



General Practice Assistant Programme

**A guide to completing your
portfolio**

October 2023

Contents

Introduction	3
History of the Programme	4
Programme structure	4
General Practice Assistant qualification	5
Programme Overarching Objectives	6
Making your life easier	7
Completing your tasks	7
Programme Components	8
PORTFOLIO	8
MENTOR	8
ASSESSMENTS	8
Work-based Learning	9
Guide to completing your portfolio.	9
WHAT IS A PORTFOLIO?	9
WHAT DOES THE PORTFOLIO DO?	9
A LITTLE BIT OF THEORY ABOUT KNOWLEDGE	9
A LITTLE BIT OF THEORY ABOUT SKILLS	10
Building your portfolio and reflective statement for assessment	13
WHAT DOES MY EVIDENCE HAVE TO BE?	13
TYPES OF EVIDENCE?	13
HOW DO I PRESENT MY EVIDENCE?	14
WHAT IS REFLECTION?	14
HOW TO REFLECT!	15
Let's get you started.	16
References	19
Appendix 1 - Learning Outcomes and Assessment Criteria	21
UNIT 1 - PROVIDING ADMINISTRATIVE SUPPORT	21
UNIT 2 - PROVIDING PERSON-CENTRED CARE.....	23
UNIT 3 - PROVIDING CLINICAL SUPPORT	25
UNIT 4 - COMMUNICATING WITH PATIENTS	31
UNIT 5 - MANAGING HEALTH RECORDS.....	34
Appendix 2. Reflective Model Template using Gibb's Reflective Cycle	36
Appendix 3. An example of reflective writing.	36
Appendix 4. General Practice Assistant (GPA) Job Description.	39

Introduction

WELCOME TO THIS UNIQUE VENTURE.

You will become part of an expanding number of GP Assistants (GPA) from all over England once you have successfully completed this programme developed by colleagues from NHS England.

This programme will:

- Aid your personal development.
- Enhance your study skills.
- Build on prior experience.
- Provide an opportunity to learn and study both at work and home; and complete relevant courses.
- Continue your professional development of which your GPA portfolio will form a firm foundation for future life-long learning.
- Equip you with the knowledge, skills and experience to be a safe, effective practitioner and will inform future practice.
- Use unrivalled 1 to 1 learning and teaching that is work-based.
- Enable you to meet like-minded colleagues.
- Provide you with a “spring board” to future health care studies.

Each of you will start with differing prior knowledge, experience, skills and qualifications. These unique abilities and skills will be shaped by your study, GP mentor, colleagues and patients to develop you into a GP assistant of the future.

This document is designed to help you complete your portfolio.

I expect, and know, you will enjoy your learning journey. Remember to work consistently and regularly and you'll be surprised how quickly your knowledge and skills improve.

Good luck and enjoy.

History of the Programme

The General Practice Assistant was originally developed in USA to support GP surgeries in routine administration tasks and basic clinical duties.

In 2018, a similar programme was piloted in the Northwest and supported by Health Education England. It was led by Dr Steve Cox, a GP at the Spinney Medical Centre in St Helens, who investigated why GPs were either retiring early and/or dissatisfied. The causes included:


- High administrative burden
- Lack of 'personal assistant' type support
- Lack of quickly accessible core clinical observations or tests on patients
- Practice nurses time concentrated mainly on patients with chronic conditions.

Consequently, HEE devised the GP or Medical Assistant role that included personal, general and clinical components.

The pilot course was run in the North West and in 2019, the programme was rolled out nationally and accredited by the University of Chester with the first wave of learners completing in 2020.

An evaluation of the course showed that the GPA programme had the potential to:

- Improve patient access and patient flow
- Release higher qualified staff to focus on treating patients with more complex conditions.

 **Remember** you are working at level 4. The same as a first-year, university student.

Programme structure

Your course lasts for 6 -9 months (depending on clinical pressures) and is designed to assess progress on your journey to become a competent GPA.

Your learning will occur 1 day/week. This comprises:

- ½ day with mentor/GP/Secretary/HCA/Nurse/Practice manager/other colleagues. These sessions will guide all aspects of your learning, in turn helping to complete your portfolio.
- ½ day uploading evidence into portfolio including reflection to assess competency.

Pearson BTEC Level 4 Award in General Practice Assistant qualification

Pearson are the UK's largest awarding body and are regulated by Ofqual (England) with educational excellence rooted in names like Edexcel, BTEC, EDI and LCCI.

Pearson's Self Regulated Framework (SRF) is for customised qualifications to meet the needs of a particular range of learners and stakeholders. Pearson designs SRF qualifications in collaboration with the centre that wishes to deliver and certificate learners.

These qualifications are not accredited or regulated by any UK regulatory body and are certificated by Pearson. For further information, please see Pearson's Self Regulated Framework policy, on our website, qualifications.pearson.com.

This qualification has been developed with Sysco Business Skills Academy. NHS England, as sector experts, provided the specialist content for this qualification.

The Pearson BTEC Level 4 Award in General Practice Assistant (SRF) is for learners who work in, or want to work in, General Practice environments.

Pearson BTEC Level 4 Award in General Practice Assistant (SRF) is suitable for:

- Supporting the development of knowledge and/or understanding related to the role of a General Practice Assistant
- Developing skills related to the role of a General Practice Assistant
- Developing learners' personal growth and engagement in learning.

A General Practice Assistant will support GPs in the smooth running of the surgery by handling routine administrative tasks and some basic clinical duties, helping to free up the GP's time. They work with the direction of a GP, who has overall responsibility for medical care. Depending on the practice's needs, a GP Assistant can be trained to help with:

- Sorting all clinical post and prioritising
- Extracting all information from clinical letters that needs coding
- Dealing with all routine clinical post directly e.g., DNA letters, 2WW etc.
- Arranging appointments, referrals and follow up appointments of patients
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Dipping urine, taking blood pressure, ECGs & phlebotomy
- Completing basic (non-opinion) forms for the GP to approve and sign such as insurance forms, mortgage forms e.g., ESA113 etc
- Explaining treatment procedures to patients including arranging follow up appointments

- Helping the GP liaise with outside agencies i.e., getting an on call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- Support the GP with immunisations/wound care

While there is no requirement for the General Practice Assistant to have any practice experience, they would ideally have some experience and already be considered competent in good patient care in a GP practice. They must be DBS enhanced level checked.

The qualification gives learners the opportunity to:

- Develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: administration; care; clinical; communications; and managing health records.
- Develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation.
- Develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement.
- Achieve a recognised Level 4 qualification.

Programme Overarching Objectives

To develop knowledge and skills across all units to ensure safe, effective, up-to-date, practice.

This will be substantiated by completing a comprehensive evidenced-based, person-centred care portfolio supported using research and reflection by:

- Demonstrating a theoretical and practical understanding of person-centred care with particular reference to promoting physical and mental health well-being, and by directing patients to the most appropriate care, and monitoring their progress.
- Appreciating and showing how to access, manipulate, communicate and investigate patient information in a sensitive, secure, supportive and legal way according to local and national guidelines.
- Illustrating how to prepare a relaxed, safe, hygienic, and secure environment for patient assessment ensuring dignity to facilitate clinical examination and sample acquisition using “informed consent”
- Describing and demonstrating the different ways to communicate with patients; the components of a consultation and how this may vary according to patients needs ensuring they receive appropriate encouragement and support.
- Documenting medical details from patients, correspondence and local information systems in a safe, effective way especially knowing when to refer to more senior colleagues.

Making your life easier

These objectives are expanded in each of the 5 units to guide your study by:

- Researching information
- Documenting the development of your skills
- Discussing all aspects of each domain with colleagues
- Meeting with your mentor.

To help you further the 5 units include sections with specific tasks. This information may appear daunting; be reassured that the lists of individual tasks makes completion of your portfolio easier. Ensure you do several tasks each week. Do not leave until the last minute as your performance will suffer reducing the quality of your work and increasing the risk of failure.

Each task is a mini objective and some will overlap as you start to integrate all your knowledge and skills into assessing a patient and completing your portfolio.

Completing your tasks

Students ask many questions but the three most frequent are:-

1. How much do I need to know?
2. How long will it take?
3. Where will I get the necessary information to complete my task?

1. How much do I need to know?

The tasks you have to complete are finite and will be based on information in the literature, your GP practice, and your experience as a learner. Your depth of knowledge, skill competency and response to each task will be shaped and modified by your learning supervisors and mentor.

2. How long will it take?

You have been allocated a minimum of 6 months to complete the portfolio which is plenty of time. This translates to 4 hours a week for 24 weeks (24 weeks minus leave etc) equalling 100 hours. Obviously, there will be some variation as we will all take different amounts of time to complete the same tasks.



Remember this is just a guide.

3. Where will I get the necessary information to complete my task?

Your mentor and work colleagues will direct you to relevant books, documents, practice policies and procedures etc to help you get information to formulate your answers. You may also wish to use your favourite search engine to answer the question. Be aware that some web-based information/answers may not be all they seem, containing factual inaccuracies, be irrelevant to UK practice, or even be completely wrong. Use reliable sources; if in doubt ask your mentor. Do not cut and paste answers from reference sources without permission as this could be plagiarism, or be in breach of Copyright.

Find one or more reference sources that you like, then distill the facts, ensuring consistency and accuracy before compiling your answer.

⚠ If in doubt ask your mentor.

Programme Components

PORTFOLIO

A common way of assessing students. More of that soon.

MENTOR

A GP, who is an educator, will be selected from your practice. Your mentor will provide educational and pastoral advice and support, plus direct your learning, understanding and progress by providing feedback. This is a constructive, supportive and educationally beneficial process that will:

- Occur regularly, sometimes immediately for example when you are being observed doing a skill like taking blood or after a few days following completion of written component that your mentor needs to read before discussing with you
- Shape your development and learning by explaining what you have done/are doing well
- Direct and enhance your learning
- Identify areas that may need more work

ASSESSMENTS

Occur in all aspects of learning. They are used to monitor students' progress and the effectiveness of teaching. The GPA programme provides you with a structured form of assessment that occurs in 5 units:

1. Providing Person-centred Care
2. Providing Administrative Support
3. Providing Clinical Support
4. Communicating with Patients
5. Managing Health Records

You will be assessed by:-

- Your GP mentor as part of "continual assessment". Your GP mentor is also responsible for declaring you have completed the course.
- Colleagues in your practice who are part of your training.

- Nominated staff at the regional training hub will review all portfolios as part of the internal verification process.
- The awarding body is Pearson and your portfolio will be subject to external verification.

Work-based Learning

The portfolio requires you to evidence your practice through work-based learning. Why you may ask?

Well, because “Through critical reflection, it promotes awareness of the workplace as a learning environment and utilises this to extend the learner’s capability and individual effectiveness”. [Rhodes and Sheil, 2007:173].

To ensure a consistent and standardised approach to learning and skill acquisition the student will:

- Develop and consolidate your practice in primary care; approximately 4 hours per week.
- Build your portfolio; approximately 4 hours per week.
- Achieve GPA competencies at level 4 by successful completion of your portfolio.
- Negotiate and implement your individual learning agreement based on personal and organisational needs by discussion and agreement with your mentor.

Guide to completing your portfolio.



Remember The portfolio is an integral component of the GPA programme

WHAT IS A PORTFOLIO?

A Portfolio has been defined as: “A purposeful collection of student work that exhibits the student’s efforts, progress and achievements in one or more areas.” (Paulson, Paulson, Meyer; 1991).

WHAT DOES THE PORTFOLIO DO?

A portfolio records and monitors your personal development towards becoming a competent, safe and effective GPA. As you complete your portfolio you will identify your own learning style by acquiring new knowledge and skills as well as having your values, attitudes, beliefs and behaviours challenged by working with staff and patients; their unique attributes will enrich your learning. Such experiences will develop you as a professional enabling you to work alone and enhance your understanding and ability to work in collaboration with a multidisciplinary team.

A LITTLE BIT OF THEORY ABOUT KNOWLEDGE

Your portfolio will chart your acquisition of key clinical and non-clinical skills in a variety of ways. Knowledge, for example, can be demonstrated and measured in many ways. This can be as straight forward as “list the causes of” to evaluate the effectiveness of”. As you will see there are 5 levels at which your knowledge can be assessed, summarised in table 1. Your knowledge will increase gradually; as with experience, reflection and study you will come to appreciate the

complexity of knowledge. Note how the level and complexity of knowledge and learning increases as you progress from level 1 to 5.

Table 1: Levels of Knowledge

1. Know:	The most basic level of knowledge is factual recall using terms e.g list, describe, when, how, where or “name the veins in the antecubital fossa”
2. Understand:	Demonstrates comprehension by expanding the factual content using such terms as compare, distinguish, show, organise, and “explain the difference between arteries and veins”.
3. Analyse:	The learner uses application of prior knowledge to assess a challenge such as demonstrate, “what are the complications of venepuncture and how could you prevent them?”
4. Synthesise:	Solve, devise, create, what do you suggest, “what would you do if your ECG machine did not work?”
5. Evaluate:	The ultimate level of learning with reflection and judgement of the whole process using e.g evaluate these data against standards, will this action succeed and why, rank these and explain why? The outcomes of such judgements will determine the next course of action and the quality of learning.

These levels of knowledge are intimately woven into all of your units and the associated tasks to drive your curiosity, study, reflection and hence development as well as form part of your assessment. So reflection is the ultimate level of learning which is why reflection forms a major part of your work. More of that soon.

A LITTLE BIT OF THEORY ABOUT SKILLS

When you are first introduced to a new procedure you will depend on others to enable you show and explain what to do; you may not be able to complete the task first time, or even need several attempts. Over time you will improve and eventually become independent (Bondy, 1983).

Such skill acquisition occurs in many phases. Benner described this process in the ‘novice to expert model (1984).

Table 2: The Novice to Expert Model


1. Novice	No prior knowledge and understanding of the skill. Supervision is mandatory.
2. Advanced beginner	Demonstrates marginally acceptable performance. Enough background experience to recognise aspects of the situation. Vary the approach according to the needs of individual patients. Still requires supervision.
3. Competent	Considerable, conscious, deliberate planning. Increased level of proficiency. Aware of the limitations in knowledge and skills. Supervision only when requested; refers to others appropriately.

4. Proficient	Perceives situations as a whole rather than in terms of aspect. Intuitive grasp of the situation based on deep background of understanding. Experienced and competent to modify procedures appropriately to match differing circumstances Able to advise others on how to perform tasks.
5. Expert	Theoretical and practical knowledge is tested and refined in real-life clinical situations Comprehensive understanding of based on extensive experience Able to teach others.

Your knowledge and skills will be shaped by these five units of practice that form the basis of your portfolio:

- (1) Providing Administrative Support
- (2) Providing Person-centred Care
- (3) Providing Clinical Support
- (4) Communicating with Patients
- (5) Managing Health Records

As you work through each of the five units the pace of your knowledge acquisition will vary with the task that you face. Similarly, you will become competent in some skills sooner than others, for example, you may master hand washing techniques quicker than ordering blood tests.


 **Remember** Your portfolio:

- Records your learning of professional and inter-professional practice.
- Contains your reflective writing on significant learning events that demonstrate your developing competence (knowledge, skills, attitudes and behaviours) towards your future professional practice.
- Demonstrates practice achievement at Level 4 supporting your progression on the NHS Career Framework (figure 1).

Figure 1. Career Framework for Health (Skills for Health 2010)



Building your portfolio and reflective statement for assessment

 **Remember** A portfolio is a systematic collection of **EVIDENCE** that will demonstrate your learning.

It is important that you complete each component of each unit when you build your portfolio following the principles of assessment. This will ensure that you demonstrate the required knowledge, skills and behaviours essential to the role of GPA, and promote critical thinking and reflection.

WHAT DOES MY EVIDENCE HAVE TO BE?

Your evidence must be:

- Valid – an appropriate way of demonstrating your abilities meeting the needs of the learning outcomes.
- Authentic – your own work. Where you are submitting evidence of achievement in the workplace, this should be signed by your mentor as an accurate reflection of events.
- Sufficient – enough of the right type of evidence to meet the level 4 standard.
- Current – up-to-date and relevant.
- Reliable – authentic description of events.
- Compliant with data protection, to protect the anonymity and confidentiality of patients, staff and organisations

It is not the number of pieces of evidence that matters as such, but their quality and relevance, with different types of evidence demonstrating different competencies. The evidence should give a balanced view of the individual's learning and may include a combination of personal insights/self-assessment, feedback from others and the products of self-directed learning.

TYPES OF EVIDENCE

Whilst not an exhaustive list, some examples of different types of evidence include:

- A short **reflective account** analysing an experience in practice, typically around 250 words. Various frameworks are available to guide reflective writing (Gibbs 1988, Schon, 1983).
- Evidence of feedback from others such as **witness statements**, **observations**, testimonials or letters from colleagues or patients. These should be accompanied by information about what the learner did well, elements to improve on and how.
- **Work Product Evidence**. This refers to any work that you produce naturally within the workplace i.e., letters to patients, emails, documents, updating patient records etc.
- Evidence of a **professional discussion** or 'question and answer' session with the GP mentor

- Reflective notes from working with other health professionals or visits to other services
- Revision notes from previous learning e.g., as part of a training session or course
- Copies of articles, leaflets or policies accompanied by some explanation of their relevance to practice.
- Other evidence of self-assessment such as self-testing using revision books or quizzes, SWOT analysis and action plans
- Prior certification (APL). Any prior certification of achievement should be used alongside other evidence. For example, the Care Certificate does not exempt you from completing the Providing Person-Centred Care unit but could be used alongside a reflective account to show competency.

HOW DO I PRESENT MY EVIDENCE?

Evidence must be uploaded for all components and for units to the Sysco on-line platform. When presenting your evidence, you must include more than just indicators of your achievements and demonstration of competencies.


Your portfolio should include **BOTH** evidence and reflection of your learning and skills developmental journey. Ask yourself the following questions:

- Does this piece of evidence help demonstrate my knowledge, skills and understanding?
- Is this the most appropriate and/or best piece of evidence for the learning outcomes?
- Am I including too much information, do I need to include it all? (remember quality not quantity)
- Is my evidence based on fact and/or established professional practice?

WHAT IS REFLECTION?

Reflection is a process:

- that brings a greater understanding of yourself in everyday situations to inform future actions (Sandars, 2009). For health professionals developing knowledge, skills and insight in reflection is extremely important when you deal with the most profound issues of life and death.
- where you think analytically about anything relating to your professional practice to gain insight and use the lessons learned to maintain good practice and make improvements where possible'.

 **Remember** it is not sufficient to have an experience to learn. Without reflecting on this experience, it may quickly be forgotten, or its learning potential lost'. (Gibbs, 1988, p9).

Reflection helps you to:

- Demonstrate insight by identifying actions to help learning and development
- Improve practice, developing greater insight and self-awareness;

- Identify opportunities to improve quality and patient safety in organisations;

There is a strong public interest in health professionals being able to reflect in an open and honest way.

HOW TO REFLECT!

There is no one way to reflect, different models and frameworks are intended to guide reflection. Here is one example:

Figure 2: Gibbs Reflective Cycle



You can use the six stages in this model to structure your reflective writing as follows:

Description: Provide a brief description of the event or experience, what happened, who was there and what was the outcome.

Feelings: Discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?

Evaluation: How did things go? Focus on the positive and negative. Were your contributions positive or negative?

Analysis: Why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?

Conclusion: What have you learned What can you now do better? What skills would you need to handle a similar experience in the future?

Action Plan: How and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?

Remember in any walk of life not all experiences will go as planned. Both complications and complaints will happen. Use these as a positive learning experience, with reflection, to enhance your personal development now and in the future.

△ Any component for which you are graded a pass is an indication of your competence. This does **NOT** mean that you are an independent practitioner.

△ It is important that you do not attempt any component that you have not been formally taught. For example, you must not attempt to book appointments before you have been taught how to do so and with the agreement of your supervisor.

Let's get you started.

Here are examples of answers to help, with a few hints/tips.

The following tasks are taken from the clinical unit outcome 17.

17. Understand the anatomy and physiology relating to obtaining venous blood samples

- 17.1 Describe the structure of venous blood vessels
- 17.2 Explain blood clotting processes and the factors that influence blood clotting
- 17.3 Describe the position of venous blood vessels in relation to arteries, nerves and other structures

The stem "17" describes the desired outcome to "Understand the anatomy and physiology relating to obtaining venous blood samples". Answering the 3 questions correctly will enable you to achieve this outcome. Let's look at each question:

"17.1 Describe the structure of venous blood vessels".

After collecting all your information as mentioned earlier, write your answer that may look something like:

Venous blood vessels are tubes that are also known as veins. Veins carry deoxygenated blood from capillaries in organs and tissues to the right side of the heart. The only exception being the pulmonary vein that takes oxygenated blood from the lungs to the left atrium.

Veins often follow the course of arteries though the course of veins is less consistent. The vein wall has 3 layers – like an artery – but less distinct:

1. Inner layer - or lining - is the intima
2. Middle layer - or media – contains elastic and muscular tissue
3. Outer layer – or adventitia.

One unique property of veins, especially the peripheral ones, is that they contain valves to allow unidirectional flow of blood and affect pressure.

What do you think to my answer? Would your response have been different?

I like using diagrams so I would have included one as part of my answer as this saves a lot of words provided the labelling is correct and explained in the adjacent text. Be careful if you use images/diagrams from the internet as they may be subject to Copyright. So with this in mind let's look at the next task:

“17.2 Explain blood clotting processes and the factors that influence blood clotting”.

A fascinating subject that occupies huge medical text books. The challenge is to provide an answer that meets your needs and those of your assessors. A different style is:

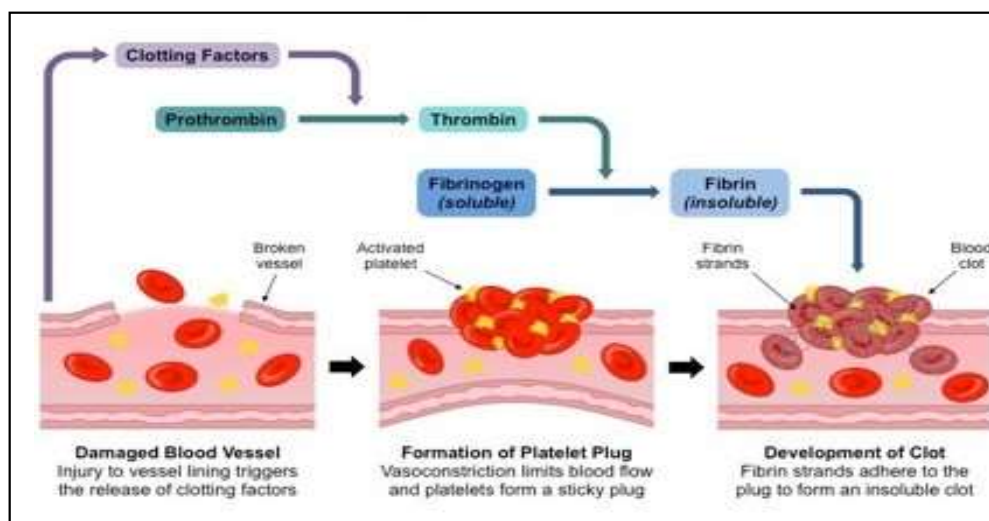
Blood clotting, referred to as haemostasis, needs 3 essential components:

Platelets: special cells in the blood that stick to each other and the lining of the blood vessel wall.

Endothelium: the lining coating the intima.

Clotting factors: factors in the “liquid” blood that cause it to become a gel.

The following diagram shows the various stages of blood clotting in response to injuring blood vessel; just like you will do when taking a blood sample (venepuncture).



Modified from BioNinja

Stage 1 = Injury to blood vessel wall with red cells and platelets leaking into the surrounding tissue. This disruption stimulates activation of clotting factors that result in production of prothrombin which is activated to thrombin.


Stage 2 = Platelets are attracted to the lining of the damage vessel wall and to each other forming a plug. Thrombin stimulates the production of fibrin.


Stage 3 = fibrin forms a mesh which strengthens the cell plug arresting more cells to produce a blood clot that closes the defect in the wall.

I have described the clotting process in three stages to help your understanding. In the body, however, these three stages occur so quickly that they are almost simultaneous.

That answers the question 😊.

If you become really interested in this topic then you could expand your answer to include the different types of coagulation pathways, their constituents and how these constituents can cause disease. In addition you could explore the structure of platelets and what happens when there are either too few or too many.

 **Remember:** Your answers can include information from books, journals, reliable web sites, provided that you include appropriate references.

 You can include certificates from relevant courses you have attended **BUT** these:

- Are **NOT** an alternative to answering the question.
- Must be accompanied by reflection that as a minimum should include what you learned from your course discussing how and why this experience changed your practice.

“17.3 Describe the position of venous blood vessels in relation to arteries, nerves and other structures”.

This is important so you know the anatomy of, for example, the antecubital fossa as you will be doing venepuncture. I would include the following in my answer:

- Picture of the surface anatomy; labelling the various veins
- Labelled diagram of a dissected antecubital fossa showing the relationship of the veins to the brachial artery, bicipital aponeurosis, radial, median and ulnar nerves and the associated muscles bordering the antecubital fossa. Note the close relationship of the median cubital vein to the brachial artery, biceps tendon and median nerve. This is important as you need to know what structures you may traumatise with your needle during venepuncture and what action to take to redress the situation.

References

Benner, P (1984) *From novice to expert: excellence and power in clinical nursing practice*. Munlo Park CA: Addison –Wesley

Bondy, K. N. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education*, 22 (9), 376-382.

Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. London: Further Education Unit.

Moon, J. (1999). *Reflection in Learning and Professional Development*. Kogan Page. London.

Paulson, F. L. , Paulson, P. R. , Meyer, C. A. (1991). What Makes a Portfolio? *Educational Leadership*, 48 (5), pp. 60-63.

Sandars, J. (2009). The use of reflection in medical education. *Medical Teaching*, 31(8): 685-95
<http://doi.org/10.1080/01421590903050374>

Career Framework for Health (Skills for Health 2010) www.skillsforhealth.org.uk

APPENDICES

Appendix 1- Learning Outcomes and Assessment Criteria

UNIT 1 - PROVIDING ADMINISTRATIVE SUPPORT

Unit 1	Assessment Criteria –	
1. Understand requirements for handling information in health and social care settings	1.1	Identify legislation and codes of practice that relate to handling information in health and social care i.e. confidentiality and information governance
	1.2	Summarise the main points of legal requirements and codes of practice for handling information in health and social care
2. Be able to implement good practice in handling information	2.1	Describe features of manual and electronic information storage systems that help ensure security
	2.2	Demonstrate practices that ensure security when storing and accessing information
	2.3	Give an example of where you have maintained records that are up to date, complete, accurate and legible
	2.4	Demonstrate an understanding of given consent by an individual to share information with another person or body.
	2.5	Demonstrate an understanding of consenting where mental capacity is in doubt or not present.
3. Know ways to support individuals to access information on services and facilities	3.1	Identify the types of services and facilities which patients may require access to and give examples where you have actively signposted them. Demonstrate a good knowledge of local service options
	3.2	Identify possible barriers to accessing and understanding information
	3.3	Describe ways to overcome barriers to accessing information
	3.4	Identify a range of formats, translations and technology that could make information more accessible for individuals
	3.5	Describe types of support individuals may need to enable them to understand information
4. Be able to work with individuals to select and obtain information about services and facilities	4.1	Give an example where you have helped an individual to communicate their needs, wishes, preferences and choices about the information they require to access services and facilities
	4.2	Work with an individual to identify relevant and up to date information on services and facilities that meet assessed needs and wishes
	4.3	Give an example where you have helped a patient to obtain selected information in their preferred format and language
5. Be able to work with individuals to access and use information about services and facilities	5.1	Demonstrate ways to check an individual's understanding of the information (for example if there is illiteracy of foreign language as 1 st language)
	5.2	Share an example where you have worked with an individual to access a service or facility using the information, in ways that promote active participation

	5.3	Give an example where you have supported patients to deal with any issues or concerns that may arise from the content of information
	5.4	Understanding when to gain consent from the patient to share information with other services and facilities both in consultation and out of consultation (3 rd party requests)
6. Understand hospital, out of hours and other communication s, and key information to be extracted	6.1	Demonstrate an understanding of information sharing through outpatient letters
	6.2	Demonstrate an understanding of the information contained within AED and admission/discharge letters
	6.3	Describe the key information needed within medication requests from patients.
	6.4	Demonstrate an understanding of Out of Hours, extended hours and other GP to GP communication letters.
	6.5	Give examples of care home correspondence
	6.6	Outline other relevant communications that might be received in practices.
7. Be able to support the GP to complete common administrative tasks	7.1	Give examples of forms linked to benefits – IB113, HAAS etc
	7.2	Give examples of mortgage & holiday insurance forms
	7.3	Give examples of private letters and short reports
	7.4	Give examples of referral templates
	7.5	Give examples of investigation forms – x-ray, blood forms, ECG etc
	7.6	Demonstrate an understanding of the need for the GP to “sign off” such requests for individual patients

UNIT 2 - PROVIDING PERSON-CENTRED CARE

Unit 2	Assessment Criteria	
Section A – Person Centred Care		
1. Understand the application of person-centred approaches in health and social care but specifically in general practice.	1.1	Explain how and why person-centred values must influence all aspects of health and social care work
	1.2	Evaluate the use of care plans in applying person centred values
2. Be able to work in a person-centred way	2.1	Work with an individual and others to find out the individual’s history, preferences, wishes and needs
	2.2	Give examples of ways to put person centred values into practice in a complex or sensitive case
	2.3	Describe how actions and approaches may need to be adapted in response to an individual’s changing needs or preferences
3. Be able to promote individual’s well-being	3.1	Explain the links between identity, self-image and self-esteem for an individual
	3.2	Analyse factors that contribute to the well-being of individuals
	3.3	Give an example of where you have supported an individual in a way that promotes their sense of identity, self-image and self esteem
	3.4	Describe ways to contribute to an environment that promotes well-being
4. Understand the role of risk assessment in enabling a person-centred approach	4.1	Compare different uses of risk assessment in health and social care
	4.2	Explain how risk-taking and risk assessment relate to rights and responsibilities
	4.3	Explain why risk assessments need to be regularly revised
Section B – Care Plans		
5. Be able to support the implementation of care plans	5.1	Carry out assigned aspects of a care plan generated by the practice or wider team
	5.2	Support others to carry out aspects of a care plan for which they are responsible
	5.3	Give an example of where the practice has had to adjust the plan in response to changing needs or circumstances
6. Be able to monitor a care plan	6.1	Agree methods for monitoring the way a care plan is delivered
	6.2	Collate monitoring information from agreed sources
	6.3	Record changes that affect the delivery of the care plan
7. Be able to facilitate a review of care plans and their implementation	7.1	Seek agreement with the individual and others about: <ul style="list-style-type: none"> • Who should be involved in the review process • Criteria to judge effectiveness of the care plan

	7.2	Seek feedback from the individual and others about how the plan is working
	7.3	Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives
	7.4	Work with the individual and others to agree any revisions to the plan or an action plan
	7.5	Document the review process and revisions as required
Section C – Infection control		
8. Understand roles and responsibilities in the prevention and control of infections	8.1	Explain employees’ roles and responsibilities in relation to the prevention and control of infection
	8.2	Explain employers’ responsibilities in relation to the prevention and control of infection
9. Understand legislation and policies relating to prevention and control of infections	9.1	Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection
	9.2	Describe local and organisational policies relevant to the prevention and control of infection including COVID-19
10. Understand systems and procedures relating to the prevention and control of infections	10.1	Describe procedures and systems relevant to the prevention and control of infection
	10.2	Explain the potential impact of an outbreak of infection on the individual and the organisation
11. Understand the importance of risk assessment in relation to the prevention and control of infections	11.1	Define the term risk
	11.2	Outline potential risks of infection within the workplace
	11.3	Describe the process of and importance of carrying out a risk assessment
Section D – Mental Health and Wellbeing		
12. Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patient’s life.	12.1	Evaluate two different views on the nature of mental well-being and mental health
	12.2	Explain the range of factors that may influence mental well-being and mental health problems across the life span, including: <ul style="list-style-type: none"> • Biological factors • Social factors • Psychological factors
	12.3	Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health: <ul style="list-style-type: none"> • Risk factors including inequalities, poor quality social relationships, substance misuse • Protective factors including socially valued roles, social support and contact
13. Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups	13.1	Explain the steps that an individual may take to promote their mental well-being and mental health
	13.2	Explain how to support an individual in promoting their mental well-being and mental health
	13.3	Describe a strategy for supporting a particular patient in promoting their mental well-being and mental health

UNIT 3 - PROVIDING CLINICAL SUPPORT

Unit 3		Assessment Criteria
Section A – Background, policies and procedures		
1. Understand relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens	1.1	Explain current legislation, national guidelines, organisational policies and protocols which affect working practice
	1.2	Describe current legislation, national guidelines, local policies, protocols and good practice guidelines which relate to obtaining venous blood samples
2. Understand how to prepare and manage environments and resources for use during healthcare activities	2.1	Explain how the environment is prepared, maintained and cleaned to ensure it is ready for the healthcare activity
	2.2	Describe the roles and responsibilities of team members in the preparation and management of the environment and resources
	2.3	Explain how to investigate, make the necessary adjustments to and report problems with the environment
	2.4	Describe the impact of environmental changes on resources including their storage and use
3. Be able to prepare environments, medical equipment, devices and resources for use during healthcare activities	3.1	Apply health and safety measures relevant to the healthcare activity and environment
	3.2	Apply standard precautions for infection prevention and control
	3.3	Ensure conditions within the immediate environment are set at levels which maintain individual comfort
	3.4	Ensure that all essential resources are available in advance of planned healthcare activities
	3.5	Ensure all medical equipment, devices and resources are in a suitable, safe condition for the activity to be carried out
	3.6	Report any problems with medical equipment, devices and resources as required
	3.7	Demonstrate the relevant equipment and medical devices are selected, prepared and functioning within the agreed parameters prior to use
	3.8	Prepare resources for the activity in line with clinical governance
	3.9	Demonstrate an understanding of the storage of vaccines and other drugs for use by health care professionals and the need to audit compliance with storage guidance e.g. fridge cold chain audit
4. Be able to ensure that environments and resources are ready for their next intended use	4.1	Describe the importance of ensuring that environments are ready for their next use
	4.2	Outline the factors that influence the readiness of environments for use in health care activities
	4.3	Clean and make safe re-useable items prior to storage in accordance with agreed policies
	4.4	Dispose of used, damaged or out of date items safely
	4.5	Return un-opened, unused and surplus resources to the correct location for storage

	4.6	Monitor the available levels of consumable materials used in healthcare activities – such as stock check
	4.7	Replenish consumable materials used in healthcare activities in accordance with protocols
	4.8	Ensure all information is accurately recorded as specified in local policies
5. Be able to prepare individuals to undergo healthcare activities	5.1	Confirm the individual's identity and gain valid consent
	5.2	Describe any concerns and worries that an individual may have in relation to healthcare activities
	5.3	Describe ways of responding to these concerns
	5.4	Explain the procedure to the individual
	5.5	Agree the support needed with the individual in a way that is sensitive to their personal beliefs and preferences
	5.6	Refer any concerns or questions to others if unable to answer
	5.7	Support an individual to prepare and position for the procedure ensuring that privacy and dignity is maintained at all times
	5.8	Understand the practice chaperoning policy, guidance and implementation within the practice, including record keeping where appropriate
	5.9	Give three examples of where you have acted as a chaperone
6. Be able to support individuals undergoing healthcare activities	6.1	Inform and reassure individuals
	6.2	Apply standard precautions for infection prevention and control
	6.3	Apply health and safety measures relevant to the healthcare activity and environment
	6.4	Recognise any ill effects or adverse reactions
	6.5	Take actions in response to any ill effects or adverse reactions
	6.6	Ensure that an individual's privacy and dignity is maintained at all times
7. Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections including COVID-19	7.1	Demonstrate correct use of PPE
	7.2	Describe different types of PPE
	7.3	Explain the reasons for use of PPE
	7.4	State current relevant regulations and legislation relating to PPE
	7.5	Describe employees' responsibilities regarding the use of PPE
	7.6	Describe employers' responsibilities regarding the use of PPE
	7.7	Describe the correct practice in the application and removal of PPE

	7.8	Describe the correct procedure for disposal of used PPE
8. Understand the importance of good personal hygiene in the prevention and control of infections	8.1	Describe the key principles of good personal hygiene
	8.2	Demonstrate good hand washing technique
	8.3	Describe the correct sequence for hand washing
	8.4	Explain when and why hand washing should be carried out
	8.5	Describe the types of products that should be used for hand washing
	8.6	Describe correct procedures that relate to skincare
9. Understand the causes of infection	9.1	Identify the differences between bacteria, viruses, fungi and parasites
	9.2	Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites
	9.3	Describe what is meant by “infection” and “colonisation”
	9.4	Explain what is meant by “systemic infection” and “localised infection”
	9.5	Identify poor practices that may lead to the spread of infection
	9.6	Describe what is meant by pandemic and relate this to COVID-19 and its impact upon general practice
10. Understand the transmission of infection	10.1	Explain the conditions needed for the growth of micro-organisms
	10.2	Explain the ways an infective agent might enter the body
	10.3	Identify common sources of infection
	10.4	Explain how infective agents can be transmitted to a person
	10.5	Identify the key factors that will make it more likely that infection will occur
11. Be able to establish consent when providing care or support to a patient	11.1	Analyse factors that influence the capacity of an individual to express consent
	11.2	Establish consent for an activity or action
	11.3	Explain what steps to take if consent cannot be readily established
Section B – Specimens		
12. Understand the processes involved in obtaining and testing specimens from individuals	12.1	Identify the different types of specimens that may be obtained
	12.2	Describe the tests and investigations that may be carried out upon the specimens
	12.3	Identify the correct equipment and materials used in the collection and transport of specimens

13. Be able to prepare for obtaining specimens from individuals	13.1	Confirm the individual's identity and obtain valid consent
	13.2	Ensure the individual's privacy and dignity is maintained at all times
	13.3	Identify any aspects of the individual's ethnic and religious background which might affect the procedure
	13.4	Communicate with the individual in a medium appropriate to their needs and preferences
	13.5	Demonstrate that the required preparations have been completed, including materials and equipment
14. Be able to obtain specimens from individuals	14.1	Provide the correct container for the individual to be able to provide the specimen for themselves
	14.2	Collect the specimen where the individual cannot provide the specimen for themselves
	14.3	Describe possible problems in collecting specimens and how and when these should be reported
	14.4	Demonstrate the correct collection, labelling, transport and storage of specimens
	14.5	Complete and attach relevant documentation
	14.6	Identify the potential hazards and other consequences related to incorrect labelling of specimens
15. Be able to test specimens from individuals	15.1	Demonstrate the appropriate tests for a range of specimens obtained
	15.2	Demonstrate appropriate health and safety measures relevant to the procedure and environment to include: <ul style="list-style-type: none"> • standard precautions for infection prevention and control • use of personal protective equipment
16. Be able to report on the outcomes on the test of specimens to the GP and patient	16.1	Show the correct process for reporting and recording test results
	16.2	Describe the actions to be taken when the results are outside the normal range
	16.3	Communicate test results in accordance with agreed ways of working
	16.4	Describe why it is important to understand the implications the test results may have on the individual
Section C – Blood samples		
17. Understand the anatomy and physiology relating to obtaining venous blood samples	17.1	Describe the structure of venous blood vessels
	17.2	Explain blood clotting processes and the factors that influence blood clotting
	17.3	Describe the position of venous blood vessels in relation to arteries, nerves and other structures
18. Be able to prepare for obtaining venous blood samples	18.1	Confirm the individual's identity and obtain valid consent
	18.2	Communicate with the individual in a manner which: <ul style="list-style-type: none"> • Provides relevant information • Provides support and reassurance

		<ul style="list-style-type: none"> • Addresses needs and concerns • Is respectful of personal beliefs and preferences
	18.3	Select and prepare appropriate equipment for obtaining the venous blood sample
19. Be able to obtain venous blood samples	19.1	Apply health and safety measures relevant to the procedure and environment
	19.2	Apply standard precautions for infection prevention and control
	19.3	Use the selected blood collection equipment correctly, in a manner which will cause minimum discomfort to the individual
	19.4	Use the agreed procedure to obtain the venous blood sample, to include: <ul style="list-style-type: none"> • Utilisation of containers • Required volume of blood • Correct sequence when obtaining multiple samples • Application and use of tourniquets at appropriate stages • Stimulation of blood flow or selection of alternative site where necessary • Utilisation of anti-coagulant with sample when necessary
	19.5	Respond to any indication of adverse reaction, complication or problem during the procedure
	19.6	Explain the correct procedure to deal with an arterial puncture when it occurs, and any escalation to the GP or GPN.
	19.7	Terminate the blood collection procedure following guidelines and/or protocols to include: <ul style="list-style-type: none"> • Removal of blood collection equipment • Stopping blood flow • Stopping bleeding • Application of suitable dressing • Personal care advice to the individual
20. Be able to prepare venous blood samples for transportation	20.1	Label, package, transport and store blood samples correctly and use appropriate attached documentation ensuring: <ul style="list-style-type: none"> • Legibility of labelling and documentation • Temperature control of storage • Immediacy of transportation
Section D – Other clinical procedures		
21. Be able to carry out common examination procedures	21.1	Undertake a series of blood pressure tests
	21.2	Complete pulse rate and character tests
	21.3	Measure height, weight & BMI
	21.4	Measure temperature
	21.5	Take peak flow measurements

	21.6	Undertake Oxygen level tests
	21.7	Complete urine dip stick tests and MSU.
	21.8	Undertake ECG tests
	21.9	Complete blood sugar finger prick tests
	21.10	Take 24-hour blood pressure monitor tests or other tests performed by the practice as appropriate
	21.11	Swabs
	21.12	Other tests in your practice
22. Understand significant events and incident reporting	22.1	Demonstrate an understanding of the practice's significant events and incident reporting policies.

UNIT 4 - COMMUNICATING WITH PATIENTS

Unit 4	Assessment Criteria	
1. Understand consultation modalities	1.1	Describe the different types of consultation used in clinical practice <ul style="list-style-type: none"> • Face to face in surgery • Face to face at home/care home • Telephone • Video • Email • Text • Group • Supported consultation with translator or signer • Consultations supported by photographs sent by patient to aid diagnosis by the GP
	1.2	Identify which types of patient might benefit from the different modalities.
	1.3	Discuss which clinical scenarios might be optimally delivered by each modality.
	1.4	Provide evidence of use of patient interaction using each modality.
	1.5	Discuss the value of home visiting consultation.
	1.6	Demonstrate awareness of personal safety issues for home visiting.
2. Be able to carry out the basic consultation	2.1	Record identity
	2.2	Provide an introduction of self and role
	2.3	Present complaint
	2.4	Past history, family history and drug history
	2.5	Undertake basic clinical observations
	2.6	Prepare for GP assessment
	2.7	Provide post assessment actions to support GP management
	2.8	Provide signposting services
	2.9	Provide chaperoning services
3. Understand common key lines of enquiry	3.1	Demonstrate an understanding of the history of the presenting complaint

	3.2	Demonstrate an understanding of smoking, alcohol & exercise and other lifestyle factors e.g. Drug misuse
	3.3	Explain the impact of past medical history on the presenting complaint
	3.4	Give an example where family history was relevant
	3.5	Share two cases where a drug/medication history has been of benefit to the case.
	3.6	Explain how social history can impact upon a case.
	3.7	Give examples where open and closed questions help understand the patient history.
4. Be able to implement and promote active participation	4.1	Describe different ways of applying active participation to meet a patient's needs
	4.2	Work with an individual and others to agree how active participation will be implemented
	4.3	Give an example of a patient taking responsibility for their own health after your intervention.
	4.4	Demonstrate ways to promote understanding and use of active participation
5. Be able to support the individual's right to make choices	5.1	Support an individual to make informed choices - give an example where a patient made a positive choice to change, and an example where a patient declined appropriate care.
	5.2	Describe how you can manage risk in a way that maintains the individual's right to make choices
	5.3	Describe how to support an individual to question or challenge decisions concerning them that are made by others – promoting 'with me' not 'about me'.
6. Be able to demonstrate the use of resources to support communication	6.1	Understand the need for appropriate consent to obtain further information from third parties e.g. Carers or families
	6.2	Know how to obtain translation services for patients whose first language is not English or is not able to understand English
	6.3	Demonstrate an understanding of how to record and utilise information provided by a third party.
	6.4	Explain the importance of maintaining confidentiality when dealing with a third party.
	6.5	Describe the additional resources available to patients with hearing and visual impairment in your practice.
	6.6	Describe additional resources needed in patients with speech impairments e.g. stroke patients
	6.7	Demonstrate awareness of mental capacity issues and their impact upon consultations.
	6.8	Understand the value of avoiding use of complex medical terminology and acronyms
	6.9	Demonstrate an awareness of literacy problems in your practice and how the practice supports patients with illiteracy.
7. Be able to carry out consultations with patients	7.1	Provide evidence of carrying out five consultations, from entries on the clinical system, as validated by the GP
	8.1	Describe the importance of communications within the practice team.

8. Understand communication within the practice	8.2	Explain how your practice ensures important information is shared between staff members.
	8.3	Record examples of your practice meetings and their purposes (both clinical and non-clinical meetings).
	8.4	Describe how you work with your educational supervisor/mentor in terms of protected sessions and supervision.
	8.5	Describe how other members of the practice team have supported you through this process.
9. Know how complaints are handled within the practice	9.1	Confirm your familiarisation with your practices complaints policy and system.

UNIT 5 - MANAGING HEALTH RECORDS

Unit 5	Assessment Criteria	
1. Be able to utilise GP clinical records to gain and add appropriate information.	1.1	Reading and understanding key health entries
	1.2	Demonstrate the ability to navigate the practice clinical IT system
	1.3	Make entries for appointments
	1.4	Make clinical entries
	1.5	Adding key information to the summary
2. Be able to summarise patient details	2.1	Detail major, minor, current and past problems
	2.2	Record carer details
	2.3	Record allergies
3. Be able to record patient encounters	3.1	Recording clinical history into the clinical system
	3.2	Recording the clinical examination findings and tests into the clinical system
	3.3	Demonstrate an understanding of practice protocols and when to highlight a clinical examination or test finding that lies outside accepted limits, and who to escalate this to in an appropriately timely fashion.
	3.4	Demonstrate the appropriate recording of chaperoning activity in the records.
4. Be able to harvest information from letters	4.1	Identify actions
	4.2	Understand diagnosis and identifying new diagnoses
	4.3	Understand the requirement for further tests
	4.4	Provide appropriate follow up
	4.5	Escalating important information to the GP
5. Understanding drug history of patients	5.1	Identify current medications lists
	5.2	Recognise allergies and their recording including adverse drug reactions.
6. Be able to obtain results of common tests on behalf of GP	6.1	Blood tests and other laboratory results
	6.2	Radiology tests such as MRI, Xray, CT
	6.3	Test results obtained during consultation examinations such as BP, O2, BM

	6.4	Reporting normal and escalating abnormal results
7. Be able to navigate the population manager facility within the clinical system to support chronic disease management.	7.1	Give an example of 5 patients you have followed up with a long-term condition to support QOF.
	7.2	Describe how you identify patients who have not yet been reviewed with a long-term condition.
	7.3	Demonstrate an understanding of specific QOF codes.

Appendix 2. Reflective Model Template using Gibb's Reflective Cycle

Gibb's reflective Cycle (Gibbs, 1998) can help you develop your reflective skills. Use this template to reflect on a recent event in which you demonstrate level 4 competencies.

Description: provide a brief description of the event or experience, what happened, who was there and what was the outcome?

Feelings: discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?

Evaluation: how did things go? Focus on the positive and negative. Were your contributions positive or negative?

Analysis: why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?

Conclusion: what have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?

Action Plan: how and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?

Appendix 3. An example of reflective writing.

This reflection will provide evidence of Unit 3 section A 8 competency.

“Provide a brief description of the event or experience, what happened, who was there and what was the outcome?”

Description: During my placement working as a trainee GPA, I was working with one of the doctors helping to prepare a 76-year-old gentleman for a minor procedure on his foot. I was asked to help the patient onto the couch and remove his shoe and sock ready. I then washed my hands and set about ensuring that all the necessary equipment was available and ready for use.

Before the procedure could begin a nurse entered the room and asked the doctor to attend another patient who was unwell with breathing difficulties.

The doctor returned a short time later and I noticed that he came straight over to the trolley and began opening the packs without washing his hands or using alcohol gel. He was also wearing a long sleeve shirt and I was concerned that this could be a source of contamination.

I wasn't sure what to do or even what to say to the doctor and by the time I had thought of something it was too late and the doctor had started the procedure.

Feelings: *discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?*

I was surprised and upset at what was happening. Surprised because I thought that the doctor should know better and upset because I did not have the courage to challenge his poor hand hygiene practice. I also didn't want to say anything in front of the patient and alarm them or embarrass the doctor. I am aware of the importance of preventing infection and good hand hygiene is crucial.

I later discussed the incident with my mentor who suggested that we speak with the doctor about it together. I felt panic stricken, I didn't want the doctor to think I was causing trouble. My mentor reassured me that I had done the right thing to bring it to her attention.

We sat down together with the doctor and my mentor explained my concerns regarding his poor hand hygiene practice. The doctor seemed shocked for a few seconds and then said he had not realised his mistake. He had been called to see a patient who was poorly and had called an ambulance to take the patient to hospital. He was still processing what had happened when he came back into the room and had forgotten to wash his hands. My mentor discussed the importance of hand hygiene with him, and the doctor assured her that he would make sure he washed his hands correctly before every patient in the future.

Evaluation: *How did things go? Focus on the positive and negative. Were your contributions positive or negative?*

This was a really challenging event and I feel that my biggest regret was not challenging the doctor or asking him to wash his hands. I felt that I failed to act in the best interests of the patient and thought more about my own feelings than the patients.

I am glad that I was able to discuss this situation with my mentor and that the doctor responded positively to the feedback. I have worked with the doctor several times since this incident and we both ensure that we adhere to good hand hygiene practice.

The event has taught me to be more assertive but in a sensitive way and to put the patients' safety first above my own concerns.

Analysis: *Why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?*

I knew that hand hygiene is the single most important activity for reducing cross-infection and it is important that health care professionals decontaminate their hands before and after seeing to each patient.

Recent guidelines published by NHS England and NHS Improvement (2019) and Public Health England (2021) following the Covid-19 pandemic, state that handwashing is the single most important way to prevent the spread of infection. It goes on to say that before performing hand hygiene forearms must be exposed (bare below the elbows). Importantly, hand hygiene must be undertaken before and after touching a patient, including before putting on and taking off gloves.

Despite having this knowledge, I failed to address poor practice compliance with the doctor at the point where it mattered. I should have challenged but lacked confidence.

Conclusion: *What have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?*

Reflecting on this incident has made me realise that I should have acted sooner and challenged the doctor's poor practice. Failing to challenge put the patient at risk. I have spoken with my mentor about developing the confidence to challenge the practice of colleagues. I appreciate the stress colleagues are under and need to be mindful that I am supportive whilst at the same time acting in the best interests of the patient.

Action Plan: *How and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?*

I will work with my mentor and other colleagues to develop my assertive skills. I have identified some reading material around assertiveness and make this a goal for my learning.

Appendix 4. General Practice Assistant (GPA) Job Description.

The following job description serves as a guide for GP Practices.

The General Practice Assistant role (GPA) is an enhanced administrative role, with some basic, clinical elements. The role can be flexed to suit general practice requirements, but any clinical duties undertaken must be covered by the practice governance and associated liability insurance/arrangements.

There are many factors for the GP practice to consider as GPAs will come from different backgrounds, with different skill sets, and their role in the practice may differ significantly from a GPA role in another practice.

Any remuneration or adaptation of the job description will be at the discretion of the GP practice and in agreement with the GP Assistant.

Job Title	General Practice Assistant (GPA)
Hours	37 hrs per week
Contract	Permanent (subject to satisfactory probation)
Pay scale	Band 3 – 4 dependent on experience
Line Manager	Practice Manager Accountable to GP for clinical components of the role
Job Summary	The General Practice Assistant will support the smooth running of clinics by performing the more routine administration and basic clinical tasks on behalf of the GP, freeing up their time to focus on the patient. The GPA must ensure that they work within and recognise their scope of practice, escalating any concerns to the GP.
Duties	<ul style="list-style-type: none"> • Sorting all clinical post and prioritising for the GP in terms of actions. Signposting some post to others such as clinical pharmacist etc. • Extracting all information from clinical letters that needs coding and adding to notes. • Arranging appointments, referrals, tests and follow up appointments of patients. • Supporting GP with basic observations as required e.g., dipping urine, taking blood pressure, ECGs & phlebotomy. • Completing basic (non-opinion) forms and core elements of some forms for the GP to approve and sign such as insurance forms, mortgage, benefits agency forms etc. • Explaining treatment procedures to patients as requested by the GP. • Helping the GP liaise with outside agencies e.g., getting an on-call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s).
Confidentiality	<ul style="list-style-type: none"> • In the course of seeking treatment, patients entrust us with, or allow us to gather, sensitive information in relation to their health and other matters. They do so in confidence and have the right to expect that staff will respect their privacy and act appropriately.

	<ul style="list-style-type: none"> • In the performance of the duties outlined in this Job Description, the post-holder may have access to confidential information relating to patients and their carers, practice staff and other healthcare workers. They may also have access to information relating to the Practice as a business organisation. All such information from any source is to be regarded as strictly confidential. • Information relating to patients, carers, colleagues, other healthcare workers or the business of the Practice may only be divulged to authorised persons in accordance with the Practice policies and procedures relating to confidentiality and the protection of personal and sensitive data.
Health & Safety	<p>The post-holder will assist in promoting and maintaining their own and others' health, safety and security as defined in the Practice Health & Safety Policy, to include:</p> <ul style="list-style-type: none"> • Using personal security systems within the workplace according to Practice guidelines. • Identifying the risks involved in work activities and undertaking such activities in a way that manages those risks. • Making effective use of training to update knowledge and skills. • Using appropriate infection control procedures and maintaining work areas in a tidy and safe way and free from hazards. • Reporting potential risks identified.
Equality and Diversity	<ul style="list-style-type: none"> • Acting in a way that recognises the importance of people's rights, interpreting them in a way that is consistent with Practice procedures and policies, and current legislation. • Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues. • Behaving in a manner which is welcoming to and of the individual, is non-judgmental and respects their circumstances, feelings, priorities and rights. • Acting in a way that recognises the importance of people's rights, interpreting them in a way that is consistent with Practice procedures and policies, and current legislation. • Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues.
Personal/ Professional Development	<p>The post holder should:</p> <ul style="list-style-type: none"> • Either hold or be willing to undertake a GP Assistant Skills Certificate qualification. • Participate in an annual individual performance review, including taking responsibility for maintaining a record of own personal and/or professional development. • Participate in regular supervision provided by a named/duty senior/more experienced clinician regarding clinical elements of the role and/or issues arising in the practice. • Take responsibility for own development, learning and performance and demonstrate skills and activities to others who are undertaking similar work. • Attend all relevant annual updates. • Inform the lead GP of any concerns regarding the GPA role and of any professional development needed.

	<ul style="list-style-type: none"> • Be aware of own role boundaries and what to do when you have reached them.
Quality	<p>The post-holder will strive to maintain quality within the Practice, and will:</p> <ul style="list-style-type: none"> • Alert other team members to issues of quality and risk. • Work to practice protocols and procedures. • Assess own performance and take responsibility for own actions and be accountable for their own practice. • Work under direct or indirect supervision, as appropriate to the task being carried out. • Contribute to the effectiveness of the team by reflecting on own and team activities and making suggestions on ways to improve and enhance the team's performance. • Work effectively with individuals in other agencies to meet patients' needs. • Effectively manage own time, workload, and resources
Communication	<p>The post-holder should recognise the importance of effective communication within the team and strive to:</p> <ul style="list-style-type: none"> • Communicate effectively with other team members. • Be familiar in all mediums of communications such as email, tasks, telephone etc. • Communicate effectively with patients and carers. • Recognise people's needs for alternative methods of communication and respond accordingly. • Communicate effectively to outside agencies. • Communicate clearly with their lead GP.
Contribution to the Implementation of Services	<p>The postholder will:</p> <ul style="list-style-type: none"> • Apply Practice policies, standards and guidance. • Discuss with other members of the team how the policies, standards and guidelines will affect own work. • Participate in audits where appropriate.