

# **Transforming Roles Paper 6: The Role of the General Practice Nurse - 2025**

**February 2025**

## Background

The first iteration of Transforming Roles Paper 6<sup>1</sup>, published in 2018, was part of a wider series of papers with associated governance in place. The original paper introduced the purpose of the Transforming Roles Programme, as well as stating that it would define the refocused General Practice Nurse (GPN) role.

Since the initial publication, the GPN role has changed due to multiple factors and an agreed review and refresh would be advantageous to support the future workforce and reflect changes in health and social care policy, as well as Ministerial commitments.

This new paper should be read in conjunction with:

- [NHS Education for Scotland \(NES\) GPN Knowledge and Skills Framework](#) (you must have access to TURAS Learn to view), detailing the knowledge and skills across Levels 5-8 of working for GPNs.
- [Transforming Roles Paper 6 – Role of the General Practice Nurse – 2025: Associated Document for GPs and General Practice Managers](#), to ensure that the implementation of this refreshed document is successful.

## Introduction

The GPN is an integral and essential core member of the general practice multi-disciplinary team (MDT), as well as the wider health and social care system. Many factors have influenced and changed the nursing role in general practice since the publication of the first Transforming Roles Paper 6.

Since 2018, we have seen the introduction of Health Board employed MDTs as part of the General Medical Services (GMS) Contract. They provide services previously delivered by general practice and GPNs, including the Vaccination Transformation Programme (VTP), Community Treatment and Care Services (CTACs) and Pharmacotherapy. The GPN role has adapted as a result of processes of care being aligned with these other members of the MDT. One area which has had the largest impact is the nursing role in long term condition care and population health outcomes. These changes, along with others, have outlined a need to clearly define the role, including refreshed knowledge and skills in each level of practice.

This is particularly important when we consider that the demographics of general practice patient populations is changing. The most recent Scottish Health survey estimates that around 38% of the Scottish population is living with a limiting long-term condition<sup>2</sup>, with the proportion of adults living with a limiting long-term condition increasing with age. We also know that those who live in more deprived areas are more likely to experience poorer health outcomes from living with long term conditions<sup>3</sup>. As the population is living longer with increasing co-morbidities and complexity, the priorities of the GPN role needs to refocus to respond to the changing demographics<sup>4</sup> and health care need.

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<sup>1</sup> Then known as 'Transforming Nursing Roles'. [Scottish Government: Transforming Nursing Roles Paper 06 Developing the general practice nursing role in integrated community nursing teams](#)

<sup>2</sup> [The Scottish Health Survey 2023 - volume 1: main report](#)

<sup>3</sup> [National Library of Medicine: "Getting sicker quicker": Does living in a more deprived neighbourhood mean your health deteriorates faster?](#)

<sup>4</sup> [National Library of Medicine: Forecasting the future burden of disease in Scotland](#)

## **Summarising the future role**

GPNs are:

- highly adaptable clinical leaders, change agents and champions of quality improvement
- experienced in proactive health engagement, health promotion and health management
- providers of comprehensive and personalised care to individuals across their lifespan
- experienced in long-term condition management and women's health.

All these qualities combined with their pivotal role within the wider multi-disciplinary practice team contribute significantly to improving health outcomes and mitigating health inequalities.

Over recent years, there have been changes to the GPN workforce profile. The headcount and whole-time equivalent (WTE) has decreased, whilst patient demand has increased<sup>5</sup>. From the latest available data, it is likely that a significant proportion of the current workforce will retire within the next 5-10 years. The data shows that the majority (53%) of the workforce is over the age of 50<sup>6</sup>. Furthermore, there are issues concerning the decline in both applications and accepted places for pre-registration nursing in Scotland<sup>7</sup>, which coupled with a lack of undergraduate placements in general practice, may impact the future pipeline of GPNs leading to implications for population health and health inequalities.

There are a number of influences on the GPN role that should be considered when reviewing and refreshing the knowledge and skills required of GPNs across each level of practice. Core learning and additional ongoing education through continuing professional development (CPD) is an essential element to ensure a workforce is dynamic and able to meet the needs of their practice population. This must have a consistency of approach aligned with the wider Transforming Roles programme and the NES Integrated Community Nursing vision.

## **Links to national policy**

The GPN has a contemporary role which is pivotal to current and future national health policy agendas. The role aligns with improving population health outcomes particularly around long term condition management and more leaning into both the proactive and preventative care and wellbeing agendas. The GPN also plays a specific role in continuity of care. GPNs ensure that patients have improved access to general practice by enabling them to get the right care, at the right place, at the right time.

In summary, the GPN role links to a wide range of both existing policies and policies in development, and the Scottish Government General Practice Policy Division colleagues are ensuring GPNs and their representatives are integral in developing these to ensure they encompass their changing roles.

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<sup>5</sup> [Public Health Scotland: In-hours general practice activity visualisation](#)

<sup>6</sup> [TURAS Data Intelligence - NHS Education for Scotland: General Practice Workforce Survey 2024](#)

<sup>7</sup> [Royal College of Nursing: New data on nurses and nursing students in Scotland](#)

Having a clearly defined GPN role is critical to the ongoing reform and vision for future primary care and general practice services in Scotland.

### **Review of progress**

Substantial progress has been made to GPN leadership and role development following the initial publication of Paper 6:

- Across NHS Scotland, all 14 Health Boards have representation from a professional GPN Lead.
- The continued monthly GPN Professional Leads group meetings now enable collaboration with Scottish Government Policy Officials and Professional Advisers to influence GPN policy.
- Significant progress has also been made to educational provision for GPNs, through the establishment of both the GPN Pathway by NES and the offering of fully funded, accredited university modules for GPNs in several subjects. The offering of CPD is integral to the changing GPN role.
- The popularity in uptake of these educational resources has led to their expansion on a yearly basis since their introduction.
- The popularity of NES educational resources for GPNs has resulted in committed educational funding for GPNs on a yearly basis from Scottish Government.

Whilst the developments to national GPN leadership and education are positive, there are further improvements that could be made through this review and refresh of Transforming Roles Paper 6, in understanding how the changing role of the GPN can influence ongoing leadership and education developments.

### **Key responsibilities for ongoing GPN development**

With consideration to the above, we know that the GPN role is evolving constantly and will continue to do so. As such, the associated knowledge and skills in relation to levels of practice have been developed with this in mind. Some of the key responsibilities of the GPN that should be considered in the review and refresh of Transforming Roles Paper 6:

- supervision – of other GPNs and Healthcare Support Workers, where applicable, in general practice. This is both in a peer supervision and support capacity, as well as the supervision of GPNs who are newer to working in practice. GPNs, as with all registrants, also have supervisory duties of undergraduate student nurses on placement in general practice settings. This is critical to ensuring that undergraduate nursing students are encouraged to work in general practice post-registration. Robust supervision is critical going forward to ensure ongoing assurance for safe and effective practice. This includes consideration for supervision of non-medical prescribing within primary care.
- complexity – the challenges of practicing autonomously while dealing with increasing complexity, particularly in practices with a smaller team.
- population health needs – GPNs are able to holistically see and treat their practice populations according to their unique needs.
- building connections and networks – GPNs can use their GPN Professional Lead to network and build connections with their fellow GPNs, as well as joining their practice clusters.

- training, learning and development – GPNs should know where to get training, learning and development support throughout their career.
- workforce planning – GPNs providing expertise to their practice employers, Health and Social Care Partnerships as well as Scottish Government, to assist with workforce planning to ensure future sustainability of the profession.

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- Scottish GPN Professional Leads
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