


Why is nurse induction important?

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A good induction process can be key to ensuring nurses and healthcare support workers (HCSWs) feel welcomed into an organisation and supported in their role

This is critical to retention, mitigating early attrition and to empowering staff to deliver high-quality care

What retention challenges can arise at induction?

- An unsupported early experience due to inadequate induction
- The QNI Induction template and Transition documents are not always utilised
- Not all organisations provide a period of supernumerary training, which can mean nurses don't feel confident when delivering care





General Practice Nursing Induction Template

QNI GPN Induction Template

- The aim of this Induction Template is to provide a consistent and comprehensive system, ensuring that all newly qualified GPNs who are new to primary care receive an effective period of induction that assists supports them to become confident and competent in their new career
- **Objectives**
- To enable the General Practice Nurse to understand the requirements of this new role in a structured format;
- To recognise the importance of a well-considered orientation and induction programme;
- To enable the GPN to work safely and effectively within a new work environment;
- To provide guidance to the employer on the relevance and value of induction of nurses new
- to General Practice;
- Advise the GPN on the Educational and Training requirements of this role beyond initial
- nurse registration

Transition to General Practice Nursing

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Chapter 1 - What is General Practice
Nursing?

Chapter 2 - Making the transition
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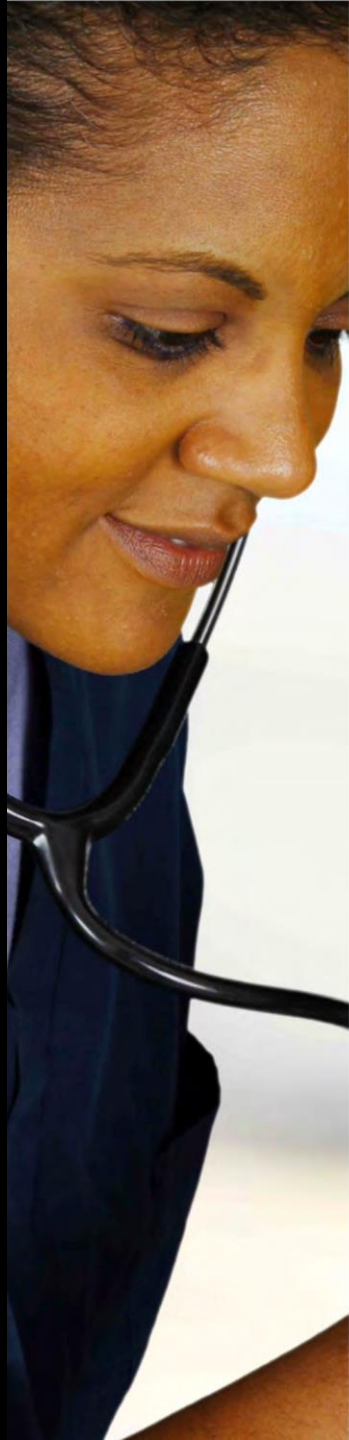
Chapter 5 - Mid point reflection and
progress check on identified skills
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Chapter 6 - Team working and
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Section C - The future - personal and professional



GPN Fellowship

- The General Practice Fellowship programme is a national commitment announced in the NHS Long Term Plan. The GPN Fellowship Scheme is supported locally by the Primary Care Training Hub and has been running over the past couple of years.
- This has a number of benefits to support GP nurses at the start of their career. The programme encourages working within and across Primary Care Networks leading to opportunities for integrated working and varied portfolio work experience.
- It is a two-year programme of support, available to GPNs who are new to working in general practice, with a focus on working within and across a Primary Care Network (PCN).



- The programme offers support with PCN portfolio working and learning and development post-registration, supporting nurses to take up substantive roles, understand the context they are working in and become embedded in the PCN, as well as increase and maintain high levels of participation in the primary care workforce
- Participants will receive funded mentorship and funded CPD opportunities of one session per week, and shadowing or placement opportunities within or across PCNs to develop experience and support transition into the workforce

Preceptorship Framework

- In October 2022 a national framework for Nursing Preceptorship was published
- Preceptorship is a widely used term to describe the support offered to newly qualified registered healthcare professionals at the start of their career. It is a period of structured transition for a newly qualified registered professional (Preceptee)
- Preceptorship programmes are widely recognised in the development of newly qualified healthcare professionals and lead them on their way to being a competent and confident practitioner
- As stated by (NMC 2020) The main aim of preceptorship is to welcome and **integrate newly registered professionals or those transitioning to a new area of practice into their new team and place of work**



New to Practice Programme

- We have now integrated both the GPN Fellowship and Preceptorship Programme which is called the 'New to Practice Programme', with two intakes a year Spring and Autumn

What does the N2P programme include?

- Paid CPD time, which is used for personal study, visits to other clinical areas to ensure that the nurse is allocated time to consolidate their learning in practice (NOT mandatory and statutory training)
- Co-ordinated training package – via STH including SGPET courses and other external providers
- Monthly peer support sessions supported by the Legacy nurses

- Meetings/mentorship with N2P nurses in practice to plan their learning needs and discuss career goals. Legacy nurses will visit the nurses every 3 months as a minimum, but this can be more frequent if required (including supervised clinics if requested)
- Standardised documentation for preceptor/preceptee including meeting templates and reflective practice templates
- Use of the QNI induction template and QNI Transition into General Practice documents
- Digital Handbook for each nurse

Professional nurse advocate A-EQUIP model

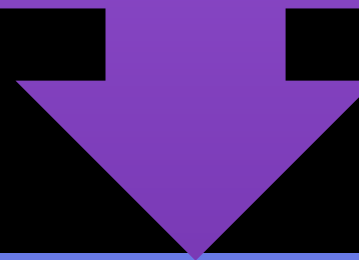
A model of clinical supervision for nurses

Professional Nurse Advocates in Primary Care

- The courage of compassion document by the King's Fund (West et al., 2020) recognises this and observes it is critical that the underlying causes of stress, ill health and poor wellbeing in staff are tackled. Pressures in our working environment can have a negative impact on our personal resilience.
- The King's Fund (2020) suggest interventions such as resilience training and mindfulness should be implemented to enable nurses to better manage the stressors that can influence their own emotional health and wellbeing
- One of the strategies to tackle these issues is the role of the Professional Nurse Advocate (PNA). There are PNA training courses available for nurses across England

Why have a PNA Programme?

Professional nursing leadership and clinical supervision are essential in enabling nurses to continuously improve the care they provide to patients and their families, as well as to protect their own and their colleagues' health and wellbeing



A- EQUIP (**A**dvocating and **E**ducating for **Q**uality **I**m**P**rovement) model of professional nursing leadership and clinical supervision, and provides guidance on their implementation, including key actions for each relevant group. It is of particular relevance to all nurses, student nurses, providers of nursing services and patients

The A-EQUIP model works for nurses in four ways:

advocating for the patient, the nurse and healthcare staff

providing clinical supervision using a restorative approach

enabling nurses to undertake personal action for quality improvement

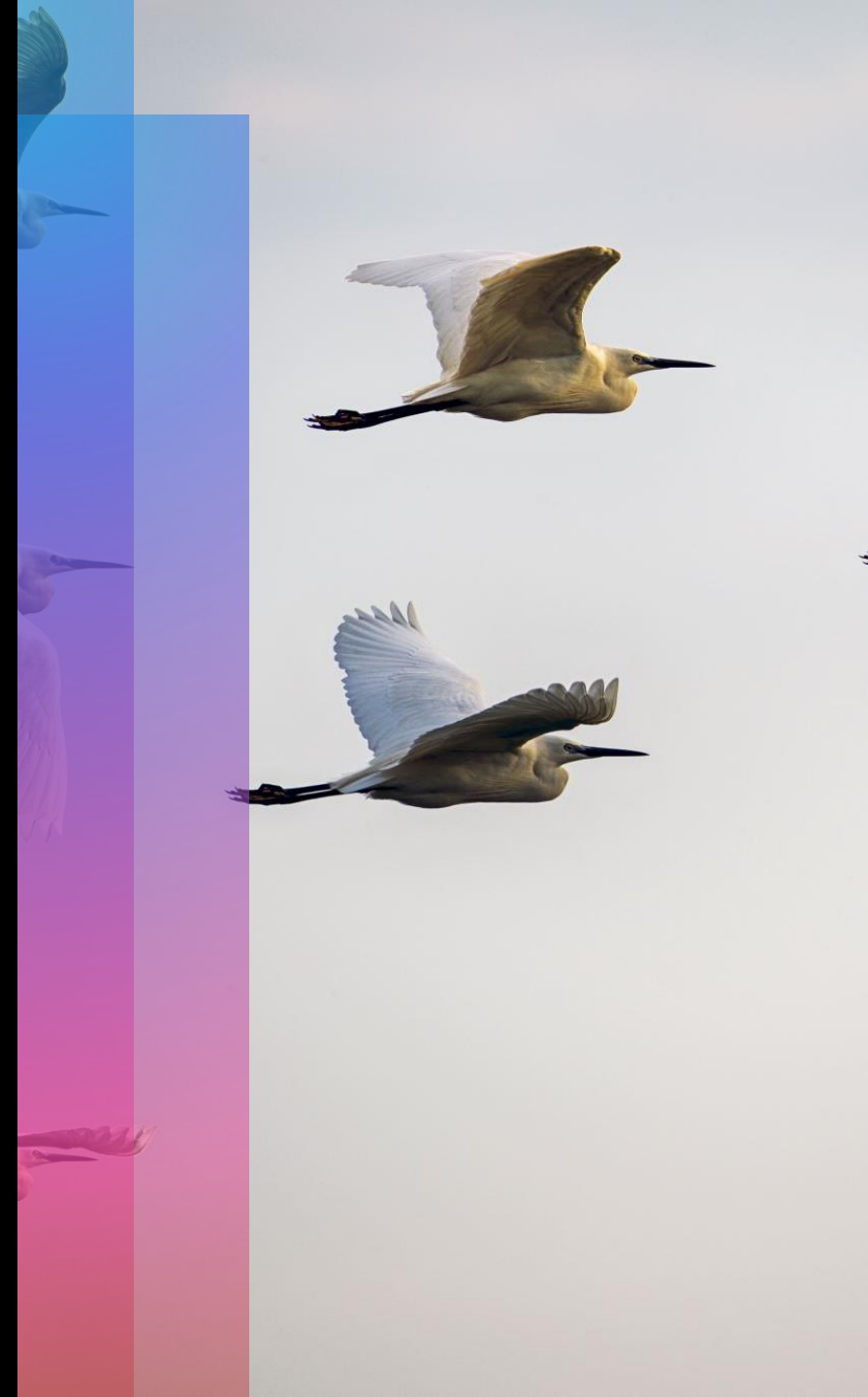
promoting the education and development of nurses

Restorative Clinical supervision – what are the benefits?

- Having a positive impact on the immediate wellbeing of staff
- Helping staff to feel valued by their employers for investing in them and their wellbeing
- Influencing a significant reduction in stress and burnout
- Improving compassion, enjoyment and job satisfaction

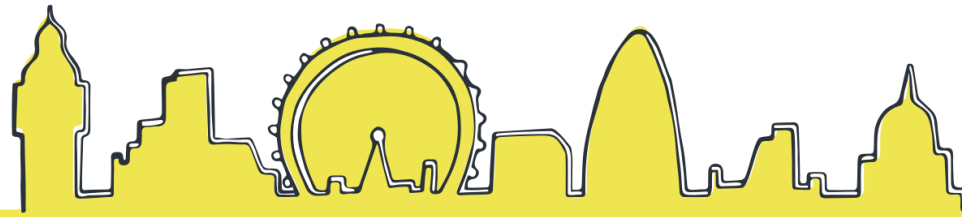
Why include RCS into the new to practice programme?

It supports a continuous improvement process that aims to build on the personal and professional clinical leadership of nurses, enhance the quality of care for patients, and support preparedness for appraisal and professional revalidation.






CAPITAL nurse



Retaining General Practice Nurses

A guide for GPs and Practice Managers

*Produced in partnership with NHS England and NHS Improvement
and Health Education England*

An infographic with a central blue oval containing the text 'What General Practice Nurses said was important to them'. Surrounding this central oval are seven white speech bubbles, each with a blue header and italicized text. The speech bubbles are connected to the central oval by thin lines. The background is light blue with a yellow silhouette of a city skyline at the bottom. The left side of the image has a vertical gradient bar from blue to purple to red.

What General Practice Nurses said was important to them

Communication/ Engagement; Feeling Valued

*'Make time to listen to me
Be caring and kind
Keep me informed
Consult with me and
explain what is
happening'*

Retention Strategy

*'Nurse retention
should be a priority
and a clear part
of our retention
strategy'*

Terms & Conditions Pay and Sick Pay

*'Review my
pay annually
Pay me for
sickness absence
Pay me overtime
for extra hours
Arrange hours
in lieu'*

Retirement Planning

*'Provide an opportunity
to have a confidential 1:1
meeting to discuss my plans
Provide information on my
NHS Pension and where I
go for help'*

Health & Wellbeing

*'Be aware if I am working
extra hours every day
Review my workload and
make adjustments'*

Flexible Working

*'Understand what is
going on in my life,
in and out of work'*

Training & Development

*'Map out what I need at
various stages of my career
and discuss this with me'*

What makes GPNs leave?



- Staffing shortages
- Work pressure/role overwhelming
- Not enough time to do the job well
- Burnout and stress
- Challenging patients
- Inequality, notably Pay/Sick Pay/ Annual Leave
- Poor performance not tackled
- Poor work-life balance
- Feeling unsupported
- Not consulted over changes

What makes GPNs stay?



- Good relationship with seniors and colleagues
- Feeling valued/recognised
- Understanding the Practice's objectives
- Relationship with patients
- Consistent approach to flexible working
- The Practice being a positive and enjoyable place to work
- Two-way communication

GPN Nurse Career Plus

- Opportunities with the new Careers Plus programme for nurses working within Primary Care.
- A 10-session, funded programme, held over 5 months, which is aimed at nurses who are in the mid to later part of their careers. This programme has been developed with a supportive, coaching focus and is designed to help nurses discover a more fulfilling work life balance and therefore support practices in the retention of those experienced staff who are vital to Primary Care.
- There are only a small number of places unfilled for the first programme which starts in October 2023 so please do contact sphadmin@nhs.net for more information and learn how you or your practice can benefit from this new and exciting programme.

Manager’s Checklist for New Starters

This checklist should be prepared and used by the line manager in advance of the new employee’s start date and discussed with the new starter once they are in post. The checklist outlines the areas that will typically form part of the induction process.

Employee:		Line Manager:		Start date:	
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Pre-Arrival

Activity	Details	Responsible person	Date completed
Prepare an induction pack	Prepare an induction pack for the new starter which could include a practice or team structure chart, useful contact numbers, and other documents to assist the new starter’s induction. This could be sent to the new starter in advance of their start <u>date</u>	Line manager	
First day arrangements	Contact the new starter to: <ul style="list-style-type: none"> advise where, when and who to report to on their arrival on their first day 	Line manager	

Examples of Practice induction templates

Example

Clinical Competencies Checklist

Please note that all clinical competency training and education must be underpinned by a clear assessment and supervision strategy.

Skills		Date completed
Assessment and Supervision		
Asthma training		
Cervical Cytology		
Chronic Kidney Disease		
Clinical Supervision		
Clinical Examination		
Clinical Diagnostics		
Compression Bandaging / Doppler Assessment		
Contraception		



Any Questions?