and staff are encouraged to offer suggestions for training sessions. The following are example subjects which may be delivered:

|  |  |
| --- | --- |
| **Subject** | **Facilitator** |
| Understanding information governance | Data Protection Officer |
| Training opportunities | Organisation training lead |
| BLS with AED | Organisation paramedic |
| Communication | Practice Index |
| Safeguarding – your responsibilities | Safeguarding lead |
| Team-building exercise  | Practice Index |
| Ophthalmic emergencies in general practice | Ophthalmic consultant from local trust |
| Managing complaints – role play and scenarios | Complaints manager  |
| Accuracy, clarity, and good record-keeping | Senior partner |
| IPC update | IPC lead |
| Exploring your leadership abilities | Practice manager |
| Complaints – your responsibilities | Complaints manager |
| Team-building event | Practice Index |

# Leave for training

## Study leave

At this organisation, study leave allocation is normally specified within the individual’s Contract of Employment. In some cases, and by prior agreement, time off for learning may be granted to allow individuals to undertake studies at their place of learning. Proof of attendance may be required and time off for study leave is at the discretion of the individual’s line manager and/or organisation manager.

## Sabbaticals

Career breaks provide employees with the opportunity to take a longer break away from work than is provided for by parental or other leave arrangements without losing continuity of employment, or in some circumstances, the right to return to the same or similar job. The aim is for the organisation to retain skilled and experienced employees who may otherwise choose to leave the workforce permanently.

A career break may be approved for a variety of reasons (including childcare, eldercare, care for another dependant, training, study leave or work abroad – other reasons will be considered on their merits).

In assessing an application for a career break, the organisation’s primary consideration will be operational needs, the provision of services to patients, the prevailing financial climate, and the organisation’s future. Secondary will be the added value and contribution that the employee will make on their return and the individual and/or personal circumstances relating to the request.

For further detailed information, see the organisation’s [Career Break (Sabbatical) Policy](https://practiceindex.co.uk/gp/forum/resources/1127).

# Funding for training

## Training agreement

This organisation has a policy of encouraging its employees to undertake training to further their career and/or development. Whilst this is encouraged, the organisation may request employees to assist with the costs and/or use their own time to facilitate this training.

In the event of termination of employment, for whatever reason, the organisation will seek reimbursement for the costs incurred as per the training agreement. This agreement will be raised by the organisation manager during the discussions into the training requirement.

This clause does not apply to individuals employed as apprentices and for as long as the apprenticeship continues. It will begin to apply, as appropriate, should employment continue once the apprenticeship has concluded.

A template for a training costs agreement can be found at [Annex A](#_Annex_A_–).

## Travelling for training

This organisation will reimburse employees for expenses that are incurred wholly, necessarily, and exclusively in connection with authorised duties that they undertake in the course of their employment; this includes travel to and from approved training events.

Should an employee need to travel for an external training event, this would be classified as a business trip. If using their personal vehicle, they are to ensure that they have the appropriate business vehicle insurance cover.

For further details, see the organisation’s [Expenses Policy](https://practiceindex.co.uk/gp/forum/resources/expenses-policy.1199/) and [Employee Handbook](https://practiceindex.co.uk/gp/forum/resources/employee-handbook-ms-word-version.1785/).

# Records of training

## Retention period

This organisation must retain records relating to staff training in line with [NHS England’s Record Management Code of Practice](https://transform.england.nhs.uk/information-governance/guidance/records-management-code/), which states the following:

Records of significant training must be kept until the individual’s 75th birthday or six years after the staff member leaves. It can be difficult to categorise staff training records as ‘significant’ as this can depend upon the staff member’s role. The following is recommended:

* Clinical training records – to be retained until 75th birthday or six years after the staff member leaves, whichever is the longer
* Statutory and mandatory training records – to be kept for ten years after training has been completed
* Other training records – to be kept for six years after training has been completed

At the end of the retention period, records will be destroyed if no longer required.

For further detailed information, see the organisation’s [Record Retention Schedule](https://practiceindex.co.uk/gp/forum/resources/record-retention-schedule.767/).

## Record storage

This organisation will retain all records electronically, using Learning Manager on the Practice Index HUB. There is no requirement to hold paper copies of training records, certificates, etc., so long as legible, certified, true copies are available in e-format.

## Training matrix

The CQC may ask the organisation for a copy of their training matrix. This must show staff members’ names, training subjects, dates of completion and expiry dates / dates when refresher training is required. One simple way of providing this information is by means of a spreadsheet. However, Learning Manager on the Practice Index HUB enables organisations to export records of staff training as a PDF / spreadsheet which can be shared with the relevant parties.



Learning Manager is accessible in the [HUB](https://hub.practiceindex.co.uk/).

# Frequently asked questions

## Overview

This section focuses on a plethora of questions that are often asked in relation to training. Some of the responses provided are intentionally brief and, where applicable, will hyperlink to the relevant organisational policies, training courses, GP mythbusters and other reference sources.

1. **Does the CQC have a list of mandatory training requirements?**

The CQC does not have a list of mandatory training requirements for GP practices. This is because training requirements differ from practice to practice, as training needs are dependent on the responsibilities of the practice and the needs of the service users.

The CQC will expect to see, as a minimum, examples of the following:

* Infection Prevention and Control (Tiers 1 & 2)
* Fire Safety
* Mental Capacity Act and Deprivation of Liberty Standards
* Resuscitation – Adult Basic Life Support (Levels 1 & 2)
* Resuscitation – Paediatric Basic Life Support (Levels 1 & 2)
* Safeguarding Adults
* Safeguarding Children

For detailed information, see the organisation’s [Staff Development Policy - Mandatory training guidelines](https://practiceindex.co.uk/gp/forum/resources/staff-development-policy-mandatory-training-guidelines.1000/).



All [mandatory eLearning courses](https://practiceindex.co.uk/gp/solutions/learning/elearning-mandatory-and-more/) are available in the [HUB](https://hub.practiceindex.co.uk/).

1. **Do staff need to be first aid trained?**

Primary care organisations have staff who could provide assistance within their scope of professional practice even if they have not undertaken a first aid at work (FAW) or an emergency first aid at work (EFAW) qualification.

The HSE [Guidance on Regulations for the Health and Safety (First Aid) Regulations 1981](https://www.hse.gov.uk/pubns/priced/l74.pdf) advise that certain healthcare professionals are exempt from a qualification in first aid provided that they can demonstrate current knowledge and skills in first aid. The training and experience of the following qualify them to administer first aid in the workplace:

* Doctors registered and licensed with the GMC
* Nurses registered with the NMC
* Paramedics registered with the HCPC

For detailed information, see the organisation’s [First Aid Policy](https://practiceindex.co.uk/gp/forum/resources/first-aid-policy.833/).

1. **Do staff have to complete Levels 1 and 2 of Safeguarding before completing Level 3?**

Training at Level 3 incorporates the training required at Levels 1 and 2, and therefore negates the need to undertake refresher training at Levels 1 and 2, as well as Level 3.

For detailed information, see the organisation’s [Safeguarding Handbook](https://practiceindex.co.uk/gp/forum/resources/the-safeguarding-handbook.2021/).



[Safeguarding](https://practiceindex.co.uk/gp/solutions/learning/safeguarding-adults-level-1/) (Levels 1-3) eLearning courses are available in the [HUB](https://hub.practiceindex.co.uk/).

1. **Do I need to retain copies of completed induction packs?**

When the CQC inspect, they will want to look at the arrangements for supporting staff, and induction is very much a support mechanism that helps to communicate policies and procedures to staff. A centralised induction pack is an invaluable tool for new members of the team. The CQC will want to see induction packs for all staff members.

For detailed information, see the organisation’s [Staff Induction Policy](https://practiceindex.co.uk/gp/forum/resources/staff-induction-policy.952/).



[Induction](https://practiceindex.co.uk/gp/solutions/learning/induction/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **Does resuscitation (BLS) training need to be completed F2F?**

The [Resuscitation Council UK](https://www.resus.org.uk/home/faqs/faqs-basic-life-support-cpr) (RCUK) advise that e-learning is an effective alternative to instructor-led training. However, it is essential that this method of training includes practice on a training manikin.



[Resuscitation – Adult BLS](https://practiceindex.co.uk/gp/solutions/learning/resuscitation-adult-basic-life-support-level-1-2/) and [Paediatric BLS](https://practiceindex.co.uk/gp/solutions/learning/resuscitation-paediatric-basic-life-support-level-1-2/) eLearning are available in the [HUB](https://hub.practiceindex.co.uk/).

1. **How often does resuscitation refresher training need to be completed?**

Skills should be maintained at an effective level continuously. The [RCUK](https://www.resus.org.uk/home/faqs/faqs-basic-life-support-cpr) advise that skills should be refreshed at least annually, but preferably more often.

For detailed information, see the [Mandatory training troubleshooter](https://practiceindex.co.uk/gp/forum/resources/mandatory-training-troubleshooter.1916/).

1. **Who needs to complete chaperone awareness training?**

The [CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones) advise that **all staff** should have an understanding of the role of the chaperone. Therefore, it is essential that both clinical and non-clinical staff complete chaperone awareness training.



[Chaperone Awareness](https://practiceindex.co.uk/gp/solutions/learning/chaperone-awareness/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **Is chaperone awareness the same as formal chaperone training?**

Staff who are expected to undertake a formal chaperone role must complete additional training so that they can develop the competencies required. Training should include the following:

* What is meant by the term chaperone
* What is an ‘intimate examination’
* Why chaperones need to be present
* Their role and responsibilities. It is important that chaperones place themselves inside the screened-off area rather than outside the curtains/screen (as they are then not technically chaperoning)
* Policy and mechanism for raising concerns
1. **Do I need paper copies of training certificates?**

No, it is perfectly acceptable to digitise all records of training. The CQC would expect organisations to provide a detailed training matrix on request. This can be achieved by exporting the full training record, accessible within Learning Manager on the HUB.

1. **What level of IPC training does my IPC lead need?**

Whilst there is no definitive level of training for IPC leads in general practice, the CQC would expect to see that staff have the competency, skills and knowledge to perform their roles. Therefore, it is highly recommended that the nominated IPC lead undertakes specific IPC lead training. Further guidance can be sought from Integrated Care Board (ICB) IPC leads.

1. **Who needs to be trained to recognise sepsis?**

All staff working in general practice should be trained to recognise and respond to acutely unwell or deteriorating patients; this includes non-clinical staff who should know how to raise concerns when something doesn’t look or sound right.



[Sepsis](https://practiceindex.co.uk/gp/solutions/learning/sepsis/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **How often do staff have to complete fire safety training?**

The Skills for Health (SfH) Core Skills Training Framework (CSTF) advises that fire safety refresher training should be completed every two years.



[Office, Electrical and Fire Safety](https://practiceindex.co.uk/gp/solutions/learning/office-electrical-and-fire-safety/) eLearning courses are available in the [HUB](https://hub.practiceindex.co.uk/).

1. **How often do fire wardens need to complete refresher training?**

Whilst the Regulatory Reform (Fire Safety) Order 2005 does not stipulate fire warden training requirements, it is recommended that nominated fire warden refresher training is undertaken every three years.



[Fire Warden](https://practiceindex.co.uk/gp/solutions/learning/fire-warden-training/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **What levels of safeguarding do team members need?**

For adult safeguarding, training requirements are:

* **Level 1**: All staff working in healthcare settings
* **Level 2**: All practitioners who have regular contact with patients, their families or carers, or the public
* **Level 3**: Registered healthcare staff working with adults who are engaging in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns

For children and young people, training requirements are:

* **Level 1**: All staff including non-clinical managers and staff working in healthcare services
* **Level 2**: This is the minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers, or adults who may pose a risk to children
* **Level 3**: All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection / safeguarding concerns or not)



[Safeguarding Levels 1 to 3](https://practiceindex.co.uk/gp/solutions/learning/safeguarding-adults-level-1/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **Who needs to be trained in dealing with complaints?**

[Regulation 16: Receiving and acting on complaints](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints#guidance) explains that all staff must know how to respond when they receive a complaint, regardless of the format of the complaint. Furthermore, information and guidance about how to complain must be readily available for service users.



[Complaints Management](https://practiceindex.co.uk/gp/solutions/learning/complaints_management/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **What training do staff who undertake spirometry need to complete?**

The [Association for Respiratory Technology & Physiology](https://www.artp.org.uk/spirometry) (ARTP) advise that spirometry should only be performed by people who have been appropriately assessed as competent, demonstrating that they have achieved the standards established by the ARTP for the performance and interpretation of spirometry measurements. Without this overall quality assurance, the accuracy of the diagnosis cannot be relied upon.

[CQC GP mythbuster 83: Spirometry in general practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-83-spirometry-general-practice) advises that being on the ARTP national register is one way to evidence quality and consistency.

1. **What vaccinations can HCAs administer?**

Whilst the Royal College of Nursing (RCN) support HCAs in administering influenza, shingles and pneumococcal vaccinations to adults and the intranasal influenza vaccine to children, the CQC advise that so long as an individual is trained, deemed competent and supervised, they can undertake a wide range of vaccinations if they are supported by a Patient Specific Direction (PSD).

1. **How many members of staff should be trained to manage vaccines?**

[CQC GP mythbuster 17: Vaccines storage and fridges in GP practices](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-17-vaccine-storage-fridges-gp-practices) advises that at least two designated members of staff, who have received appropriate training, should be responsible for ordering, receipt, and care of vaccines. However, all members of the team should understand the importance of good vaccine management.



[Maintaining the Cold Chain](https://practiceindex.co.uk/gp/solutions/learning/maintaining-the-cold-chain/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **What training do individuals require to enable them to undertake risk assessments?**

Neither the HSE nor the CQC specify any requirements about who carries out a risk assessment; both organisations state that the person should be competent to undertake the task.

The [HSE](https://www.hse.gov.uk/involvement/competentperson.htm) advise that a competent person is someone who has sufficient training and experience or knowledge and other qualities that allow them to assist individuals in carrying out risk assessments. This risk assessor could be the employer and/or an employee.



[Risk Assessments including COSHH](https://practiceindex.co.uk/gp/solutions/learning/risk-assessments-including-coshh/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

1. **Why do all staff need duty of candour training?**

[CQC GP mythbuster 32: Duty of Candour and General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-32-duty-candour-general-practice-regulation-20) states that the CQC will want to see that training has been undertaken by all staff on communicating with patients about notifiable safety incidents.



[Duty of Candour](https://practiceindex.co.uk/gp/solutions/learning/duty-of-candour/) eLearning is available in the [HUB](https://hub.practiceindex.co.uk/).

# Annex A – Training costs agreement template

# Important information

If you wish to be able to recover training costs from an employee who leaves during or shortly after training, you should have an express written agreement in place before the training starts.

Training costs agreements usually operate on a sliding scale so that the longer an employee remains with the organisation, the less they are due to refund on leaving. The sliding scale and its time periods will vary according to the length and cost of the training itself.

The amount due under the terms of the agreement should be a genuine attempt by the organisation to assess its loss as a result of the termination of the employee’s employment and should take into account the derived benefit to the employer. Any such agreement should not be intended to act as a penalty on the employee.

The training costs agreement should also include a clause that allows you, as the employer, to make deductions from wages from the employee’s final salary in respect of any outstanding training fees if they leave.

If in any doubt, seek advice on the level of detail required in your agreement and how to adapt it to different scenarios.

# Training Costs Agreement

This Agreement is made between:

[Insert name of organisation and address] the ‘employer’, and

[Insert name of employee] who is employed as [insert job title/grade] the ‘employee’

on [insert date of agreement].

**Training/course details**

Course of study:

Name of qualification(s):

Name of college/study institute:

Final examination date(s):

Cost of training/course fees/examination fees (detail breakdown where possible):

Cost of books/other materials/equipment:

Travel costs (where applicable):

**Total costs/fees**:

**Employee’s declaration**

In consideration of the organisation (the employer) agreeing to meet the costs of the above training/course, I (the employee) agree to reimburse to the organisation the costs if:

* I voluntarily withdraw from or terminate the training/course early without the organisation’s prior written consent
* I am dismissed or otherwise compulsorily discharged from the training/course, unless the dismissal or discharge arises out of the discontinuance generally of the course
* My employment is terminated by the organisation for any reason [(except redundancy)] prior to completion of the course
* I resign from the organisation either prior to completion of the training/course or within [xx years/months] after the end of the training/course, except that, in the latter case, the amount which would otherwise be due to the organisation shall be reduced by [1/24th or 1/12th] part for each complete calendar month after the end of the training/course during which I remain employed by the organisation.

I agree that the organisation has the right, as an express term of my Contract of Employment, to deduct any outstanding amount (in whole or in part) of the costs due under the terms of this Agreement from any subsequent salary payment including my next available salary payment after my termination or any from other payments due to me on termination in accordance with the legislation currently in force.

Employee’s signature: ………………………………………………………….

Date signed: ………………………………………………………….

Signature on behalf of the organisation: …………………………………………..

Position: ………………………………………………………….

Date signed: ………………………………………………………….

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