



Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England

Acknowledgements

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Development of the framework was guided by a project steering group chaired by Julia Taylor, ACP/GP Trainer, GP Training Programme Director, Clinical Lead for General Practice, Advanced Practice Strategy Group (Derbyshire). The lead commissioner was Karen Storey, Primary Care Nursing Lead (NHS England/NHS Improvement) with project management provided by Andrew Lovegrove, Senior Consultant and Colin Wright, Frameworks Development Manager (Skills for Health).

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

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

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

Finally, we wish to thank the 244 respondents to the online consultation survey.

Further detail of how the framework was developed is presented in **Appendix 3**.

Equality and Health Inequalities Statement

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

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

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Foreword

General practice has always been at the heart of the NHS. General practice and primary care continue to evolve to meet the increasing and more complex demands of their communities. Scientific advances mean more screening and treatment options exist and more is understood around the importance of preventing illness, protecting health and promoting wellbeing across the life course. This has never been more important given the stark health inequalities which exist across our country.

Primary care has a strong track record of innovation and development; this is particularly so within the context of workforce development. New roles have evolved and continue to develop, and nurses have in many ways led the way. New ways of working together and the development of general practice and primary care multi-professional teams will ensure a workforce that is fit for the future.

Nurses with advanced clinical practice knowledge and skills will be able to both lead and work within and across multi-professional teams to provide excellent prevention and care for people accessing their services.

Fundamentally this framework sets a standard and offers the opportunity for practitioners to develop and evidence their knowledge and skills, enabling the highest standards of practice as well as providing a structure for career and role development within primary care.

Our gratitude to all those who led on and developed this framework.

Ruth May

Chief Nursing Officer, NHS England

Professor Jamie Waterall

Deputy Chief Nurse, Public Health
England

Professor Mark Radford

Chief Nurse, Health Education England

Deputy Chief Nursing Officer, NHS
England & NHS Improvement

Statements of support

The Royal College of General Practitioners is proud to have supported the development of this new framework. GP nurses are a vital part of the general practice team, providing excellent care and support to patients every day. This framework for Advanced Clinical Practice provides scope for GP nurses to take on even more challenging duties and responsibilities, making an even greater contribution to patient care. Advanced Clinical Practice is a highly responsible and respected part of the nursing profession, and we are thrilled that nurses in general practice will now be able to secure recognition of their expertise.

Professor Helen Stokes-Lampard

Chair, Royal College of General Practitioners

The Association of Advanced Practice Educators AAPE UK has been delighted to be part of this important work to promote high standards for advanced nursing practice within all General Practices in England. Many of the students accessing advanced clinical practice education across our 50 plus member universities have and will come from this healthcare setting, developing the level of their practice in ways that optimise patient consultations and push forward service innovation. This framework provides important clarity for all involved in educating future advanced practitioners on the underpinning knowledge and skills that should be developed and assessed to ensure safe and effective care for general practice patients.

Katrina Maclaine, Associate Professor (Advanced Practice)

Chair, Association of Advanced Practice Educators (AAPE UK)

We face many challenges in general practice and although there has been a focus on the GP workforce, we need to be aware of the major challenge with an ageing nursing workforce with many due to retire in the next 3-5 years. The NHS is transforming to a system looking at outcomes rather than activity, building a model in the community that means less reliance on hospital-based care and removing the historical divide between community services and primary care with the creation of Primary Care Networks. All of this not only requires an expansion of the nursing workforce but also needs a rapid development of skills and range of services offered. This will mean the career opportunities for nurses will increase significantly supported by the introduction of the new primary care fellowships for GPs and nurses.

Dr Nigel Watson MBE MBBS FRCGP

Chief Executive Wessex Local Medical Committees Ltd

This framework is a welcome development which appreciates the role and impact that primary care nurses have on people's care – as well as providing a structure to help them reach their full potential.

We know that practices and patients benefit from multidisciplinary working that enables professionals with different skills to provide appropriate, timely and effective care based around the needs of the individual. This is something we see in good and outstanding practices across England.

As general practice looks to tackle the challenges of providing high-quality care now and in the future, the clinician working at the level of Advanced Clinical Practice will play a vital role in not only supporting people today, but also in the way primary care evolves in the face of growing need and workforce pressures.

**Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care
Care Quality Commission**

General Practice Nurses are vital members of the Primary Care Team. Over my career I have seen considerable changes to how my nursing colleagues work, their professional development has led to increasing career development opportunities including advanced clinical practice. This framework offers clarity and is aspirational. I feel that it is very powerful that this framework was created by a wide range of stakeholders and is endorsed by the Chief Nursing Officer for England and the Directors of Nursing of Health Education England and Public Health England.

**Prof Simon Gregory DL, Deputy Medical Director, Primary and Integrated Care
Health Education England**

Patients and members of public will welcome this description of 'Advanced Clinical Practice' for nurses in the GP surgery and primary care. They really value your advanced skills in treating them as an advanced clinical nurse - not just as a series of illnesses or conditions - but as a person with needs that you can support and treat. That is what this framework identifies and encourages. We all wish you well in this process.

Peter Harris, Patient and public representative

Introduction and background

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

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

This framework is for nurses working in general practice/primary care at the level of Advanced Clinical Practice (ACP) and throughout the framework they will be referred to as ACP (Primary Care Nurse).

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

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

ACP (Primary Care Nurse) roles, within general practice/primary care have so far developed without a set standard and this has led to varying levels of attainment, resulting in much disparity. This has created confusion for employers, fellow healthcare staff and people because of variation in titles, qualifications and competency.

As such it is recognised that many existing ACP (Primary Care Nurses) will have areas for development and may need to 'top up' their academic knowledge and or their capabilities in order to evidence the **core** requirements in this framework.

In an often-challenging clinical environment where people are cared for across the life span, often with multiple, complex problems, it is imperative to ensure safe and effective practice and ACP (Primary Care Nurse) capability.

This framework has identified a **core set** of capabilities required both for nurses who work in general practice/primary care settings **seeing people with undifferentiated and undiagnosed conditions** and those using the **advanced** title. Clinicians employed at ACP level work autonomously and are not constrained by protocols.

This framework identifies the robust underpinning knowledge and capabilities required by the ACP (Primary Care Nurse) working with an agreed scope of practice within the general practice/primary care multi-professional team, and provides the opportunity for them to embrace the Health Education England Multi-Professional Framework for Advanced Clinical Practice in England. <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

It will allow the ACP (Primary Care Nurse) to demonstrate and evidence their advanced level knowledge, skills and behaviours to service commissioners, employers, people utilising health care and the public to enable them to have a

better understanding and confidence in the ACP level of practice. The ACP (Primary Care Nurse) is encouraged to showcase their role(s) and embrace the development of primary health care teams and new ways of working.

To enable that process the framework has included some assessment and portfolio tools to assist both ACP (Primary Care Nurses) and clinical supervisors to build a portfolio of triangulated evidence of capability.

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

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

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

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

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

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

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

More information on how this framework was developed is set out in **Appendix 3**.

Scope of the framework

This framework specifies a range of core capabilities expected of the ACP (Primary Care Nurse) working within general practice/primary care. This includes the ability to take a history, assess and examine as necessary, synthesise information and use clinical reasoning to diagnose and formulate a shared management/personalised care/support plan.

The ACP (Primary Care Nurse) must:

- Work within the scope of their role, agreed and documented by their employer.
- Work within and across multi-professional teams and draw on the expertise of all members (including health and social care) to support and meet the person's needs and best interests to optimise the integration of their care.
- Manage and escalate medical emergencies appropriately.
- Identify and act appropriately on red flags.
- Assess, diagnose and collaboratively agree a way forward, including shared decision making and personalised care and support planning.
- Manage medical complexity.
- Complete episodes of care which may include referral for further assessment, treatment and care appropriately.
- Work with people and where appropriate, carers, to access appropriate treatment, diagnostics, care and support within the context of individuals' preferences, priorities and needs.
- Provide continuity of care in collaboration with the person, considering all of their physical, mental and psychosocial challenges.
- Use interactions with each person to facilitate and enable changes in behaviour that can have a positive impact on the persons health and wellbeing.

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

It is recognised that in addition to the core in this framework the ACP (Primary Care Nurse) may develop more specialist knowledge at advanced level and areas of special interest. These may evolve in order to meet population or practice need, or indeed out of the special interest of the ACP (Primary Care Nurse).

It is the responsibility of the employer to ensure that the ACP (Primary Care Nurse) is capable to carry out the role they are employed to fulfil. The employer and employee should agree and document the scope of practice within the multi-professional team. This should be regularly reviewed and therefore it is assumed

that cyclical appraisal and Continuing Professional Development exist within a well governed clinical working environment¹.

The Academy for Advancing Practice (presently in development) will provide an opportunity for practitioners working as an ACP (Primary Care Nurse) to evidence their ability to work at an advanced level. This may be supported by regional and local governance structures.

Registered nurses working at an advanced level will need to demonstrate capability for doing so. For the ACP (Primary Care Nurse) a portfolio of triangulated evidence against this framework, along with the necessary academic educational attainment supports this process.

Structure of the framework

The framework is presented in four domains:

Domain A. Person-centred collaborative working

Domain B. Assessment, investigations and diagnosis

Domain C. Condition management, treatment and prevention

Domain D. Leadership and management, education and research.

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

The capabilities set out what the ACP (Primary Care Nurse) working in general practice/primary care settings must demonstrate. The capabilities must be underpinned by the clinical knowledge to promote health and to assess, diagnose and manage the care of people.

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

Assessment and portfolio tools can be found in **Appendix 6**.

¹ See Appendix 6. Portfolio and Assessment Materials

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

This framework builds upon the definitions of advanced clinical practice provided by the Advanced Clinical Practice (ACP) Framework (2017)².

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

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

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

Pillars of the ACP Framework	Domains of the Core Capabilities Framework for Advanced Clinical Practitioners (Nurses) Working in General Practice/Primary Care
1. Clinical Practice	Domain A. Person-centred collaborative working Domain B. Assessment, investigations and diagnosis Domain C. Condition management, treatment and prevention
2. Leadership and Management	Domain D. Leadership and management, education and research
3. Education	
4. Research	

² Ref: HEE (2017), Multi-professional framework for advanced clinical practice in England.

Who is this framework for?

Service commissioners

The framework enables commissioners of services to specify minimum standards for ACP (Primary Care Nurse) employment. It sets out clear expectations about what the ACP (Primary Care Nurse) can do, recognising that the ACP (Primary Care Nurse) has the knowledge and skills to be flexible in their approach and work autonomously to provide evidence-based care for people.

This framework will facilitate the inclusion of the ACP (Primary Care Nurse) into workforce plans such as by; Clinical Commissioning Groups (CCGs), Strategic Workforce Improvement Groups (SWiG), Sustainability and Transformation Plans (STP), Integrated Care Systems (ICS) and Primary Care Networks (PCNs).

Other organisations involved in the care of people will understand the ACP (Primary Care Nurse) level of practice and this will facilitate allowing direct referrals, requesting further investigations (such as imaging etc).

The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of the ACP (Primary Care Nurse) operating at this level of practice, to facilitate the development and mobility of this workforce. It will allow service commissioners to understand the value of the ACP (Primary Care Nurse) in leading/working within and across multi-professional teams to deliver the best outcomes for people.

Employers

The framework enables employers and managers to demonstrate that the ACP (Primary Care Nurses) they employ/manage meet core capabilities or have developmental plans in place along with clinical supervision to ensure safe and effective practice which remains up to date and meets the needs of individuals.

This underpins and supports the need for continuing professional development of ACP (Primary Care Nurses) and supports workforce planning - for example:

- It supports the process of quality assurance to ensure the safety and effectiveness of advanced clinical practice roles.
- It can be use as part of appraisal processes.
- It can be used to review and recognise how capabilities are shared across teams.

Education and training providers

Higher Education Institutions can use the framework to inform the design of their curricula and the delivery of education, training and development programmes, including identifying learning outcomes. It will enable the synergy between frameworks to be identified and thus allow the unique skills required in primary care to be addressed and provided for promoting the development of multi professional team working.

This will ensure that learning and development provision contributes to ACP (Primary Care Nurses) and trainees acquiring and demonstrating the full range of knowledge

to support the capabilities required to make them a safe and effective member of the workforce.

The framework will inform those who design and deliver training and development opportunities to focus on the key capabilities that both trainee and existing ACP (Primary Care Nurses) need to achieve and maintain. This in turn, will guide the content to be included and the use of appropriate learning and teaching strategies.

Use of this national framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core ACP (Primary Care Nurse) capabilities and optimises opportunities for inter-professional learning. In so doing, it should help to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Clinical Supervisors (CS)

The framework will assist clinical supervisors of ACP (Primary Care Nurses) and trainees to better understand the level of practice and provide a framework to assess against. The assessment tools in Appendix 6 enable the clinical supervisor to capture how the trainee or ACP (Primary Care Nurse) applies their academic knowledge, experience and skills to day to day practice. These assessments can form part of the ACP (Primary Care Nurse) portfolio of triangulated evidence.

The ACP (Primary Care Nurse) / Trainee ACP (Primary Care Nurse)

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

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

Existing nurses currently using the “advanced” title may have different starting points due their clinical background, experience, clinical setting and scope of practice. They may meet all or some of the capabilities but may need to ‘top up’ their skill set to those outlined in this framework and to evidence capability and work effectively in a general practice/primary care setting.

New trainee ACP (Primary Care Nurses) need to be employed in a trainee post, with clinical supervision, that will allow them to see appropriate presentations for them to develop and evidence the core capabilities in this framework.

This framework will assist ACP (Primary Care Nurses) in the development of a portfolio of triangulated evidence. It will allow ACP (Primary Care Nurses) to demonstrate their capability in working at an advanced level.

The various routes to becoming an ACP (Primary Care Nurse) are presented in **Appendix 5**.

People and the wider public

The framework can be used by people to understand what they can expect from an ACP (Primary Care Nurse) when planning for their own current and future care. In particular, the framework outlines the skills an ACP (Primary Care Nurse) must demonstrate in supporting people (and where appropriate carers/families) to be able to make informed choices about their care and be assured that services are delivered safely and effectively alongside other healthcare professionals. It can also be useful for those who want an awareness of the ACP (Primary Care Nurse) level of practice if they are in roles such as patient or lay representatives, or holding positions with organisational boards, or other roles involved in coproduction of services, education or system development.

Underpinning knowledge

The capabilities in the framework provide a definition of the level of practice of an ACP (Primary Care Nurse) in general practice/primary care, recognising that they must be adaptable and not constrained by protocols or dictate for practice.

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

An ACP (Primary Care Nurse) will have undertaken – or as a trainee be working towards – a **minimum of a Postgraduate Diploma (PG Dip)** but with an expectation of a **full master's** in advanced clinical practice or equivalent. They will be an **independent prescriber** and registered as such with the NMC.

As part of the Post-Graduate Diploma/full MSc the ACP (Primary Care Nurses) will have successfully completed a module in advanced assessment and clinical reasoning. They will utilise problem-solving capabilities to be able to manage medical complexity.

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

The scope of the ACP (Primary Care Nurse) role, including the clinical systems that need to have evidence of capability, should be agreed with the employer (see appendix 1 for further details).

Those working at ACP level will have skills in research, audit, quality improvement, leadership and management. They will be able to share knowledge and facilitate the development of junior colleagues and peers. The ACP (Primary Care Nurse) will involve people and carers as part of co-production at a collective level.

Professional values and behaviours

The values and behaviours of ACP (Primary Care Nurses) are fundamental to the successful delivery of practice to individuals, practice populations and communities. Whilst values and behaviours transcend and underpin all of this framework, they are set out specifically in Capability 4. This emphasises a commitment to collaborative, person-centred and integrated service working and delivery.

ACP (Primary Care Nurses) also work in accordance with the NHS Constitution, which sets out commitments to service users and staff, and the responsibilities that the public, service users and staff owe to one another to ensure that the NHS operates fairly and effectively: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Domain A. Person-centred collaborative working

Introduction

ACP (Primary Care Nurses) have highly developed interpersonal and communication skills to engage in effective, enabling and complex interactions with individuals, carers and colleagues in the clinical environments in which they practise. They have advanced skills in listening and information-processing, alongside empathetic skills to ascertain, understand and respond to individuals' complex needs and concerns. They use sophisticated language and media (including remote consultation such as telephone, skype etc), are sensitive to individual preferences and needs, and uphold and safeguard individuals' interests. This level of practice will include 'conversations with people to collaboratively manage highest complexity and significant risk' i.e. Step 3 of the Person-Centred Approaches framework: [Person-Centred Approaches \(Health Education England & Skills for Health 2017\)](#).

ACP (Primary Care Nurses) take account of individuals' preferences, priorities and needs, to guide the care and treatment they offer. They respect individuals' expertise in their own life and condition and empower and support them to retain control and to make choices that fit with their goals. Avoiding mechanistic practice, they apply their knowledge and skills in a person-centred way.

Capability 1. Communication and consultation skills

The ACP (Primary Care Nurse) must:

- a) Critically appraise communication strategies and be able to optimise communication approaches appropriately using skills such as active listening e.g. frequent clarifying, paraphrasing and picking up verbal cues such as pace, pauses and voice intonation.
- b) Reflect on communication strategies and skilfully adapt those employed to ensure communication strategies foster an environment of person empowerment.
- c) Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people's communication and language needs, preferences and abilities (including levels of spoken English and health literacy).
- d) Communicate effectively with individuals who require additional assistance to ensure an effective interface with a practitioner, including the use of accessible information.
- e) Evaluate and remedy situations, circumstances or places which make it difficult to communicate effectively (e.g. noisy, distressing environments which may occur during home visits, care home visits or in emergency situations), and have strategies in place to overcome these barriers.
- f) Recognise when the person and their family/carer may have competing agendas and be able to facilitate shared agenda setting using a triadic consultation approach.
- g) Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of general practice/primary care consultations and ensure communication is safe and effective.
- h) Elicit psychosocial history to provide some context for people's problems.
- i) Enable effective communication approaches to non-face to face situational environments e.g. phone, video, email or remote consultation.
- j) Contextualise communication approaches to use in group situations.
- k) Convey information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information.
- l) Manage people effectively, respectfully and professionally (including where applicable, carers and families) especially at times of conflicting priorities and opinions.
- m) Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.
- n) Recognise that effective consultation skills are a subset of advanced communication skills highlighted in the capability for history taking and consultation skills.

For further details on core communication and relationship building skills, see [Person-Centred Approaches \(Health Education England & Skills for Health, 2017\)](#).

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

The ACP (Primary Care Nurse) must:

- a) Critically appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for people, and where applicable their family and carers.
- b) Effectively employ the Public Health England “All Our Health” framework in own and wider community of practice³
- c) Analyse data and intelligence to critically appraise a ‘practice population’ to help identify needs of the people who are served, to add value and be mindful of the need to mitigate the impact of health inequalities on individuals and diverse communities⁴.
- d) Evaluate how a person’s preferences and experience, including their individual cultural and religious background, can offer insight into their priorities, wellbeing and managing their own care.
- e) Explore and act upon day to day interactions with people to encourage and facilitate changes in behaviour such as smoking cessation, reducing alcohol intake and increasing exercise that will have a positive impact on the health and wellbeing of people, communities and populations i.e. ‘Making Every Contact Count’⁵ and signpost additional resources.
- f) Recognise the impact of the presenting problem on the person and where applicable their carer/family.
- g) Recognise and respond appropriately to the impact of psychosocial factors on the presenting problems or general health such as housing issues, work issues, family/carer issues, lack of support, social isolation and loneliness and consider in the context of local social prescribing services.
- h) Engage people in shared decision making about their care by:
 - supporting them to express their own ideas, concerns and expectations and encouraging them in asking questions
 - explaining in non-technical language all available options (including doing nothing)
 - exploring with them the risks and benefits of each available option, discussing the implications, how it relates to them and promoting their understanding as much as possible
 - utilising motivational interviewing techniques
 - supporting them to decide on their preferred way forward
 - supporting them to explore the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals.

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

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

⁵ <https://www.makeeverycontactcount.co.uk/>

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

For further details on approaches to person-centred care and behaviour change, see [Person-Centred Approaches \(Health Education England & Skills for Health, 2017\)](#).

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Capability 3. Working with colleagues and in teams

The ACP (Primary Care Nurse) must:

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

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Capability 4. Maintaining an ethical approach and fitness to practice

The ACP (Primary Care Nurse) must:

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

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Domain B. Assessment, investigations and diagnosis

Introduction

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

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

Capability 5. Information gathering and interpretation

The ACP (Primary Care Nurse) must:

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

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Capability 6. Clinical examination and procedural skills

The ACP (Primary Care Nurse) must:

- a) Ensure the person understands the purpose of any physical examination (including intimate examinations), and/or mental health assessment, describe what will happen and the role of the chaperone where applicable.
- b) Obtain consent and arrange the place of examination to give the person privacy and to respect their dignity (and comfort as far as practicable). Ensure inspection and palpation is appropriate and clinically effective.
- c) Adapt practice to meet the needs of different groups and individuals, including adults, children and those with particular needs (such as cognitive impairment, sensory impairment or learning disability⁶), working with chaperones, where appropriate.
- d) Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively.
- e) Perform a mental health assessment appropriate to the needs of the person, their presenting problem and manage any risk factors such as suicidal ideation promptly and appropriately.
- f) Use nationally recognised tools where appropriate to assess peoples' condition.
- g) Recognise the need for a systematic approach to clinical examination, identify and interpret signs accurately.
- h) Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.

Please see Appendix 1 for a list of Core Clinical Skills and an indicative list of Key Presentations in general practice/primary care.

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⁶ Health Education England and Skills for Health (2019), Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism:
www.skillsforhealth.org.uk/learningdisabilityandautismframeworks

Capability 7. Making a diagnosis

The ACP (Primary Care Nurse) must:

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

For a range of likely diagnostic investigations please see Appendix 1.

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Domain C. Condition management, treatment and prevention

Introduction

ACP (Primary Care Nurses) prioritise opportunities for prevention to reduce the chances of problems arising in the first place; and when they do, support people to develop the knowledge, confidence and skills to self-manage their condition and the impact it has on their day to day life, and to facilitate and enable behaviour changes at any state in the life course.

Whilst being mindful of how behavioural, social and environmental factors impact on health, ACP (Primary Care Nurses) focus on how they can have a positive impact on the health and wellbeing of individuals, communities and populations. They work in collaboration with health and social care colleagues and voluntary organisations, advise on interventions and formulate and enable the development and implementation of shared management/personalised care/support plans. These plans are developed in partnership, considering all the options and wishes of the individual.

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

Capability 8. Clinical management

The ACP (Primary Care Nurse) must:

- a) Vary the management options responsively according to the circumstances, priorities, needs, preferences, risks and benefits for those involved with an understanding of local service availability and relevant guidelines and resources.
- b) Consider a 'wait and see' approach where appropriate.
- c) Safely prioritise problems in situations using shared agenda setting where the person presents with multiple issues.
- d) Implement shared management/personalised care/support plans in collaboration with people, and where appropriate carers, families and other healthcare professionals.
- e) Arrange appropriate follow up that is safe and timely to monitor changes in the person's condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate.
- f) Evaluate outcomes of care against existing standards and patient outcomes and manage/adjust plans appropriately in line with best available evidence.
- g) Identify when interventions have been successful and complete episodes of care with the person, offering appropriate follow-on advice to ensure people understand what to do if situations/circumstances change.
- h) Promote continuity of care as appropriate to the person.
- i) Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing the person's autonomy.
- j) Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review.
- k) Support people who might be classed as frail⁷ and work with them utilising best practice.
- l) Recognise, support and proactively manage people who require palliative care and those in their last year of life⁸, extending the support to carers and families as appropriate.

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⁷ Health Education England, NHS England and Skills for Health (2018), Frailty: A Framework of Core Capabilities: www.skillsforhealth.org.uk/frailty-framework

⁸ Health Education England, Skills for Health, and Skill for Care (2017), End of Life Care Core Skills Education and Training Framework: <https://www.skillsforhealth.org.uk/services/item/536-end-of-life-care-cstf-download>

Capability 9. Managing medical and clinical complexity

The ACP (Primary Care Nurse) must:

- a) Understand the complexities of working with people who have multiple health conditions both physical, mental and psychosocial.
- b) Simultaneously manage acute and chronic problems, including for people with multiple morbidities and those who are frail⁹.
- c) Manage both practitioner and peoples' uncertainty.
- d) Recognise the inevitable conflicts that arise when managing people with multiple problems and take steps to adjust care appropriately.
- e) Communicate risk effectively to people and involve them appropriately in management strategies.
- f) Consistently encourage improvement and rehabilitation and, where appropriate, recovery.
- g) Manage situations where care is needed out of hours and understand how to enable the necessary arrangements.
- h) Support people appropriately and with regard for other care providers involved in their care.

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

Capability 10. Independent prescribing and pharmacotherapy

The ACP (Primary Care Nurse) must:

- a) Safely prescribe and/or administer therapeutic medications, relevant and appropriate to scope of practice, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies.
- b) Promote person-centred shared decision making to support adherence leading to concordance.
- c) Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.
- d) Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing. Follow Royal Pharmaceutical Framework guidelines (e.g. medicines optimisation).
- e) Practice in line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources.
- f) Appropriately review response to medication, recognising the balance of risks and benefits which may occur. Take account of context including what matters to the person and their experience and impact for them and preferences in the context of their life as well as polypharmacy, multimorbidity, frailty¹⁰, existing medical issues such as kidney or liver issues and cognitive impairment.
- g) Be able to confidently explain and discuss risk and benefit of medication with people using appropriate tools to assist as necessary.
- h) Advise people on medicines management, including compliance and the expected benefits and limitations and inform them impartially on the advantages and disadvantages in the context of other management options.
- i) Understand a range of options available other than drug prescribing (e.g. not prescribing, promoting self-care, advising on the purchase of over-the-counter medicines).
- j) Facilitate and or prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing.
- k) Support people to only take medications they require and deprescribe where appropriate.
- l) Maintain accurate, legible and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine.

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¹⁰ Health Education England, NHS England and Skills for Health (2018), Frailty: A Framework of Core Capabilities: www.skillsforhealth.org.uk/frailty-framework

Domain D. Leadership and management, education and research

Introduction

ACP (Primary Care Nurses) should have developed their skills and knowledge to the standard outlined in the Multi-Professional Framework for Advanced Clinical Practice Framework (2017)¹¹. This sets out the capabilities which are common across this level of practice enabling standardisation.

The four pillars that underpin this practice are:

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

The knowledge, skills and behaviours specific to **Clinical Practice for ACP (Primary Care Nurse)** are articulated in Domains A, B and C of this framework.

The capabilities for Leadership and Management, Education and Research (which apply to all models of advanced clinical practice across sectors, specialties and professions) are presented in the following Domain D.

¹¹ Health Education England (2017) Multi Professional Framework for Advanced Clinical Practice in England <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

Capability 11. Leadership, management and organisation

The ACP (Primary Care Nurse) must:

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

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

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Capability 12. Education and development

The ACP (Primary Care Nurse) must:

- a) Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.
- b) Engage in self-directed learning, critically reflecting on practice to maximise advanced clinical skills and knowledge, as well as own potential to lead and develop both care and services.
- c) Actively seek and be open to feedback on own practice by colleagues to promote ongoing development.
- d) Promote and utilise clinical supervision for self and other members of the healthcare team to support and facilitate advanced professional development.
- e) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.
- f) Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning and support them to address these.
- g) Enable the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice.
- h) Recognise people as a source of learning, in their stories, experiences and perspectives, and as peers to co-design and co-deliver educational opportunities.
- i) Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others, actively facilitating the development of others.
- j) Actively seek to share best practice, knowledge and skills with other members of the team, for example through educational sessions and presentations at meetings.

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Capability 13. Research and evidence-based practice

The ACP (Primary Care Nurse) must:

- a) Critically engage in research/quality improvement activity, adhering to good, ethical research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.
- b) Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then act on the findings by critically appraising and synthesising the outcome and using the results to underpin own practice and to inform that of others.
- c) Understand and utilise the evidence of best practice to inform own practice.
- d) Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.
- e) Lead on Quality Improvement initiatives/projects – sharing outcomes and leading change.
- f) Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
- g) Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).
- h) Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.

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

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

The table overleaf outlines a number of key clinical presentations that ACP (Primary Care Nurses) need to manage in general practice/primary care, according to the scope of their role. It details assessment and management skills that ACP (Primary Care Nurses) must be able to apply appropriately within the context of the capabilities and are applicable across the **variety of people** presenting **across the age range**.

The application of these will be determined by the **scope of the role of the ACP (Primary Care Nurse)** and the context in which they operate and would be **agreed between the ACP (Primary Care Nurse) and their employer**. A document to help capture the scope of an ACP (Primary Care Nurse) role can be found below the table.

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

For each of the clinical skills below, the ACP (Primary Care Nurse) will also need to have sufficiency in the theoretical and practical underpinning knowledge and understanding of each system in order to demonstrate capability in the provision of care for each of the core clinical skills.

The knowledge statements below therefore apply to clinical skills that are within this appendix. It will be for the ACP (Primary Care Nurse) and their Clinical Supervisor to contextualise the knowledge statements appropriate to the clinical environment.

In addition to the above generic capabilities outlined in the framework the ACP (Primary Care Nurse) will need to know and understand:

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

- Where further investigations can be carried out, who undertakes them, and the timescales involved.
- The importance of supporting people to develop their knowledge, confidence and skills in managing their own health and improving their levels of empowerment.

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

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p><u>Cardiovascular System</u></p> <p>Demonstrate knowledge of the cardiovascular system, analysing potential severity and the impact on related systems.</p> <p>Demonstrate knowledge of the influencing factors such as psycho-social & family history, risk factors, age, symptomatic and clinical signs.</p>		
<ul style="list-style-type: none"> • Identify the need for and initiate immediate treatment of person with obvious cardiovascular emergencies including cardiac arrest, cardiac chest pain. • Understand the implications of an existing cardiovascular condition. • Take a structured and appropriate history of a person presenting with a cardiovascular condition. • Perform appropriate cardiovascular assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Supply and/or administer appropriate therapies. 	<ul style="list-style-type: none"> • Chest pain • Chest discomfort • Orthopnoea • Palpitations • Irregular pulse • Oedema • Blood pressure issues 	<ul style="list-style-type: none"> • Temperature • Pulse rates, rhythm, volume and character • Blood pressure • Respiratory rate • Cardiovascular examination – including inspection, auscultation, percussion & palpation • Chest X-ray • Bloods – FBC, U&Es TFT, ESR, lipid profile, HbA1c, BNP • Electrocardiograph (ECG)

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Instruct & support service users in the use of medicines and devices. • Identify and rationalise need for additional tests such as ECG, X-ray, blood tests, echo etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Recognise the effect that the environment, lifestyle and genetics can have on the cardiovascular system and provide lifestyle and health promotion advice or referral, such as weight loss, exercise and smoking cessation etc. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		<ul style="list-style-type: none"> • Echocardiogram (Echo) • 24-hour BP monitoring • 24-hour ECG Monitoring • Use of risk factor calculators • Routine, urgent and 2 week wait referral criteria
<p><u>Dermatology</u></p> <p>Demonstrate knowledge of the dermatological system including the gross and surface anatomy of skin.</p> <p>Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with a skin problem. • Understand the implications of an existing skin condition. 	<ul style="list-style-type: none"> • Rash – localised • Rash – systemic • Itching • Infestation 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Inspection, palpation • Skin and/or nail scrapings/samples

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Perform an appropriate skin and or wound examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Use of appropriate descriptors such as ABCDE • Identify the need for and initiate immediate treatment of a person with obvious skin emergencies. • Identify and initiate appropriate treatment for people presenting with minor wounds. • Follow national guidance and national navigation pathways to identify and rationalise need for additional tests such as biopsy, swab, doppler etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Recognise the effect that the environment, lifestyle and genetics can have on the skin and provide information, lifestyle and health promotion advice or referral. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 	<ul style="list-style-type: none"> • Spots • Skin lesions, moles • Nail issues/changes • Changes in pigmentation • Skin ulcers • Skin wound – minor & complex • Post-operative wounds • Minor injury 	<ul style="list-style-type: none"> • Blood tests FBC, calcium, U&Es, LFT, ESR, CRP, TFT, haematinics, • Routine, urgent and 2 week wait referral criteria

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

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p>provide information, lifestyle and health promotion advice or referral.</p> <ul style="list-style-type: none"> Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
<p><u>Emergency Presentations</u></p> <p>Demonstrate knowledge of the range of emergency person presentations, understanding the complex interrelations of body systems and their inter-dependencies on life.</p> <p>Demonstrate knowledge of what appropriate actions to take in a range of emergency situations.</p>		
<ul style="list-style-type: none"> Initial ABC assessment and action needed. Take a structured and appropriate history of a person presenting. Perform an appropriate examination/assessment. Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. Identify the need for and initiate immediate treatment needs of a person. Make suitable and appropriate referrals. 	<ul style="list-style-type: none"> Respiratory distress Cardiovascular adverse signs Anaphylaxis Angioedema Collapse Seizure Sepsis Non blanching rash Overdose/poisoning Suspected diabetic ketoacidosis Meningism Limp child 	<ul style="list-style-type: none"> Emergency procedures for seeking assistance and calling ambulance How to use the emergency equipment including basic life support, oxygen and defibrillator Administration of adrenalin Administration of benzylpenicillin or equivalent for those with penicillin allergy Initiation of the sepsis 6 guidelines Notification of clinically suspected notifiable infectious diseases

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p><u>Eyes</u></p> <p>Demonstrate knowledge of the ophthalmic system and any impact on related systems.</p> <p>Demonstrate knowledge of how to recognise the influence of mechanism of injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with an eye problem. • Understand the implications of an existing eye condition. • Perform appropriate ocular, fundoscopy and visual examination / assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of a person with obvious eye emergencies. • Identify and rationalise need for additional tests such as fluorescein staining, slit lamp or conjunctival swabs and referral for such if required. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Recognise the effect that the environment, lifestyle and genetics can have on the eye and provide 	<ul style="list-style-type: none"> • Red eye • Painful red eye • Painful eye – including eye & or lids • Visual disturbance – blurred vision, diplopia, flashing lights, floaters • Acute loss of vision • Eye discharge • Eye injury • Foreign Body • Swollen eye/lid 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Blood pressure • Eye examination including inspection and palpitation • Visual acuity • Fundoscopy • Pupils • Routine, urgent and 2 week wait referral criteria

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p>information, lifestyle and health promotion advice or referral.</p> <ul style="list-style-type: none"> Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
<p><u>Family Planning & Sexual Health</u></p> <p>Demonstrate knowledge of male and female reproductive systems and any impact on related systems.</p> <p>Demonstrate knowledge of how to recognise any injury, psycho-social, family & occupational history, age, symptomatic and clinical signs are relevant to the normal and abnormal anatomy and physiology in people.</p>		
<ul style="list-style-type: none"> Understand the implications of an existing relevant condition. Conduct and document a relevant health history, including a comprehensive obstetric, gynaecological & sexual health history as appropriate. Work collaboratively with the multi-professional team and outside agencies in managing sexual health and care. Collaboratively provide care and access to appropriate health care professionals as indicated by a person's circumstances. Carry out an assessment, using appropriate tests and make onward referrals as required. 	<ul style="list-style-type: none"> Genital rashes Vaginal/penial discharge Contraception including general advice, counselling on, problems with Emergency contraception Unprotected sexual intercourse Sexual assault Inability to conceive 	<ul style="list-style-type: none"> Family Planning Clinic referral Genito Urinary Medicine (GUM) /Sexual Health Clinic referral Swabs Blood tests – female- rubella status, mid-luteal progesterone (day 21 of 28d cycle), FSH & LH on day 1-5 of 28d cycle), TFT Blood tests - male – testosterone, FSH & LH Semen analysis Fertility referral

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Be able to write a comprehensive and appropriate referral letter. • Promote sexual health including immunisation and offer risk assessments and management of people who have sexual health concerns which may include contraception, and sexually transmitted infections. • Have a clear understanding of safeguarding issues including but not limited to female genital mutilation. • Advocate public screening and immunisations in line with local and national programmes. 		
<p><u>Gastrointestinal & Hepatic System</u></p> <p>Demonstrate knowledge of the gastrointestinal system.</p> <p>Demonstrate knowledge of the hepatic system, analysing severity and its impact on related systems.</p> <p>Understand how to recognise the influence of psychosocial & family history, age, risk factors, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology of the person.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with an abdominal or associated condition. • Understand the implications of an existing GI/hepatic condition. • Perform appropriate abdominal examination/assessment including digital rectal examination. 	<ul style="list-style-type: none"> • Difficulty Swallowing • Poor appetite • Excessive thirst • Abdominal pain • Abdominal distension • Abdominal mass/swelling • Constipation 	<ul style="list-style-type: none"> • Temperature, • Pulse rate • Blood pressure • Respiratory rate • Blood tests – FBC, LFT, U&Es ESR, CRP, coeliac screen, haematinics, amylase, hepatitis, HIV

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of person with obvious GI & hepatic emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as urinalysis, stool and blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion, notification of infectious diseases for public health management etc. • Be able to write a comprehensive and appropriate referral letter. • Identify and manage complications with medical devices, such as stomas. • Recognise the effect lifestyle that the environment, lifestyle and genetics can have the GI and hepatic systems and provide preventative advice regarding high risk behaviours, importance of screening and immunisations along with, information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 	<ul style="list-style-type: none"> • Diarrhoea • Faecal leaking/incontinence • Change in bowel habit – blood in stools, mucus in stools • Nausea & / Vomiting • Haematemesis • Weight loss • Indigestion • Jaundice • Rectal pain • Rectal bleeding • Abnormal blood results – deranged Liver function tests (LFTs), anaemia • High risk behaviours & concerns – intravenous (IV) drug use, sexual history, contact with sufferers of • Stoma issues 	<ul style="list-style-type: none"> • Stool sample – culture and sensitivity, faecal calprotectin, helicobacter-pylori testing, FIT testing or FOB • Abdominal examination – including inspection, auscultation, percussion & palpation • Assessment for lymphadenopathy • Digital rectal examination • Abdominal Ultrasound • Direct referral for gastroscopy, endoscopy, routine, urgent and 2 week wait referral criteria

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Provide advice to prevent secondary transmission e.g. hygiene advice and refer to appropriate services where patient contact management required. 		
<p><u>Learning Disability</u>¹²</p> <p>Have knowledge on how to access additional specialist advice and help support people and their relatives/carers.</p>		
<ul style="list-style-type: none"> • Demonstrate the ability to engage with people with a Learning Disability. • Demonstrate sensitivity to the impact of any change, such as hospital appointments, admission or any transition which people may find particularly distressing, as they are unfamiliar. • Support people to be fully informed and involved in their care decisions thereby empowering them to be autonomous. • Support people in accessing regular health checks and other universal services they are entitled to benefit from. (including immunisations). • Ensure that where people with a Learning Disability also have another condition that appropriate attention is made to their specific needs and their care is tailored to these. 	<ul style="list-style-type: none"> • Any of the presentations included in this table 	<ul style="list-style-type: none"> • Specialist Learning Disability Services • Advocacy Groups • Peer Networks

¹² Health Education England and Skills for Health (2019), Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism: www.skillsforhealth.org.uk/learningdisabilityandautismframeworks

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p><u>Male & Female Anatomical Health</u></p> <p>Demonstrate knowledge of the anatomy and physiology of the male & female genitalia and related systems, including prostate and breasts.</p> <p>Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</p> <p>Have knowledge and understanding of issues related to male & female anatomical health.</p> <p>Be aware of a variety of potential of issues that may present differently in males and females including but not limited to domestic abuse, female genital mutilation, sexual abuse, menopausal symptoms, erectile dysfunction & depression.</p>		
<ul style="list-style-type: none"> • Understand the implications of an existing relevant condition. • Take a structured and appropriate history including sexual health history when appropriate. • Assess disease risk factors specific to male or female anatomy. • Understand how to refer, in a timely manner, using national and local guidelines. • Be able to write a comprehensive and appropriate referral letter. • Have a clear understanding of adult safeguarding issues. • Be able to carry out male or female genital examination, prostate examination or breast examination when appropriate and with consent. • Request further investigations appropriately. 	<ul style="list-style-type: none"> • Testicular pain • Testicular lumps • Genital rashes/irritation • Urinary symptoms including nocturia, changes in urinary stream • Penile pain • Penile discharge • Erectile dysfunction • Groin swelling • Breast symptoms including pain, lump, nipple discharge, skin changes • Pelvic pain/mass • Inter-menstrual bleeding 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Male genital examination including inspection and palpation of penis, testicular examination • Prostate examination • Female genital examination including inspection, palpation of vulvar area, vaginal examination, speculum examination & bimanual • High vaginal, endocervical and chlamydia swab • Abdominal examination • Assessment for lymphadenopathy • Ultrasound; pelvic transvaginal and testicular

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Advocate public screening and immunisations in line with local and national programmes. 	<ul style="list-style-type: none"> Post-coital bleeding Menstrual problems – including dysmenorrhoea, menorrhagia, oligomenorrhoea, primary & secondary amenorrhoea Dyspareunia Vaginal irritation Vaginal discharge Hirsutism Menopausal symptoms – including hot flushes, night sweats, vaginal dryness 	<ul style="list-style-type: none"> Blood tests FBC, U&Es, HbA1c, lipids, testosterone, SHBG, free androgen index, FSH/LH +/- prolactin, CA125, PSA Routine, urgent and 2 week wait referral criteria
<p><u>Medication Review & Medication Issues</u></p> <p>Understand the necessary monitoring requirements of medicines and how to act on the results.</p> <p>Understand how to document the details of a medication review on the clinical system.</p> <p>Have a sound understand how repeat prescribing works within the general practice/primary care and wider team – e.g. community pharmacy.</p>		
<ul style="list-style-type: none"> Be able to review medication in terms of efficacy, need, side effects, safety, clinical cost and in line with prescribing guidelines. and AMR standards. Assess for concordance and compliance issues considering the people individual circumstances and requirements. 	<ul style="list-style-type: none"> Adverse side effects Ineffective medication Poor compliance Overuse of medication Misuse of medication 	<ul style="list-style-type: none"> Blood monitoring – U&E, LFT, FBC, drug levels, CRP, TFT Referral back to secondary care when required

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Help people to understand what medication they have been prescribed (or not prescribed) and why. • Act appropriately on alerts issued by the MHRA. • Understand the traffic light system for local formulary and medications issued only under shared care agreements. 	<ul style="list-style-type: none"> • Issues with polypharmacy • Abnormal blood test monitoring results • Higher risk groups – requiring risk reduction medicines 	
<p><u>Mental Health</u>¹³</p> <p>Demonstrate knowledge of the range of different mental health needs and their impact on physical, behavioural, emotional and psychological wellbeing.</p> <p>Demonstrate knowledge of how to recognise any trigger & the importance of psycho-social, family & occupational history, age, symptomatic and clinical signs.</p> <p>Understand mental health and related services, and the policies and procedures for referring individuals to them.</p> <p>Demonstrate knowledge of the range of actions you can take when people may have mental health needs and/or related issues, and how to decide what action is appropriate.</p> <p>Understand the services which can be accessed by people in your locality who have specific mental health requirements including the eligibility criteria.</p> <p>Demonstrate knowledge of how to assess the required degree of urgency when referring people to services and how to assess risk.</p>		
<ul style="list-style-type: none"> • Understand the implications of a relevant existing mental health condition. • Take a structured and appropriate history. 	<ul style="list-style-type: none"> • Suicidal ideation, self-harm • Low mood • Anxiety 	<ul style="list-style-type: none"> • Person Health Questionnaire (PHQ9)

¹³ Skills for Health, Health Education England and Skill for Care (2016), Mental Health Core Skills Education and Training Framework: <https://www.skillsforhealth.org.uk/services/item/525-mental-health-download>

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Assess the impact of the person’s complaint on their daily life, including work life, home life, social life, dietary intake, sleep, illicit drug use, prescription drug misuse, thought of deliberate self-harm, suicidal ideation. • Develop, maintain & utilise links with other agencies in support of people with mental health issues. • Be aware of local guidelines & pathways for referral to other agencies to support this client group including psychiatry, counselling, support groups. • Be able to write a comprehensive and appropriate referral letter. • Understand the need for multi-agency working for adult safeguarding and know how to make a referral when there are concerns. • Understand how to make a referral to the crisis team. • Understand the procedures & protocols in place both within & outside of the practice in relation to adult safeguarding, care of vulnerable adults. • Understand the effect of long-term conditions and other diagnoses on mental and psychological health. • Recognise the effect that the environment, lifestyle and genetics can have on mental health and provide information, lifestyle and health promotion advice or referral. • Understand ways to promote recovery. 	<ul style="list-style-type: none"> • Stress • Panic • Post-natal mental health issues • Visual/auditory hallucinations • Paranoia • Anger • Bereavement • Eating disorders • Substance misuse 	<ul style="list-style-type: none"> • Generalised Anxiety Disorder Questionnaire (GAD7) • Edinburgh Post Natal Depression Questionnaire • Referral to the crisis team • Urgent and routine referral to secondary care • Referral for counselling/psychotherapy • Referral to other agencies

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p><u>Musculoskeletal System</u>¹⁴</p> <p>Demonstrate knowledge of the musculoskeletal system and its impact on related systems.</p> <p>Demonstrate knowledge of how to recognise the influence of mechanism of any injury, psycho-social, family and occupational history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</p> <p>Demonstrates knowledge of the gross and surface anatomy of the musculoskeletal system relevant to joint/area being assessed and presenting pathology.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with a musculoskeletal issue. • Understand the implications of an existing musculoskeletal condition. • Perform an appropriate musculoskeletal examination/assessment. Including examination of the spine, shoulder, elbow, wrist, hand & fingers: the pelvis, hip, knee, ankle, foot & toes. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of a with obvious musculoskeletal emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as X-ray, ultrasound, MRI, CT, blood tests etc. 	<ul style="list-style-type: none"> • Pain • Swelling • Redness • Stiffness • Difficulty with movement – spasticity • Minor injury 	<ul style="list-style-type: none"> • Temperature • Pulse rate • Examination of spine, including neck. Shoulders, elbows, wrists, hands & fingers. Hips, pelvis, knee, ankle, feet and toes. • Blood tests – FBC, calcium, ESR, CRP, vitamin D, rheumatoid factor, anti CCP, urate, autoimmune antibodies • X-ray • Ultrasound • Computerised Tomography (CT Scan)

¹⁴ Health Education England, NHS England & Skills for Health (2018), Musculoskeletal Core Capabilities Framework: <https://www.skillsforhealth.org.uk/services/item/574-musculoskeletal-core-skills-framework>

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Identify the need for additional clinical and professional support such as referral, second opinion etc (could be but not limited to physiotherapy, occupational therapy, orthotics, orthopaedics). • Recognise the effect that the environment, lifestyle and genetics can have on the musculoskeletal system and provide information, lifestyle and health promotion advice or referral. • Be able to write a comprehensive and appropriate referral letter. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		<ul style="list-style-type: none"> • Magnetic Resonance Imaging (MRI Scan) • Routine, urgent and 2 week wait referral criteria
<p><u>Neurological System</u></p> <p>Demonstrate knowledge of the neurological system, and its impact on related systems.</p> <p>Demonstrate knowledge of how to recognise the influencers of mechanism of injury, psycho-social & family history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in people.</p> <p>Demonstrate a sound understanding of the Mental Capacity Act (2005) and its application in practice including the relative testing procedures including:</p> <ul style="list-style-type: none"> • The ethos underpinning the Act and the role of family and friends, and advanced directives. • The conditions under which capacity is decided. 		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting with a neurological condition or head injury. 	<ul style="list-style-type: none"> • Altered level of consciousness • Fits, faints & funny turns • Dizziness 	<ul style="list-style-type: none"> • Temperature • Pulse rate, rhythm, volume and character • Blood pressure

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Understand the implications of an existing neurological condition. • Perform an appropriate neurological examination/assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment of a person with obvious neurological emergencies. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as CT head, MRI Scan, blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Recognise the effect that the environment, lifestyle and genetics can have on the neurological system and provide information, lifestyle and health promotion advice or referral. 	<ul style="list-style-type: none"> • Altered power, tone, sensitivity • Paraesthesia • Altered level of consciousness • Weakness -localised, general • Altered gait • Facial palsy • Tremor • Speech Changes • Headache • Head Injury • Memory problems • Confusion 	<ul style="list-style-type: none"> • Neurological examination – including inspection, palpation, reflexes, power, tone, strength, pupils and nystagmus • Cranial nerve examination • Mini mental state examination (MMSE) • Computerised Tomography (CT Scan) • Magnetic Resonance Imaging (MRI Scan) • Routine, urgent and 2 week wait referral criteria including TIA clinic • Glasgow Coma Scale • Blood tests – ESR, U&E, drug levels e.g. anticonvulsants

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

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Be able to write a comprehensive and appropriate referral letter. • Manage key conditions and red flag paediatric conditions. • Emphasise the importance of childhood immunisations and promote uptake in accordance with the national schedule. 	<ul style="list-style-type: none"> • Vomiting, feeding problems, failure to thrive • Bowel symptoms including diarrhoea, constipation, worms • Urinary symptoms • Abdominal pain • Problem behaviour • Limp • Muscular-skeletal symptoms • Behavioural problems 	<ul style="list-style-type: none"> • Blood tests – only when absolutely necessary – appropriate to presentation
<p><u>Pain – assessment and management</u></p> <p>Pain physiology as it relates to clinical presentation of pain and the effects of pain on the person.</p> <p>Pain assessment tools and methods.</p> <p>Atypical presentation of pain.</p>		
<ul style="list-style-type: none"> • Understand the implications of an existing relevant condition. • Demonstrate the ability to assess both acute and chronic pain. • Recognise and acknowledge the effect of pain on the person's activities of daily living and well-being. 	<ul style="list-style-type: none"> • Acute pain • Chronic pain • Worsening of pain • Change in type of pain • Ineffective management of pain • Pain affecting sleep 	<ul style="list-style-type: none"> • Pain Management Teams • Investigations appropriate to presentation

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Prescribe appropriately including the need for multimodal analgesic provision. • Initiate and review treatment options. • Recognise pain as potential cause of delirium and/or agitation. • Promote multi-disciplinary and palliative care teams in working with people in pain. • Carry out an assessment, using appropriate tests and make onward referrals as required. • Be able to write a comprehensive and appropriate referral letter. 		
<p><u>Palliative & End of Life¹⁵</u></p>		
<p>Understand and practice within the key legal framework relating to end of life care such as, DNACPR, Advanced Directives, Lasting Power of Attorney, Allow Natural Death Orders and Treatment Escalation Plans.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history of a person presenting in palliative care or in the last year to days of life. • Perform appropriate system and symptom assessment and examination. • Provide well evidenced differential diagnosis and suggested management/personalised care and 	<ul style="list-style-type: none"> • Pain • Nausea/vomiting • Agitation • Low mood 	<ul style="list-style-type: none"> • Referral criteria and processes for pain & symptomatic relief • Appropriate systems review depending on presenting problem • Referral for care – e.g. district nurses, palliative care, Macmillan

¹⁵ Health Education England, Skills for Health, and Skill for Care (2017), End of Life Care Core Skills Education and Training Framework: <https://www.skillsforhealth.org.uk/services/item/536-end-of-life-care-cstf-download>

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<p>support plan, to include the use of non-pharmacological interventions.</p> <ul style="list-style-type: none"> Identify the need for immediate treatment of oncology related palliative care emergencies such as metastatic spinal cord compression, superior vena cava obstruction and hypercalcaemia. Identify and rationalise any need for additional support for the person and carer / family, socially, psychologically and medically. Identify the need for additional clinical and professional support such as referral, second opinion etc. Be able to write a comprehensive and appropriate referral letter. 		
<p><u>Renal & Genito Urinary System</u></p> <p>Demonstrate knowledge of the renal system, analysing severity and its impact on related systems.</p> <p>Demonstrate knowledge of how the influencers of psych-social, family history, age, risk factors, symptomatic and clinical signs, are relevant to the normal and abnormal anatomy and physiology in people.</p> <p>Understand how the identifying relevant symptoms, clinical signs and the potential anatomical and physiological features are evident in:</p> <ul style="list-style-type: none"> People with Acute Kidney Injury. People with Chronic Kidney Failure. 		
<ul style="list-style-type: none"> Identify the need for and initiate immediate treatment of person with obvious renal emergencies. 	<ul style="list-style-type: none"> Loin pain Groin pain 	<ul style="list-style-type: none"> Temperature Pulse rate

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Understand the implications of an existing GU/renal condition. • Take a structured and appropriate history of a person presenting with a renal or GU system problem. • Perform appropriate abdominal / genitourinary examination/assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Supply and/or administer appropriate therapies. • Identify and rationalise need for additional tests such as urinalysis, ultrasound scan (KUB) and blood tests etc. • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Identify and manage complications with medical devices, such as urinary catheters and urostomies. • Recognise the effect lifestyle that the environment, lifestyle and genetics can have the renal & GU systems and provide information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc. 	<ul style="list-style-type: none"> • Haematuria • Urinary symptoms – dysuria, frequency, urgency, hesitancy, incontinence, retention • Abnormal blood results – deranged renal function including chronic kidney disease (CKD) and Acute Kidney Injury (AKI) • Family history of kidney problems/diseases • Catheter issues • Recurrent infection 	<ul style="list-style-type: none"> • Blood pressure • Blood tests U&Es, PSA, ACR • Abdominal examination – including inspection, auscultation, percussion & palpation • Prostate examination • Urinalysis • Mid-stream urine culture • Ultrasound Kidneys, Ureters, Bladder (KUB) • Routine, urgent and 2 week wait referral criteria

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		
<p><u>Respiratory System</u></p> <p>Demonstrate knowledge of the respiratory system, analysing severity, and its impact on related systems.</p> <p>Demonstrate knowledge of how to recognise the influence of psycho-social, occupational family history, age, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology in people.</p>		
<ul style="list-style-type: none"> Identify the need for and initiate immediate treatment of a person with obvious respiratory emergencies including respiratory arrest, respiratory distress and anaphylaxis. Understand the implications of an existing respiratory condition. Take a structured and appropriate history of a person presenting with a respiratory condition. Perform appropriate respiratory assessment including inspection, palpation, percussion and auscultation. Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. Supply and/or administer appropriate therapies. Identify and rationalise need for additional tests such as X-Ray, blood tests, respiratory function tests etc. 	<ul style="list-style-type: none"> Shortness of breath, breathing difficulties Pain on breathing Cough, including haemoptysis Wheeze Sleep apnoea Pallor, cyanosis 	<ul style="list-style-type: none"> Temperature, Pulse rate, rhythm, volume and character Blood pressure Respiratory rate Oxygen saturation Respiratory examination – including inspection, auscultation, percussion & palpation Assessment for lymphadenopathy Sputum sample Chest X-ray Blood tests –FBC, ESR Peak flow rate FeNO testing Spirometry

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Identify the need for additional clinical and professional support such as referral, second opinion etc. • Be able to write a comprehensive and appropriate referral letter. • Recognise the effect that the environment, lifestyle and genetics can have on the respiratory system and provide lifestyle and health promotion advice or referral, such as smoking cessation etc. • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person. 		<ul style="list-style-type: none"> • Epworth Score • Routine, urgent and 2 week wait referral criteria
<p><u>Additional key clinical presentation</u></p> <p>Demonstrate knowledge and understanding of a range of additional clinical presentations, pertinent to the scope of practice of the individual practitioner.</p>		
<ul style="list-style-type: none"> • Take a structured and appropriate history. • Perform an appropriate examination/assessment. • Provide well evidenced differential diagnosis and suggested management/personalised care and support plan. • Identify the need for and initiate immediate treatment needs of a person. • Make suitable and appropriate referrals. 	<ul style="list-style-type: none"> • Tired all the time • Generalised aches and pain • Lymphadenopathy • Sleep issues • Fever • Substance / alcohol misuse • Overdose / poisoning • Vulnerable adult • Family/carer concern 	<ul style="list-style-type: none"> • Temperature • Pulse • Blood tests – FBC, TFT, HbA1c, LFT, U&Es • Appropriate systems review as per other sections depending on presenting problem • Referral to substance/alcohol misuse treatment services • Support services for carer/families

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
	<ul style="list-style-type: none"> Genetic predisposition 	<ul style="list-style-type: none"> How to access information from poisons centre Referral criteria and processes for assessment and support of vulnerable adults Referral criteria for genetic screening, counselling
<p><u>Alternative modes of consultation (telephone, email, Skype, home visits, group, via interpreter etc)</u></p> <p>Be aware of the challenges of consulting using an alternative mode of consultation.</p> <p>Be aware of the impact non-verbal communication has when using alternative modes of consultation.</p> <p>Be able to adapt the consultation appropriately with special consideration of confidentiality (e.g. ensuring you are speaking to the correct person, consent etc).</p> <p>Be aware of the challenges of history taking remotely (e.g. without visual cues).</p>		
<ul style="list-style-type: none"> Have the skills to interpret with the use of an interpreter – this may be for language which may require a face to face or telephone interpreter e.g. British sign language interpreter, use of hearing loop, or Makaton interpreter. Provide information to the person & the interpreter about the purpose and the nature of the interaction. Agree with the interpreter their role, any interventions they should make, and the level of detail required in the communication. 	<ul style="list-style-type: none"> Any of the above presentations in the context of alternative modes of consultation context 	<ul style="list-style-type: none"> Interpreter services Advocacy groups Local Government/Social care Third-Sector organisations

Core Clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
<ul style="list-style-type: none"> • Explain to the interpreter any specific terms and concepts that the person may not understand. • Clarify with the interpreter any communications from the person that you are not able to understand. • Support the interpreter to work in ways that promote the person's rights and choices, respect their experiences, expertise and abilities and promote inclusion. • Ensure the interpreter allows sufficient time for the person to communicate fully their thoughts, views, opinions and wishes. • Monitor the understanding of all involved and the effectiveness of the interpretation. • Modify interactions to improve communication and understanding. • Summarise communication at appropriate points to ensure that all involved agree what has been communicated and any actions to be taken. 		

Scope of Practice Table

All ACP (Primary Care Nurses) need to evidence capability against the 13 capabilities detailed in the framework.

In addition to the 13 capabilities each ACP (Primary Care Nurse) or trainee needs to agree their scope of practice with their employer. The scope of practice will vary dependent on the role they are employed for. This tool is to assist that process and document the agreement.

Appendix 1 above, details key clinical presentations that often present in general practice/primary care settings. If your role includes being able to assess and manage any of the presentations listed under a system, then that clinical system should be included in your scope of practice and evidence of managing all the presentations listed under that system should be included in your portfolio.

Clinical presentation	In scope of role?	Rationale (provide info')	Agreed between practitioner and employer?
Cardiovascular			
Dermatology			
Ears Nose and Throat			
Emergency Presentations			
Eyes			
Family Planning & Sexual Health			
Gastrointestinal & Hepatic			
Learning Disability			
Male & Female Anatomical Health			

Clinical presentation	In scope of role?	Rationale (provide info')	Agreed between practitioner and employer?
Medication Review			
Mental Health			
Musculoskeletal			
Neurological			
Paediatrics			
Pain Assessment and management			
Palliative & End of Life			
Renal & Genito Urinary			
Respiratory			
Additional Key Clinical Presentations			
Other areas			

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Appendix 2. Glossary

Blood tests and investigations

ACR - urine albumin to creatinine ratio

BNP – brain natriuretic peptide

CA125 - cancer antigen 125

CCP - cyclic citrullinated peptide antibody

CRP – C-reactive protein

ESR – erythrocyte sedimentation rate

FeNo - Fractional exhaled Nitric Oxide

FBC – full blood count

FIT - faecal immunochemical test

FOB – faecal occult blood

FSH – follicle stimulating hormone

Haematinics – usually includes ferritin, vitamin b12, folate

HbA1c - glycated haemoglobin

LFT – liver function tests

LH – luteinising hormone

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

PSA – prostate specific antigen

SHBG - sex hormone binding globulin

TFT = thyroid function test

U&Es – urea and electrolytes

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Appendix 3. How the framework was developed

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

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

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

Initial iterations of the framework were developed based on the findings of the desk research and consultation with the project steering group. Subsequently, in May and June 2019 a wider online consultation survey was conducted with a total of 244 respondents. Based on analysis of these survey outcomes further amendments and refinements were undertaken, leading to a final meeting of the project steering group on 25th June 2019.

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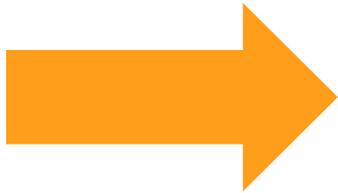
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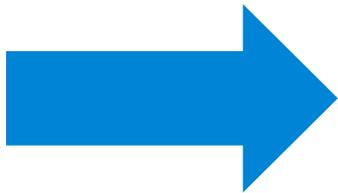
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Appendix 5. Routes to becoming an ACP (Primary Care Nurse)



The existing ACP (Primary Care Nurse) in GP Settings who already has MSc or PG Dip in Advanced Clinical Practice.

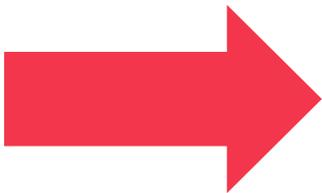
Should build a portfolio of evidence against the framework.



The existing ACP (Primary Care Nurse) from another clinical setting who has PG Dip/MSc in Advanced Clinical Practice.

May need/want to undertake additional modules to gain knowledge and skills relevant to general practice/primary care setting such as sexual health, paediatrics, mental health etc.

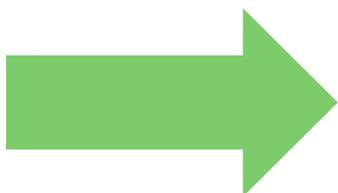
Should build a portfolio of evidence against the framework.



The existing Nurse Practitioner who want to become an ACP (Primary Care Nurse).

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

Should build a portfolio of evidence against the framework.



Nurses working in general practice/primary care wishing to develop to become an ACP (Primary Care Nurse).

Should discuss with practice the opportunity for support to train as ACP (Primary Care Nurse), dependent on practice need and nurse capability.

Undertake a PG Dip/ MSc Advanced Clinical Practice or ACP Apprenticeship – with clinical supervision in the workplace.

Should build a portfolio of evidence against the framework.

Appendix 6. Portfolio and Assessment Materials

A range of materials have also been developed that ACP (Primary Care Nurses), clinical supervisors and other stakeholders may find of use in evidencing the achievement of core capabilities and in the development of a portfolio. The portfolio tools offer the opportunity to collate a range of evidence triangulated by supervisors.

The COT and CBD assessment forms listed below have been mapped to the framework to help evidence each capability more easily.

These assessment materials are not mandated for use with the framework and individuals are at liberty to use their own local materials.

Many of these materials are derived from tools used by GP Speciality Trainees and have been adapted with kind permission from the Royal College of General Practitioners (RCGP).

[Click here to download the portfolio and assessment materials](#) ¹⁶

The portfolio and assessment materials are as follows:

- Portfolio Guidance
- Personal Development Plan (PDP)
- Portfolio Reflection - Form
- Consultation Observation Tool (COT) - Guidance and Form
- Cased Based Discussion (CBD) - Guidance and Form
- Clinical Examination Procedures (CEPs) - Guidance and Form
- Consent for Recording for Training Purposes - Form
- Multi-Source Feedback (MSF) - Guidance and Form
- Person Satisfaction Questionnaire (PSQ) - Guidance and Form
- Debrief Record Sheet – Guidance and Form
- Tutorial Record & Evaluation - Guidance and Form
- Clinical Supervisors Report (CSR) - Form

Also included is a capability mapping and cross-referencing document to help to organise a portfolio in a useful format and demonstrate evidence.

- Advanced Clinical Practice Capability Cross Referencing

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¹⁶ <https://www.skillsforhealth.org.uk/services/item/826>

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