

The role of the CTAC primary care practice educator in NHS Ayrshire and Arran

Background

All patients within NHS Ayrshire and Arran have access to community treatment and care (CTAC) services which have continued to expand since their introduction in 2019. Initially training was supported by general practice nurses (GPNs) and general practice staff. However, as the CTAC workforce expanded and the role of the GPNs evolved as expert nursing generalists, it became unsustainable for GPNs to maintain responsibility for CTAC training and support. Although clinical team leaders were introduced to provide operational management, the training and supervision requirements for the CTAC workforce remained unsustainable. As a result, the primary care practice educator role was introduced.

Practice educators have three key responsibilities.

- **Education and training:** supporting new staff to develop clinical skills, ensuring competency and fostering professional learning.
- **Planning and development:** ensuring service continuity and appropriate staffing.
- **Mentoring and wellbeing:** providing pastoral care for staff, restorative, professional and clinical supervision and acting as a named point of contact.

Practice educator role development

NHS Ayrshire and Arran invested in the practice educator role to meet CTAC staff training, supervision and service development needs. Recruited practice educators are supported to complete the following training:

- a post-graduate certificate in clinical education,
- an integrated community nursing postgraduate diploma (covering prescribing, integrated care, and professional practice),
- a Scottish vocational qualification and modern apprenticeship assessor award, and
- clinical skills training.

In addition, they complete a Quality Improvement (QI) skills programme, an NHS Education for Scotland facilitation of learning programme, and a 'train the trainer' course to facilitate training for the CTAC workforce.

Practice educators have continued to develop their QI skills. This growing expertise has helped them understand the importance of collecting baseline data and choosing the right measures during tests of change to improve services. Examples include tests of change such as using a cluster approach to wound care and introducing ear care at a GP practice that previously did not offer this service. These skills also allow them to share knowledge with colleagues, building capability and embedding QI principles in the service.

'I think we're getting better at not only gathering [QI data]...but now we've got a better understanding of it and we're better at passing it on to the staff.' (Practice educator)

Practice educator responsibilities

Practice educators play a key role in shaping improvements within the CTAC service, with impact observed in role development (both in own role and CTAC staff) and improved communication among staff and key stakeholders. For more information, see this [video](#). Their key responsibilities are detailed below.

Education and training for CTAC staff

Practice educators identify and facilitate training to ensure CTAC staff can provide safe, evidence-based practice. Examples of support are included below.

- Completing competency assessments on electrocardiogram testing (ECG) technique. This optimises accuracy of ECG results, leading to improved clinical outcomes for patients.
- Supporting health care support workers with diabetic foot screening and correct data entry to national diabetes patient management system database (SCI-Diabetes). This is achieved through face-to-face training and supervised practice.
- Facilitate meetings to enhance staff knowledge on subjects such as wound care.
- Developing tailored training packages to support CTAC staff to become independent practitioners.

This support helps CTAC staff members to make evidence-based autonomous decisions with confidence:

'I feel practice educators are crucial for our staff... we are all able to develop the necessary skills we need to provide a professional standard of care.' (CTAC staff)

Using the 'train the trainer' model, practice educators have supported internal training. By adapting learning from external courses, they have been able to develop in-house training opportunities for CTAC staff. This approach has accelerated the pace at which staff can be trained in various techniques:

'We're going to [train on] leg ulcer management, because there's a significant delay with getting the staff through the [external] training. It's better for patient outcomes as well.'
(Practice educator)

Practice educators discussed the potential positive impact this will have on patient outcomes. As more CTAC colleagues are trained in leg ulcer treatment and management, staff anticipate this will positively impact waiting times for clinical intervention and long-term patient outcomes.

Planning and development

Practice educators have a key role in the strategic planning process, ensuring that there is adequate cover for all practices and service continuity. Examples are included below.

- Forecasting workforce requirements to cover maternity leave and long-term absences. This ensures that CTAC staff with the appropriate skill sets are allocated to specific practices to maintain service continuity.
- Participating in shortlisting and interview processes to ensure candidates align with service needs and team requirements.

Mentoring and wellbeing

An integral part of the practice educator role is providing pastoral care and clinical supervision for staff. Practice educators use structured face-to-face support for practice and professional supervision. A digital platform also exists to provide remote clinical supervision and support to CTAC staff. This ensures CTAC staff have a direct line of communication to the practice educator team, reducing impact on practice staff. Wellbeing is supported through restorative supervision which provides staff with regular opportunities to connect with practice educators and peers, share experiences, and reflect on challenging aspects of their role.

A recent survey of CTAC staff highlighted that 79% of respondents rated 'mentoring support' and 'advice and support' from the practice educators as 'very good' or 'excellent'.

They expressed the value of the support, noting it boosted morale and confidence:

'Their [practice educator] presence boosts staff moral and confidence, promotes professional growth and assists in managing relationships within a multidisciplinary team service. This enhances patient safety and experience.' (CTAC staff)

CTAC staff who were further into their careers reflected on the differences before and after the practice educator role was introduced:

'Prior to practice educators coming in very little help and support was available.' (CTAC staff).

Learning so far

- Given the unsustainability of the previous model, staff feel that the practice educator role is key to support the CTAC workforce training and development needs in an expanding and evolving service in NHS Ayrshire and Arran.
- Supporting an expanding CTAC workforce with a limited practice educator team presents significant challenges, particularly in balancing the delivery of training and education with the demands of strategic planning.
- There is a need to explore ways to promote closer working relationships between practice educators and connections with GPN, Advanced Nurse Practitioners, and wider Multi-disciplinary team to explore inter-professional learning opportunities.

Top tips for others

- Build QI skills and capacity to help the team track impact and benchmark progress over time.
- Strengthen communication between practice staff, CTAC, and practice educators to identify priorities.
- Set up clear communication channels, so CTAC staff receive evidence-based advice during clinical challenges.
- Connect with other practice educators from wider national networks to share ideas and promote best practice.
- Evaluate the impact of the role to secure long-term funding and ensure the expansion and sustainability of the practice educator role within primary care.

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