



Practice Guidelines for Students in General Practice (Version One)

SCOPE OF PRACTICE GUIDELINES FOR NURSING STUDENTS IN GENERAL PRACTICE

The aim of these guidelines is to help supervisors and assessors facilitate student learning in attaining proficiencies according to the student's level of progression. These guidelines are not meant to restrict practice or be used for grading, but to give a progressive framework for pre-registration nursing students, assessors and supervisors to use in general practice placements throughout the three-year programme.

The guidelines are centred on Benner's work (1984) of nurses' progression from 'novice to expert' (Figure 1) and the NMC (2018) Future Nurse: Standards of Proficiency for registered nurses.

<p>Student Nurse</p> <p>↓</p> <p>Qualified Nurse</p> <p>↓</p>	STAGE 1	<i>Novice</i>	Students have no experience of the situation in which they are expected to perform
	STAGE 2	<i>Advanced</i>	Students can demonstrate marginally acceptable performance and are able to recognise recurring situational components
	STAGE 3	<i>Competent</i>	Competence develops as the student demonstrates they are consciously aware of own skills and further learning needs. Begins to see their actions in terms of long-term goals. Aware of all implications of their practice.
	STAGE 4	<i>Proficient</i>	Sees the nursing situation as a whole and not as separate aspects of care. Perception used in patient care delivery. Aware of own and professional boundaries
	STAGE 5	<i>Expert</i>	Uses guidelines or rules to practice but also utilises their own understanding of the situation to make the appropriate decisions. Encompasses intuitive decision-making.

Figure 1: Progression from Novice to Expert based on Benner (1984)

It is appreciated that these guidelines are procedure centred however, the students will also need to demonstrate a progression of other nursing skills such as communication skills with clients and other health professions, health promotion, psychological support of patients, patient centred approaches to care and recognition of personal development needs.

The guidelines give suggested levels of supervision for each general practice placement throughout the programme, which are defined in the table below:

Levels of Supervision – KEY

<i>Observation</i>	Student to watch a registered nurse perform clinical skill
<i>May Assist</i>	The registered nurse performs the clinical skill but the student may participate as directed by the qualified practitioner
<i>Direct Supervision</i>	Student performs the clinical skill as directed by the registered nurse (accompanied)
<i>Indirect Supervision</i>	Student performs the clinical skill as directed by the registered nurse but may be unaccompanied if deemed competent by assessor e.g own clinic or visit to patient's home

Assessors and supervisors must assess all students' competency in the clinical setting at each stage of their training. Once the student is deemed competent the supervisor and assessor remains accountable and responsible for that decision.

General Practice Nursing Placements

First Year Placements

A list of skills first year students can take part in is included within these guidelines with the appropriate level of supervision required by the supervisor or assessor. It should be remembered that the majority of first year students have not encountered general practice nursing before, therefore time should be given for a full and detailed orientation to the placement area, supervisor and student expectations for placement must be explored in depth, infection control principles, risk assessment, health and safety, lunch breaks etc. All students should be given a student welcome pack during the first week of placement and, for full assessed placements, the initial interview should be completed.

Second Year Placements

A list of skills second year nursing students can take part in is included within these guidelines with the appropriate level of supervision required by the supervisor or assessor. Issues such as risk assessment, health and safety, accountability and responsibility are important considerations that all supervisors or assessors should take into account when planning any placement experience.

Third Year Placements

Again, a list of skills with suggested levels of supervision is provided within these guidelines and for some skills it is possible, only once student competence is established, that students may undertake 'indirect' supervision.

In the final elective placement third year students may be considered for 'indirect supervision' after a formative competency and risk assessment has been completed by the student's named practice assessor and agreed by the Practice Manager.

The assessor or supervisor should be reminded that they remain accountable for the decision to enable a student to undertake indirect supervision and indeed, their decisions to delegate any tasks. They should always abide by the NMC Code of Conduct (2018).

As a professional, you are personally accountable for actions and omissions in your practice, and must always be able to justify your decisions.

At the beginning of each new placement, the assessor is advised to reassess the student's skills to ensure that the student demonstrates appropriate levels of clinical skills and demonstrates clear understanding of supervisor and assessor accountability and student responsibility for patient care. It is up to the individual assessor to decide if the student is competent to work with indirect supervision, but considerations must be made to:

- Health & Safety
- Risk assessment for students visiting patients alone
- The Trust Lone Worker Policy
- Student's car insurance
- NMC The Code (2018) / Standards of supervision and Assessment (2018)
- Patient Consent
- What to do in an emergency
- How to contact the assessor and supervisor if advice is required
- Documentation

It is envisaged that students could be allocated a group of patients (number at the assessor and supervisor's discretion) who require uncomplicated care, to be seen unaccompanied. However, assessor and supervisors must agree with the student the procedure to follow if the student requires assistance during a patient visit / appointment.

If indirect supervision is an issue, the assessor and supervisor can decide that the most appropriate level of supervision is still direct supervision. However, the assessor and supervisor should ensure that the student is able to lead the care and treatment decisions so they can gain experience in managing patient care that is required in the third year of their course.

Practical Issues

1. Indemnity Insurance

From 1st April 2019, NHS Resolution is operating a new state indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP). The scheme covers clinical negligence liabilities arising in general practice in relation to incidents that occurred on or after 1 April 2019. All Providers of NHS primary medical services are covered under CNSGP, including out of hours providers. The scheme extends to all GP's and others working for general practice who are carrying out activities in connection with the delivery of primary medical services – including salaried GPs, locums, students and trainees, nurses, clinical pharmacists, agency workers and other practice staff (NHS Resolutions, 2020). For more information, please visit:

<https://resolutions.nhs.uk> To ensure that students are covered under this or another scheme, we advise you speak to your Practice Manager and local University.

2. Car Insurance and Mileage

Students who use their cars for work are obliged to inform their insurance company that they are using it for work purposes. Some insurance companies will not increase the premiums if they understand that the work is relatively near to home, for a limited period and travelling between private dwellings. Others will require students to pay additional monies.

Students are advised to contact their university to see if extra insurance premiums for students engaging in patient care during their placements will be covered. This cost, or any travel costs will not be provided by the general practice organisation or local CCGs. Therefore indirect supervision where the student is expected to leave their main base site (e.g. to travel to a patient's home) must be voluntary and assessors and supervisors must ensure students are aware no mileage will be paid by the Practice. Funds maybe available from the student's University and they are advised to contact their placement support teams for more information.

If students do not have access to a car, supervisors and assessors may wish to encourage a 'student-led' approach where the student leads the visit or arranges to drop the student at the patient's home and collect them after a negotiated period of time. This will allow the student to visit patients independent of their supervisor whilst the supervisor visits a different patient close by.

In many areas, students will be able to visit patients without the use of a car (i.e. on foot, bicycle or public transport); however, students using bicycles are advised to have adequate insurance in place. Infection control principles and the Practice uniform policy must be adhered to.

3. Supervisor and Assessor Accountability

The NMC (2018) Standards for Student Supervision and Assessment (SSSA) set out their expectations for the learning, support and supervision of students in the practice environment. It is up to each supervisor and assessor to ensure they have access to these standards. Public safety is central to these standards. Students will be in contact with people throughout their education and it is important that they learn in a safe and effective way.

The decision on the level of supervision provided for the students should be based on the needs of the individual student; the level of supervision can decrease with the student's increasing proficiency and confidence (NMC, 2018). Students must be provided with adjustments in accordance with relevant equalities and human rights legislations in the practice learning environment (NMC, 2018).

Students in practice must be supported to learn without being counted as part of the staff required for safe and effective care in that setting, this means they are supernumerary (NMC,2018).

Supervisors are responsible for upholding their code of conduct and acting as a role model. They must always work within their own scope of practice and have current knowledge and experience of the area in which they are supporting the student.

The requirements for supervisors' and assessors' qualifications are now more flexible under the 2018 standards, however, the standards must be met. Therefore, it is recommend that following initial training, supervisors and assessors undertake an annual update.

Whilst students can participate in indirect supervision as they become more proficient, nurse supervisors and assessors are reminded that they remain accountable to the NMC and UK law for ensuring that their student is competent to perform the skills / care delegated to them (NMC, The Code, 2018). If you have any doubts or concerns in relation to clinical competence, knowledge underpinning practice etc. your student cannot participate in indirect supervision.

4. Lone Working - Safeguards to participating in indirect supervision

Once an assessor has assessed the student as being able to progress to an indirect method of supervision you are advised to:

- Discuss the issues of student responsibility and supervisor/assessor accountability with the student. Ensure that the student understands and will act within this remit
- Discuss the student's willingness to take responsibility for giving care to a defined set of patients

- That the student has given informed consent and that if a student does not feel that they are sufficiently competent; their views must be accepted and acted upon
- If a student agrees that they are ready to practice under indirect supervision, then the supervisor / assessor must approach patients and get informed consent to the student working alongside the patient in this way

5a: Lone Working – Supervisor / Assessor Guidance (Applicable if student is undertaking home visits or working alone in a clinical area)

Please refer to your general practice policy on Lone Working, and Health and Safety Legislation for detailed guidance.

As the named supervisor or assessor, you and your Practice have a legal responsibility under the Health and Safety at Work Act 1974, to ensure, as far as is reasonably practicable, the health, safety and welfare of students whilst on placement, including during indirect supervision patient visits.

You should consider the vulnerability of the student in relation to:

- Violence or intimidation by patients, their families or associates
 - Infection from contaminated items such as needle stick injuries; unhygienic environments
 - Trip hazards
 - Moving and Handling
 - Dogs and other animals which may be in the house
- Ensure that you know the time, duration and place of each student visit and the expected time of return.
 - Having a clear system in place if the student fails to report back following indirect supervision visits.
 - Providing the student with the contact numbers of GP surgery and reliable contacts names.
 - Ensuring that for each patient the student has access to a phone, either their own mobile phone or patient's phone in case they need to contact their supervisor / assessor as it ensures both client and student safety.
 - Even if there are no known problems with animals, the request should still be made for them to be secured, as clinical procedures may provoke an unforeseen reaction from an animal. Alternatively, the animal's presence may be disruptive, so it may be prudent to request that it be removed or placed in a different room.

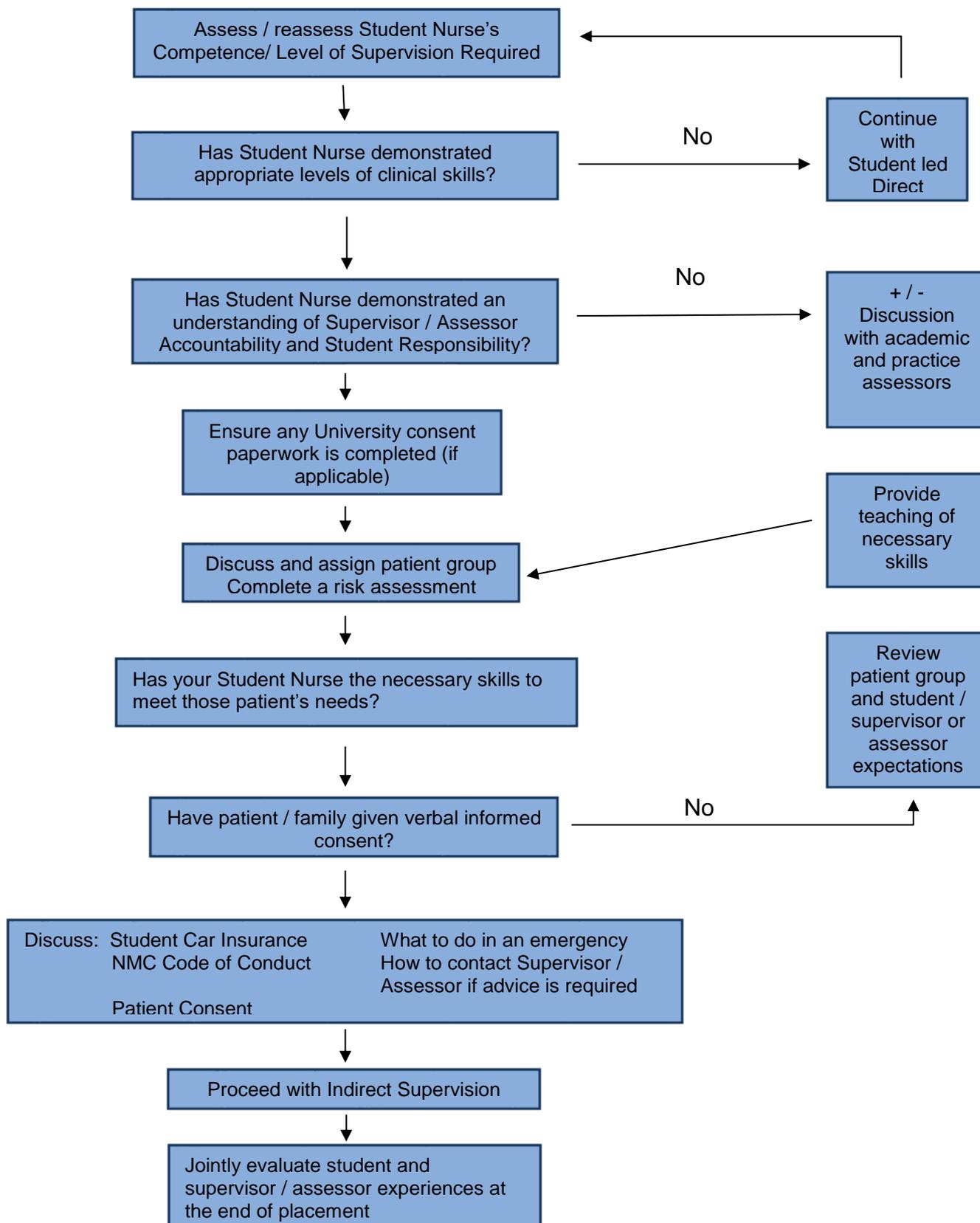
5b: Lone Working – Student Advice

- Plan ahead. Before you go out on your visits, think about your route and how you are going to get back to the GP surgery.
- Provide your supervisor / assessor with your vehicle details for example, registration number, make, model and colour.
- Make sure you have enough fuel in your car and that you give yourself plenty of time to travel between visits. Consider having your vehicle keys close at hand when leaving premises, to avoid being distracted by searching for them when outside.
- Items such as bags, dressings and other equipment should not be visible in the car. These should be stored in the boot of the vehicle.
- Think about where you are going to park. Ideally park outside the patient's house.
- You should not display signs such as 'nurse on call'
- Whenever you are going out on visits you should leave details of where you are going, who you are meeting and when you expect to return – if your plans change, tell someone.
- If for whatever reason someone does make you feel nervous or uneasy, be confident and professional, and leave the situation and contact your supervisor / assessor straight away.
- Be mindful of the home environment and practice recommends that you position yourself between the patient and the exit.
- Be confident, friendly but professional and avoid giving out too much personal information. Please do not give patients, family members or associates your phone numbers, email address or any other contact information. It is also advised not to accept requests for contact from patients, family members or associates via social networking sites. Please refer to the NMC guidance on the use of social networking.

For further information and guidance:

- Please view your practice lone working policy
- <http://www.suzylamplugh.org/>

Indirect Supervision for Competent Pre Registration Students (to be followed prior to commencing indirect supervision)



Within the student's Practice Assessment Document, three key statements have been developed to reflect the level of performance that the student is required to demonstrate and the level of assistance that they may require at the end of each Part (the part is usually equivalent to year).

By the end of Part 1 it is expected that the student would achieve ***“Guided participation in care and be performing with increasing confidence and competence”***

By the end of Part 2; it is expected that the student would undertake ***“Active participation in care with minimal guidance and be performing with increased confidence and competence”***

By the end of Part 3; it is expected that the student would be ***“Practising independently with minimal supervision and leading and co-ordinating care with confidence”***

To enable students to meet these requirements, the tables shown on the following pages are suggested levels of supervision and support at each stage.

**Nursing skills and levels of supervision required – 1st YEAR
(Part 1) PRACTICE NURSING**

NURSING SKILLS	LEVEL OF SUPERVISION (1st YEAR)
1. Phlebotomy	1. Observation
2. Automatic blood pressure	2. Observation → May assist → Direct supervision
3. Manual blood pressure	3. Observation → May assist → Direct supervision
4. Observations (pulse, resp. rate, peak flow)	4. Observation → May assist → Direct supervision
5. Wound management	5. Observation → May assist → Direct supervision
6. Removal of sutures & clips	6. Observation → May assist → Direct supervision
7. Urine testing	7. Observation → May assist → Direct supervision → Indirect supervision
8. Weight check	8. Observation → May assist → Direct supervision → Indirect supervision
9. ECG	9. Observation → May assist → Direct supervision
10. Injections (from Patient Group Directive)	10. Observation
11. Injections (non- PGD)	11. Observation → May assist → Direct supervision
12. Hypertension review	12. Observation → May assist → Direct supervision
13. Asthma review	13. Observation → May assist → Direct supervision
14. COPD annual review	14. Observation → May assist → Direct supervision
15. COPD/asthma exacerbation check	15. Observation
16. Spirometry	16. Observation → May assist → Direct supervision
17. Spirometry & peak flow reversibility	17. Observation
18. CHD review	18. Observation → May assist → Direct supervision
19. Well man/woman check / health screen	19. Observation → May assist → Direct supervision
20. New patient check	20. Observation → May assist → Direct supervision
21. Cervical screening	21. Observation
22. Smoking cessation	22. Observation
23. Healthy living advice	23. Observation → May assist → Direct supervision
24. Childhood immunisations	24. Observation
25. Travel advice & immunisations	25. Observation
26. Medication review	26. Observation

**Nursing skills and levels of supervision required – 2ND YEAR
(Part 2) PRACTICE NURSING**

NURSING SKILLS	LEVEL OF SUPERVISION (2ND YEAR)
1. Phlebotomy	1. Observation → May assist → Direct supervision → Indirect supervision (if training completed)
2. Automatic blood pressure	2. Observation → May assist → Direct supervision → Indirect supervision
3. Manual blood pressure	3. Observation → May assist → Direct supervision → Indirect supervision
4. Observations (pulse, resp. rate, peak flow)	4. Observation → May assist → Direct supervision → Indirect supervision
5. Wound management	5. Observation → May assist → Direct supervision → (Indirect supervision for uncomplicated wounds)
6. Removal of sutures & clips	6. Observation → May assist → Direct supervision
7. Urine testing	7. Observation → May assist → Direct supervision → Indirect supervision
8. Weight check	8. Observation → May assist → Direct supervision → Indirect supervision
9. ECG	9. Observation → May assist → Direct supervision
10. Injections (from Patient Group Directive)	10. Observation
11. Injections (non- PGD)	11. Observation → May assist → Direct supervision
12. Hypertension review	12. Observation → May assist → Direct supervision
13. Asthma review	13. Observation → May assist → Direct supervision
14. COPD annual review	14. Observation → May assist → Direct supervision
15. COPD/asthma exacerbation check	15. Observation
16. Spirometry	16. Observation → May assist → Direct supervision
17. Spirometry & peak flow reversibility	17. Observation
18. CHD review	18. Observation → May assist → Direct supervision
19. Well man/woman check / health screen	19. Observation → May assist → Direct supervision
20. New patient check	20. Observation → May assist → Direct supervision → Indirect supervision
21. Cervical screening	21. Observation
22. Smoking cessation	22. Observation → May assist → Direct supervision
23. Healthy living advice	23. Observation → May assist → Direct supervision
24. Childhood immunisations	24. Observation
25. Travel advice & immunisations	25. Observation
26. Medication review	26. Observation → May assist → Direct supervision

**Nursing skills and levels of supervision required – 3RD YEAR
(Part 3) PRACTICE NURSE**

NURSING SKILLS	LEVEL OF SUPERVISION (3RD YEAR)
1. Phlebotomy	1. Observation → May assist → Direct supervision → Indirect supervision (if training completed)
2. Automatic blood pressure	2. Observation → May assist → Direct supervision → Indirect supervision
3. Manual blood pressure	3. Observation → May assist → Direct supervision → Indirect supervision
4. Observations (pulse, resp. rate, peak flow)	4. Observation → May assist → Direct supervision → Indirect supervision
5. Wound management	5. Observation → May assist → Direct supervision → Indirect supervision (for uncomplicated wounds)
6. Removal of sutures & clips	6. Observation → May assist → Direct supervision → Indirect supervision
7. Urine testing	7. Observation → May assist → Direct supervision → Indirect supervision
8. Weight check	8. Observation → May assist → Direct supervision → Indirect supervision
9. ECG	9. Observation → May assist → Direct supervision → Indirect supervision
10. Injections (from Patient Group Directive)	10. Observation
11. Injections (non- PGD)	11. Observation → May assist → Direct supervision
12. Hypertension review	12. Observation → May assist → Direct supervision
13. Asthma review	13. Observation → May assist → Direct supervision
14. COPD annual review	14. Observation → May assist → Direct supervision
15. COPD/asthma exacerbation check	15. Observation
16. Spirometry	16. Observation → May assist → Direct supervision
17. Spirometry & peak flow reversibility	17. Observation
18. CHD review	18. Observation → May assist → Direct supervision
19. Well man/woman check / health screen	19. Observation → May assist → Direct supervision → Indirect supervision
20. New patient check	20. Observation → May assist → Direct supervision → Indirect supervision
21. Cervical screening	21. Observation
22. Smoking cessation	22. Observation
23. Healthy living advice	23. Observation → May assist → Direct supervision → Indirect supervision
24. Childhood immunisations	24. Observation
25. Travel advice & immunisations	25. Observation
26. Medication review	26. Observation → May assist → Direct supervision

References:

This document was based on the University of Suffolk Guidelines for Practice

Benner P (1984) Novice to Expert, Excellence and Power in Clinical Nursing Practice. California, Addison Wesley.

NMC (2018) Future Nurse: Standards of proficiency for registered nurses.

NMC (2018) Standards for Student Supervision and Assessment

NMC (2018) Code of Conduct

Other resources available from The Inspire Project:

- Guidance notes for Supervisors in General Practice
- Guidance notes for Assessors in General Practice
- Guidance notes for Placement Coordinators in General Practice
- Practice Guidelines for Students in General Practice
- Reasonable Adjustment for students in General Practice
- General Practice - Practice Learning Environment policy

Also recommended

[Guide to using the Practice Assessment Document \(MYEPAD\)](#)