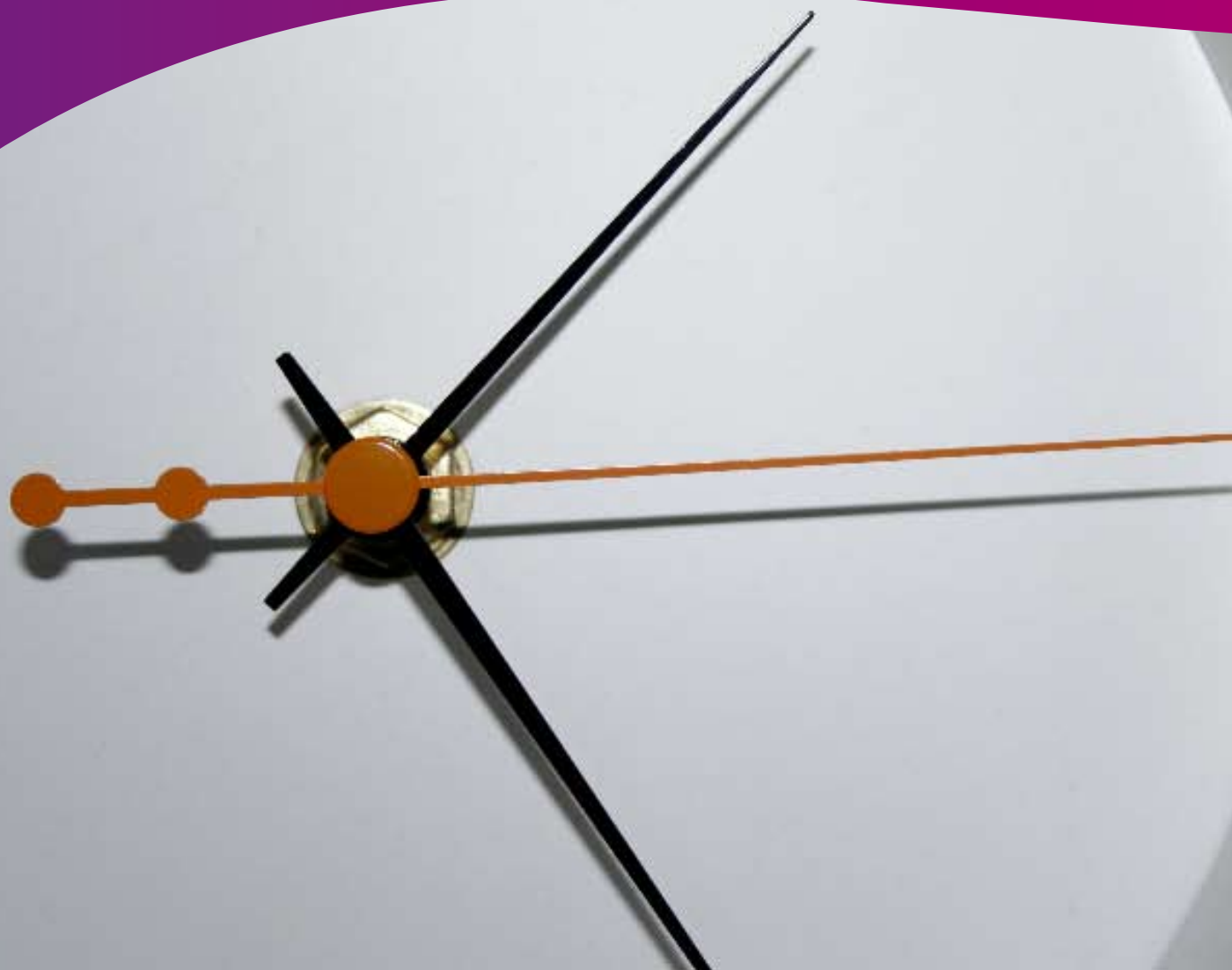




Out of Hours Unscheduled Care: Advanced Clinical Practice Portfolio



Nursing, Midwifery and
Allied Health Professions



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Introduction

This portfolio was commissioned as part of the broader work on Out of Hours Unscheduled Care being led by NHS Education for Scotland (NES). It builds, particularly, on previous NES work carried out in developing the Primary Care Out of Hours & Unscheduled Care: Competencies for Practice (NES, 2005) and the NES Workplace Based Assessment Pilot for Out of Hours Practitioners (2006). It will also complement the *Advanced Practice Toolkit* (NHSScotland, 2008) and the ongoing work currently being undertaken to support the development of Advanced Nurse Practitioners through the Advanced Practice Succession Development Pathway Pilot (NES, 2008).

The development has been led by a national Steering Group comprised of representation from Scottish Government Health Department, NHS Education for Scotland, Health Boards, Higher Education Institutions and service users (Appendix 1).

The Purpose of this Portfolio

The purpose of this portfolio is to facilitate practitioners in Out of Hours Unscheduled Care to demonstrate that they are working at an advanced practice level. Through such facilitation, the following aims will be supported:

- Consolidation of practice for advanced practitioners who have already undertaken formal education in Out of Hours Unscheduled Care.
- Standardised evidence of achievement of competency in Out of Hours Unscheduled Care at advanced practice level.
- Consistent evidence that advanced practitioners in Out of Hours Unscheduled Care are working at an appropriate academic level (Masters Level).
- Evidence that Health Boards are meeting the requirements of clinical governance through demonstration that their employees have achieved an appropriate level of competency.

It is envisaged that the portfolio framework will, therefore, be of use to practitioners, employers and Higher Education Institutions (HEIs).

Who will use this Portfolio?

Three levels, or stages, of practice in Out of Hours Unscheduled Care have been identified (NES, 2004). These are:

- A practitioner working under supervision.
- A practitioner working with decision making support.
- A practitioner working autonomously.

While the portfolio is primarily intended for use by practitioners working at, or towards, an advanced level in an Out of Hours Unscheduled Care setting, it can be amended and used to evidence different levels of practice, within a range of areas of clinical practice. There is the potential, also, for the portfolio structure to be adapted to suit the needs of a range of experienced practitioners who wish/need to demonstrate Masters Level thinking while practising at advanced level.

The portfolio has been designed to demonstrate evidence of advanced practice. The Nursing and Midwifery Council (2008:3) define an advanced practitioner as follows:

Advanced nurse practitioners are highly experienced, knowledgeable and educated members of the care team who are able to diagnose and treat your healthcare needs or refer you to an appropriate specialist if needed.



The underpinning principles of advanced practice (autonomous practice, critical thinking, high levels of decision making and problem solving, values based care and improving practice) (NMC, 2008) may be equally applicable to other non-nursing, healthcare professionals who are working

in Out of Hours Unscheduled Care at, or towards, an advanced level.

The portfolio will be of value to a range of practitioners in demonstrating their level of practice achievement at Masters Level and supporting their progression on the **NHS Career Framework** (Appendix 3). The learning evidenced through the portfolio can be mapped to the NHS Knowledge and Skills framework and used to facilitate the effective learning and development of individual practitioners.

Work-based Learning

The portfolio requires practitioners to evidence their level of practice through work based learning.

Work based learning focuses on learning in and from the workplace, where work provides the focus for the learning... 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]

In order to ensure a consistent and standardised approach to Out of Hours Unscheduled Care education for advanced practitioners throughout Health Boards in Scotland, the following schedule of work-based learning has been developed:

Pre-requisite

The practitioner must provide evidence of working in an Out of Hours Unscheduled Care setting at, or towards, advanced practice and achievement of academic credit at SCQF Level 9 or above.

Aim

To further explore, develop and consolidate practice in Out of Hours Unscheduled Care.

Learning Outcomes

The student will:

- Develop and consolidate their practice through a minimum period of 200 hours consolidated practice in an Out of Hours Unscheduled Care setting,
- Demonstrate achievement of NHS Education for Scotland Out of Hours Unscheduled Care Competencies at advanced practice level,
- Negotiate and implement an individual learning agreement based on personal and organisational needs. [To be discussed and agreed in pre-module discussion between practitioner/ Supervisor in Practice/ academic tutor (where appropriate).]





Prescribed Evidence

- **Personal Development Needs Assessment.**
- **Learning Development Plan.**
- **Learning Agreement** and Initial, Interim and Final Supervisor in Practice Reports.
- **Case Presentations and Case Based Discussions**– prescribed number and length, based on real patients and on specified areas of practice. To be negotiated with Supervisor in Practice and records of discussion to be included.
- Observed practice and sign off by Supervisor in Practice of NES **Out of Hours Unscheduled Care Competencies.**
- **Clinical learning log**, detailing hours in practice and nature of experience.
- **Multi-source feedback**, to include feedback from peers, multi-disciplinary team and service users.
- **Significant Event Analysis.**

This schedule has been used to provide the structure for this portfolio.

Academic Credit

It is anticipated that some practitioners may wish to submit their completed portfolio of evidence to a Higher Education Institution of their choice in order to be awarded academic credit. NES is currently working with Higher Education Institutions to standardise the amount of credit an appropriately completed portfolio will attract.

As the portfolio will be used by practitioners to evidence advanced practice, the academic level has been set at Level 11 (Masters Level) of the Scottish Credit Qualification Framework (SCQF) (Appendix 3).

It is suggested that individuals wishing to gain academic credit for their work contact a HEI for academic support at an early stage in the portfolio process.

Supervisor in Practice

Practitioners will require to be supported by an appropriate, named Supervisor in Practice. This Supervisor should be a qualified, experienced Out of Hours Unscheduled Care practitioner with, preferably, a recognised qualification or education in supporting healthcare professionals in practice. Whilst the successful completion of the portfolio cannot, as yet, be used to support eligibility for a specific part of the Nursing and Midwifery register, it is recommended that the Supervisor should be able to demonstrate the following underpinning NMC principles for supporting learning and assessment in practice (NMC, 2008: 16) which state that the Supervisor should:

- Have developed their own knowledge, skills and competency beyond that of registration through continuing professional development – either formal or experiential learning – as appropriate to their support role.
- Hold professional qualifications at an appropriate level to support and assess the students they assess.
- Have been prepared for their role to support and assess learning.

Supervisors in Practice may be suitably qualified and experienced medical practitioners, nurses or healthcare practitioners. Useful guidance on fulfilling the role can be found in *Generic Guiding Principles* for those supporting learning in the workplace (NES, 2009).

The Supervisor in Practice will be expected to:

- Meet regularly with the practitioner to monitor educational needs and progress.
- Provide work-based learning opportunities for the practitioner.
- Support the practitioner in completing their work-based learning, as outlined in the prescribed programme of learning.
- Complete and provide any necessary documentation.

It is the responsibility of the practitioner and the Supervisor in Practice to complete the portfolio, ensuring all elements of the work based learning have been undertaken and successfully achieved.

How to use the Portfolio

A portfolio is a systematic collection of evidence which is compiled in order to demonstrate learning. Evidence is the information provided and submitted in order to demonstrate achievement of the prescribed work based learning outcomes. This must be:

- **Valid**
It must meet the needs of the learning outcomes it is being used to demonstrate.
- **Authentic**
It must be attributable to the practitioner submitting the evidence.
- **Sufficient**
There must be enough evidence to infer achievement of the learning outcomes.
- **Current**
Up-to-date and relevant evidence must be included.
- **Reliable**
The evidence must accurately reflect the knowledge and skills required to demonstrate achievement of the learning outcomes.

The portfolio will allow the practitioner to show competencies have been achieved and standards met, as well as facilitating critical thinking and promoting reflection. It must include the elements detailed in section 2:





Presenting the Evidence

Evidence of Achievement

Electronic templates for presentation of the required elements are available at the NES Out of Hours Unscheduled Care website at www.nes.scot.nhs.uk/ooh

The sequence outlined in the table below is followed.

1 Personal Development Needs Assessment

Completed personal development needs assessment.

2 Learning Development Plan

Learning Development Plan to be compiled by the practitioner.

3 Learning Agreement and Initial, Interim and Final reports from Supervisor in Practice

Initial, interim and final reports are to be completed by practitioner and Supervisor in Practice. The initial report should include a Learning Agreement signed by the practitioner and the Supervisor in Practice.

4 Case Presentations and Case Based Discussions

Six Case Presentations of approximately 300 words each.

These should cover (where possible):

- Minor illness,
- Minor injury/musculoskeletal injury,
- Acutely unwell,
- Mental health,
- Children and young people,
- Elderly.

A Case-Based Discussion Report should be completed for each Case Study and signed by the Supervisor in Clinical Practice.

5 Out of Hours Unscheduled Care Competencies

Competencies to be signed off at advanced practice level by the Supervisor in Practice and included in the portfolio.

6 Clinical Learning Log

Clinical learning log detailing 200 hours of consolidated practice and to include information on the nature of consolidated practice. To be verified by the Supervisor in Practice.

7 Multi-Source Feedback

Multi-source feedback from peers, multi-disciplinary team and service users. To be verified by the Supervisor in Practice.

8 Significant Event Analysis

A 3,000 word Significant Event Analysis.

This should be completed only if the practitioner intends to submit the portfolio for academic credit.





Out of Hours Unscheduled Care: Advanced Clinical Practice Portfolio

Section 2

Presenting the Evidence

1 Development Needs Assessment Tool

The Development Needs Assessment Tool has been designed to help practitioners reflect on the competencies outlined in the NES Out of Hours Unscheduled Care Competencies and identify areas where an individual may benefit from further work based learning or development.

In completing this tool, it is crucial that the practitioner is honest and provides an accurate account to help identify the appropriate learning experiences needed.

The practitioner should

- Review the seven **Areas of Practice** (1.1–1.7) and identify their current knowledge and skills in relation to each of these areas.
- Outline evidence to support their level of confidence in their ability.
- Identify further work based learning and development that might be required in relation to each area of practice.

The 3 levels of confidence

- ① I require work based learning and development relating to most, or all, of this competency.
- ② I require work based learning and development relating to some aspects of this competency.
- ③ I am confident already and can effectively demonstrate my knowledge, skills and performance relating to this competency.

1.1 Area of Practice: Interpersonal, Communication and Consulting Skills *Competencies*

- 1.1.1 Use expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within Out of Hours Unscheduled Care practice.
- 1.1.2 Facilitate, develop and maintain patient involvement at all levels of service, respecting the patient's right to make the final decision over treatment.
- 1.1.3 Create a relationship with patients that acknowledges their strengths and knowledge, and enables them to address their needs.
- 1.1.4 Appraise the effects the environment may have upon interaction with the patient in complex, urgent or emergency situations.
- 1.1.5 Demonstrate the ability to avoid, minimise and control aggressive incidents.
- 1.1.6 Develop and implement quality assurance and risk management strategies to ensure patient/carer safety during the consultation process.
- 1.1.7 Initiate timely and appropriate consultation with other health professionals as indicated by patient needs, when the problem exceeds the nurses' scope of practice and/or expertise.
- 1.1.8 Use interpersonal skills to develop, inform and promote a climate within the multi-professional team which enables patient centred care.

Level of confidence *Please tick*

1

2

3

1.1 Area of Practice: Interpersonal, Communication and Consulting Skills *Evidence to support performance*





1.1 Area of Practice: Interpersonal, Communication and Consulting Skills *Learning and Development Needs*

1.2 Area of Practice: Advanced Clinical Examination Skills *Competencies*

- | | |
|---|--|
| <p>1.2.1 Understand the physical, physiological and psychosocial stages of human development.</p> <p>1.2.2 Demonstrate an in-depth understanding of the appropriate health, human and social sciences that underpin and inform Out of Hours Unscheduled Care practice.</p> <p>1.2.3 Demonstrate detailed knowledge of normal anatomy and physiology to conduct appropriate clinical examinations.</p> <p>1.2.4 Demonstrate in-depth knowledge of pathophysiology sufficient to understand the conditions which may be seen in practice.</p> | <p>1.2.5 Carry out comprehensive patient assessment relating to the patient's presenting problem, including assessment of associated systems.</p> <p>1.2.6 Use a range of specialised skills, techniques and practices during clinical examinations.</p> <p>1.2.7 Where appropriate, perform or request necessary screening and diagnostic tests.</p> |
|---|--|

Level of confidence *Please tick*

①

②

③

1.2 Area of Practice: Advanced Clinical Examination Skills *Evidence to support performance*





1.2 Area of Practice: Advanced Clinical Examination Skills *Learning and Development Needs*

1.3 Area of Practice: Documentation *Competencies*

- 1.3.1 Document the patient's condition using appropriate terminology, format and technology.
- 1.3.2 Maintain confidentiality while recording data, plans and results in a manner that preserves the dignity and privacy of patients, and that is in accord with the ethics of healthcare practice.
- 1.3.3 Record accurate and appropriate clinical details in line with NMC guidelines and local policy.
- 1.3.4 Critically evaluate consent issues relating to the dissemination of consultation data to other healthcare providers.
- 1.3.5 Provide supporting evidence to explain deviations from normal practice in order to justify own professional decisions.
- 1.3.6 Initiate and conduct on-going review and clinical audits of documentation.

Level of confidence *Please tick*

1

2

3

1.3 Area of Practice: Documentation *Evidence to support performance*





1.3 Area of Practice: Documentation *Learning and Development Needs*

1.4 Area of Practice: Diagnosis, Decision-making and Management *Competencies*

- 1.4.1 Obtain, analyse and interpret the patient history, presenting symptoms, physical findings and diagnostic information to develop appropriate differential diagnosis.
- 1.4.2 In the absence of complete or consistent data from the patient, demonstrate awareness of alternative sources of patient information.
- 1.4.3 Demonstrate critical thinking and diagnostic reasoning skills in decision making.
- 1.4.4 Demonstrate extensive, detailed, critical knowledge and understanding to inform the decision making process.
- 1.4.5 Apply critical thinking in the use of unit protocols or guidelines.
- 1.4.6 Promote and use an evidence based approach to patient management that critically evaluates & applies research findings pertinent to patient care management & outcomes.
- 1.4.7 Understand the range of treatments available for both common and complex presentations, their rationales, differential use and potential complications.
- 1.4.8 In partnership with patients, formulate treatment and contingency plans for meeting a range of complex clinical situations.
- 1.4.9 Formulate management plans based on scientific rational and evidence based standards of care.
- 1.4.10 Implement appropriate management plans in consultation with the patient.
- 1.4.11 Diagnose unstable and complex healthcare problems using collaboration and consultation with the multi-professional healthcare team.
- 1.4.12 Rapidly and continuously evaluate the patient’s changing condition and response to therapeutic interventions and modify the plan of care for optimal patient outcome.
- 1.4.13 Use all equipment for clinical investigation and treatment appropriately and effectively.
- 1.4.14 Safely delegate aspects of patient’s treatment as part of the patient’s care plan.

Level of confidence *Please tick*

- 1
- 2
- 3

1.4 Area of Practice: Diagnosis, Decision-making and Management *Evidence to support performance*





1.4 Area of Practice: Diagnosis, Decision-making and Management *Learning and Development Needs*

1.5 Area of Practice: I & CT Skills (Telemedicine, Telephone and Videoconferencing) *Competencies*

- 1.5.1 Critically appraise and apply extensive IT skills to support Out of Hours Unscheduled Care practice.
- 1.5.2 Use IT systems to support decision making and to improve care.
- 1.5.3 Incorporate current technology appropriately in care delivery.
- 1.5.4 Make comprehensive and detailed assessment of differential possibilities and give accurate and safe advice on the telephone.
- 1.5.5 Demonstrate the ability to access contemporary evidence bases and enable/support others to use information systems to improve areas of practice.
- 1.5.6 Adhere to data protection regulations and guidelines when using IT within care delivery.

Level of confidence *Please tick*



1.5 Area of Practice: I & CT Skills (Telemedicine, Telephone and Videoconferencing) *Evidence to support performance*





1.5 Area of Practice: I & CT Skills (Telemedicine, Telephone and Videoconferencing) *Learning and Development Needs*

1.6 Area of Practice: Referral and Discharge *Competencies*

- 1.6.1 Demonstrate the ability to work within broadly accepted parameters of practice, acknowledge own limitations and recognise when to seek advice or to refer.
- 1.6.2 Demonstrate awareness of the range of referral pathways available in Out of Hours Unscheduled Care.
- 1.6.3 Evaluate results of interventions using accepted outcome criteria and refer when necessary.
- 1.6.4 Initiate timely and appropriate referral with other health professionals as indicated by patient needs.
- 1.6.5 Offer evidence based rationale for decisions to refer or seek advice.
- 1.6.6 Ensure appropriate written advice is given.
- 1.6.7 Consider the patient's needs when bringing closure to the healthcare professional-patient relationship and provide for safe transition to another care provider or discharge.

Level of confidence *Please tick*

- 1 2 3

1.6 Area of Practice: Referral and Discharge *Evidence to support performance*





1.6 Area of Practice: Referral and Discharge *Learning and Development Needs*

1.7 Area of Practice: Self-care Advice and Health Improvement *Competencies*

1.7.1 Assess individual health education/promotion related needs.

1.7.2 Provide appropriate health education through anticipatory guidance and advice, in order to promote health, reduce risk factors and prevent disease and disability.

1.7.3 Provide information and advice, in a suitable form, to patients and carers concerning drug regimes, side effects and interaction.

1.7.4 Communicate health advice and instruction appropriately.

Level of confidence *Please tick*

1

2

3

1.7 Area of Practice: Self-care Advice and Health Improvement *Evidence to support performance*





1.7 Area of Practice: Self-care Advice and Health Improvement *Learning and Development Needs*

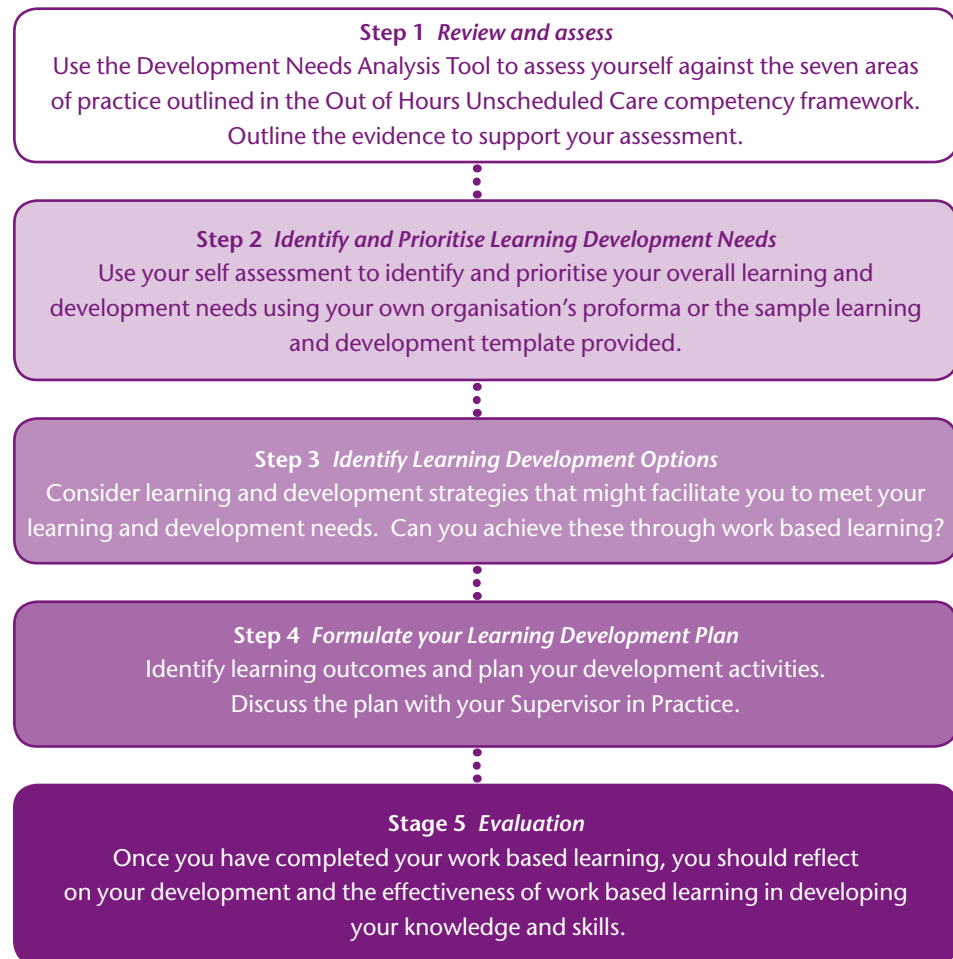
2 Learning Development

2.1 Planning your learning and development

The process outlined in the flow chart on the right should be used to further clarify and prioritise individual learning needs.

Having completed the suggested steps in the process, a **Learning Development Plan** (2.2) should be devised. An exemplar Learning Development Plan is included below. This Learning Development Plan should be discussed with the Supervisor in Practice at an initial review meeting and should form the basis of a **Learning Agreement** (3). Its purpose is to allow the practitioner to focus on their individual learning needs and practice. In it, the practitioner should outline:

- **The learning outcomes that will be achieved** if these learning needs are met.
- **Specific work based learning activities** that might facilitate the practitioner to achieve the learning outcomes. This might be, for example, the opportunity to job shadow or the opportunity for a specific placement.
- **The resources required in order to achieve the learning outcomes.** This might be, for example, dedicated learning time or access to centrally held records or materials. It is important that the practitioner is realistic about what might be achieved in terms of resources. Possible strategies or processes for learning should also be detailed.
- **Evidence of achievement.** The specific evidence that will be acceptable to both practitioner and Supervisor in Practice should be defined. These should, as far as possible, be linked to the overall evidence of achievement that must be included within the portfolio. For example, the practitioner might identify a development need in relation to care of the ill child and include as evidence a Case Presentation on this particular aspect of care.
- **Target dates for achievement and possible review dates.** These should be realistic and achievable.





2.2 Exemplar template for development of Learning Plan

Learning Outcomes

By the end of this period of consolidated practice I will be able to:

1

2

3

4

5

Learning Activities

Resources and strategies

Evidence of achievement

Target dates and planned review dates

Agreed by

Practitioner

Date

Supervisor in Practice

Date

3 Supervisor in Practice Reports

Three **Supervisor in Practice Reports** (3.1 initial, 3.2 interim and 3.3 final) should be submitted as part of the portfolio. In order to ensure that practitioner progress is satisfactory in relation to the required elements of work based learning, at least three documented meetings should take place between the practitioner and the Supervisor in Clinical Practice, and the records from these meetings included in the portfolio. Dates should be planned in advance.

At the initial meeting, a **Learning Agreement** (3.1) should be detailed and signed. This should be based on the specific work based learning outcomes included in the Learning Development Plan. This Learning Agreement constitutes a formal contract between the practitioner and the Supervisor in Practice and should help ensure that the practitioner is afforded the appropriate opportunities to consolidate their practice and demonstrate

achievement of the prescribed learning outcomes, as detailed above. It should also be used as a basis for initial discussion with an academic contact if the practitioner wishes to submit for academic credit.

The interim meeting (3.2) should consider progress that has been made towards achieving identified learning needs, as outlined in the Learning Agreement, and include any further learning activities that may require to be undertaken.

The final review and feedback meeting (3.3) should take place at the end of the period of consolidated practice. Consideration should be given to the practitioner's performance in relation to the Learning Agreement and the Out of Hours Unscheduled Care Competencies (5).





3.1 Initial Review and Learning Agreement

Learning Agreement with planned dates for review

Date(s) for Review

Agreed by

Practitioner

Date

Supervisor in Practice

Date

3.2 Mid-Practice Review and Feedback

Practitioner's comments on progress and performance to date

To include review of **Learning Agreement** (3.1)

Date(s) for Review

Supervisor in Practice comments on progress and performance to date

Agreed by

Practitioner

Date

Supervisor in Practice

Date





3.3 Final Review and Feedback

Practitioner's comments on their overall progress and performance

Refer to the **Learning Agreement (3.1)** and **Competency Framework (5)**

Date(s) for Review

Supervisor in Practice comments on overall progress and performance

Agreed by

Practitioner

Date

Supervisor in Practice

Date

4 Case Presentations and Case Based Discussions

The practitioner should include in their portfolio six **Case Presentations** of approximately 300 words. These should be based on real patients and should, where possible, cover a range of cases from across the lifespan.

Cases dealing with the following should be considered, where practical:

- Minor illness
- Minor injury/musculoskeletal injury
- Acutely unwell
- Mental health
- Children and Young People
- Elderly

The case presentations should be detailed using the Case Presentation template (4.1). The practitioner should provide key information on the template relating to their clinical performance in each of the defined areas of Out of Hours Unscheduled Care competency:

- Interpersonal, communication and consultation skills
- Advanced clinical examination skills
- Documentation
- Diagnosis, decision making and management
- Information and Computer Technology Skills
- Referral and discharge
- Self-care advice and health improvement

Each of the presentations should then be used as the basis for a **Case Based Discussion** (4.2) with a Supervisor in Practice. They should demonstrate a broad range of practice and reflect the high level of clinical decisions made by the practitioner. A report on the ensuing discussion and any proposed actions arising from it should also be completed and included in the portfolio.





4.1 Case Presentation

Title of Case Presentation

Name of Practitioner

Brief description of case

All identifying details to be anonymised

Date

Area of Practice

Interpersonal, communication and consultation skills

Advanced clinical examination skills

Documentation

Diagnosis, decision making and management

Information and Computer Technology Skills

Referral and discharge

Self-care advice and health improvement

Key Points Relating to Individual Practice

4.2 Case-based Discussion Report

Title of Case Presentation

Name of Practitioner

Signature of supervisor in Practice

Date

Area of Practice	Points Discussed	Actions to be taken
Interpersonal, communication and consultation skills		
Advanced clinical examination skills		
Documentation		
Diagnosis, decision making and management		
Information and Computer Technology Skills		
Referral and discharge		
Self-care advice and health improvement		



5 Out of Hours Unscheduled Care Competency Framework

The competency document should be completed by the practitioner and signed off by the Supervisor in Practice to indicate that the practitioner is practising at advanced practice level in each of the seven Areas of Practice.

It should be noted that the original competencies (NES, 2005) have been reviewed and amended to reflect advanced level practice. Appropriate elements from the NMC approved Advanced Practice Competencies (2005) and the NES Advanced Practice Themes (2008) have been integrated into the framework.

NES (2008) has identified four central themes for advanced practice:

- Leadership
- Facilitating Learning
- Research and Development
- Advanced Clinical/Professional Practice

This portfolio will facilitate practitioners to demonstrate achievement of advanced practice primarily in the Advanced Clinical/Professional Practice theme.

5.1 Area of Practice: Interpersonal Communication and Consulting Skills

Competency Descriptors

- 5.1.1 Use expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within Out of Hours Unscheduled Care practice.
- 5.1.2 Facilitate, develop and maintain patient involvement at all levels of service, respecting the patient's right to make the final decision over treatment.
- 5.1.3 Create a relationship with patients that acknowledges their strengths and knowledge, and enables them to address their needs.
- 5.1.4 Appraise the effects the environment may have upon interaction with the patient in complex, urgent or emergency situations.
- 5.1.5 Demonstrate the ability to avoid, minimise and control aggressive incidents.
- 5.1.6 Develop and implement quality assurance and risk management strategies to ensure patient/carer safety during the consultation process.
- 5.1.7 Initiate timely and appropriate consultation with other health professionals as indicated by patient needs, when the problem exceeds the nurses' scope of practice and/or expertise.
- 5.1.8 Use interpersonal skills to develop, inform and promote a climate within the multi-professional team which enables patient-centred care.

Date of
achievement

Signature of
Supervisor in Practice



5.2 Area of Practice: Advanced Clinical Examination Skills

Competency Descriptors

- 5.2.1 Understand the physical, physiological and psychosocial stages of human development.
- 5.2.2 Demonstrate an in-depth understanding of the appropriate health, human and social sciences that underpin and inform Out of Hours Unscheduled Care practice.
- 5.2.3 Demonstrate detailed knowledge of normal anatomy and physiology to conduct appropriate clinical examinations.
- 5.2.4 Demonstrate in-depth knowledge of pathophysiology sufficient to understand the conditions which may be seen in practice.
- 5.2.5 Carry out comprehensive patient assessment relating to the patient's presenting problem, including assessment of associated systems.
- 5.2.6 Use a range of specialised skills, techniques and practices during clinical examinations.
- 5.2.7 Where appropriate, perform or request necessary screening and diagnostic tests.

Date of
achievement

Signature of
Supervisor in Practice

5.3 Area of Practice: Documentation

Competency Descriptors

- 5.3.1 Document the patient’s condition using appropriate terminology, format and technology.
- 5.3.2 Maintain confidentiality while recording data, plans and results in a manner that preserves the dignity and privacy of patients, and that is in accord with the ethics of healthcare practice.
- 5.3.3 Record accurate and appropriate clinical details in line with NMC guidelines and local policy.
- 5.3.4 Provide supporting evidence to explain deviations from normal practice in order to justify own professional decisions.
- 5.3.5 Initiate and conduct on-going review and clinical audits of documentation.

Date of achievement

Signature of Supervisor in Practice



5.4 Area of Practice: Diagnosis, Decision-making and Management

Competency Descriptors

- 5.4.1** Obtain, analyse and interpret the patient history, presenting symptoms, physical findings and diagnostic information to develop appropriate differential diagnosis.
- 5.4.2** In the absence of complete or consistent data from the patient, demonstrate awareness of alternative sources of patient information.
- 5.4.3** Demonstrate critical thinking and diagnostic reasoning skills in decision making.
- 5.4.4** Demonstrate extensive, detailed, critical knowledge and understanding to inform the decision making process.
- 5.4.5** Apply critical thinking in the use of unit protocols or guidelines.
- 5.4.6** Promote and use an evidence based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.
- 5.4.7** Understand the range of treatments available for both common and complex presentations, their rationales, differential use and potential complications. over →

Date of
achievement

Signature of
Supervisor in Practice

5.4 Area of Practice: Diagnosis, Decision-making and Management *continued*

Competency Descriptors

- 5.4.8 In partnership with patients, formulate treatment and contingency plans for meeting a range of complex clinical situations.
- 5.4.9 Formulate management plans based on scientific rational and evidence based standards of care.
- 5.4.10 Implement appropriate management plans in consultation with the patient.
- 5.4.11 Diagnose unstable and complex healthcare problems using collaboration and consultation with the multi-professional healthcare team.
- 5.4.12 Rapidly and continuously evaluate the patient’s changing condition and response to therapeutic interventions and modify the plan of care for optimal patient outcome.
- 5.4.13 Use all equipment for clinical investigation and treatment appropriately and effectively.
- 5.4.14 Safely delegate aspects of patient’s treatment as part of the patient’s care plan.
- 5.4.15 Consider access, cost, efficacy and quality when making decisions.

Date of achievement

Signature of Supervisor in Practice





5.5 Area of Practice: I&CT Skills (Telemedicine, Telephone and Video Conferencing)

Competency Descriptors

- 5.5.1 Critically appraise and apply extensive IT skills to support out of hours unscheduled care practice.
- 5.5.2 Use IT systems to support decision making and to improve care.
- 5.5.3 Incorporate current technology appropriately in care delivery.
- 5.5.4 Make comprehensive and detailed assessment of differential possibilities and give accurate and safe advice on the telephone.
- 5.5.5 Demonstrate the ability to access contemporary evidence bases and enable/support others to use information systems to improve areas of practice.
- 5.5.6 Adheres to data protection regulations and guidelines when using IT within care delivery.

Date of achievement

Signature of Supervisor in Practice



5.6 Area of Practice: Referral and Discharge

Competency Descriptors

- 5.6.1 Demonstrate the ability to work within broadly accepted parameters of practice, acknowledge own limitations and recognise when to seek advice or to refer.
- 5.6.2 Demonstrate awareness of the range of referral pathways available in Out of Hours Unscheduled Care.
- 5.6.3 Evaluate results of interventions using accepted outcome criteria and refer when necessary.
- 5.6.4 Initiate timely and appropriate referral with other health professionals as indicated by patient needs.
- 5.6.5 Offer evidence based rationale for decisions to refer or seek advice.
- 5.6.6 Ensure appropriate written advice is given.
- 5.6.7 Consider the patient's needs when bringing closure to the healthcare professional-patient relationship and provide for safe transition to another care provider or discharge.

Date of achievement

Signature of Supervisor in Practice





5.7 Area of Practice: Self-Care Advice and Health Improvement

Competency Descriptors

- 5.7.1 Assess individual health education/promotion related needs.
- 5.7.2 Provide appropriate health education through anticipatory guidance and advice, in order to promote health, reduce risk factors and prevent disease and disability.
- 5.7.3 Provide information and advice, in a suitable form, to patients and carers concerning drug regimes, side effects and interaction.
- 5.7.4 Communicate health advice and instruction appropriately, using evidence based rationale.

Date of
achievement

Signature of
Supervisor in Practice

6 The Clinical Learning Log

The purpose of the Clinical Learning Log is to demonstrate that the required number of hours of consolidated clinical practice [200 hours] have been undertaken by the practitioner. The nature of the experience should be based on the learning outcomes included in the Learning Development Plan and the Learning Agreement.

Nature of Experience

Hours in Practice

Verification by Supervisor in Practice

Agreed by

Practitioner

Date

Supervisor in Practice

Date





7 Multisource Feedback

Multisource feedback from a variety of sources will enable the practitioner to gain feedback on their clinical practice as perceived by other members of the Out of Hours Unscheduled Care team and by service users.

This provides a vital mechanism for quality assurance and ensuring clinical governance. It can be used as a means of developing and enhancing future practice as the practitioner is required to demonstrate that action has been taken, if necessary, to improve practice based on the feedback obtained.

The practitioner should include in the portfolio feedback from relevant medical practitioners, appropriate nursing and allied health professional team members and from five service users.

The **360 Degree Assessment (Colleague)** (7.1) and **Patient Assessment** (7.2) should be used. An outline of any action taken in response to the feedback should also be included.

7.1 360 Degree Assessment (Colleague)

Name of Practitioner

Date

Completed by

Position:

7.1.1 History taking and examination

Level of performance *Please tick*

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Incomplete, inaccurate, confusing history taking. Cannot get patient co-operation for examination, technique poor.

Clear history taking, appreciates the importance of clinical, psychological and social factors. Performs adequate and appropriate examinations.

Accomplished and concise history taker; including clinical, psychological and social factors. Skilled examination technique. Effective listener.

7.1.2 Investigations

Level of performance *Please tick*

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Inappropriate, random, unnecessary investigations, no thought given. Often fails to perform investigations required.

Investigates appropriately, ensure all investigations requested by the team are completed, knows what to do with abnormal results.

Arranges, completes and acts on investigations intelligently, economically and diligently.



7.1 360 Degree Assessment (Colleague) *continued*

7.1.3 Problem solving /Making a diagnosis/Management plans

Level of performance *Please tick*

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Unable to make decisions, or even make a working diagnosis.
Fails to involve patients in decision making.
Unaware of own limits.

Can make a sound diagnosis, and produce safe, appropriate management plans. Involves patients in decision making. Good recognition of own limits.

Plus Shows intelligent interpretation of available data to form an effective hypothesis, understands the importance of probability in diagnosis.

7.1.4 Emergency Care

Level of performance *Please tick*

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Does not respond to emergency calls, chaos and panic in emergency situations. Inability to do CPR and basic life support.

Responds quickly to emergency calls, works well within the team, appropriate management of situation. Proficient in CPR and basic life support.

Shows ability in evaluating the emergency situation calmly and intelligently, establishes priorities correctly, organises assistance and treatment promptly.

7.1.5 Record Keeping

Level of performance *Please tick*

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Poor, confusing records. Inadequate, illegible.

Clear records made in note, medico-legally sound, others are able to understand.

Records his/her information accurately and efficiently. Easy for other to follow.

over →

7.1 360 Degree Assessment (Colleague) *continued*

7.1.6 Working within limits of competence

Level of performance *Please tick*

- 1
 2
 3
 4
 5
 6
 7
 8
 9

No self-confidence, seeks help all the time, does not make any decisions. Over-confidence in ability, with no insight to a level that may harm patients.

Aware of own skill and competency level, seeks assistance appropriately.

An able practitioner with a clear understanding of own competency, but still seeks advice when appropriate.

7.1.7 Attitude and relationship with patients

Level of performance *Please tick*

- 1
 2
 3
 4
 5
 6
 7
 8
 9

Discourteous, inconsiderate of patients views, dignity and privacy. Unable to reassure, subject of repeated complaints.

Courteous and polite, communicates well with patients, shows appropriate level of emotional involvement in the patient and family. Respects privacy and dignity.

Excellent bedside manner, able to anticipate patient's emotional and physical needs and plans to meet them. Explains clearly and checks understanding.

7.1.8 Working with Colleagues

Level of performance *Please tick*

- 1
 2
 3
 4
 5
 6
 7
 8
 9

Unable / refuses to communicate with colleagues. Can't work to common goal, selfish, inflexible.

Listens to colleagues – accepts the views of others. Flexible – ability to change in the face of valid argument.

Able to bring together views for a common goal. Team goal is put before personal agenda.





7.1 360 Degree Assessment (Colleague) *continued*

7.1.9 Probity

Has a responsible, professional attitude and approach to their work in the following areas:

- Trustworthy
- Dress Code
- Ethics
- Time Management
- Punctuality
- Confidentiality
- Honesty
- Manners

Level of performance *Please tick*

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Poor attitude/approach in above areas, possible concerns...
Fails to make care of patient first concern, own beliefs
prejudice care, abuses position as a practitioner.

Reasonable attitude / approach in above areas, a good
practitioner.

Excellent attitude / approach in above areas,
a credit to the profession. Patient care is the priority.

Strengths

Weaknesses

7.2 Multisource Feedback Patient Assessment

Name of Practitioner

Completed by

Date

As part of our quality assessment we need to assess how you were treated by the practitioner you have consulted with. Please think about your consultation with the practitioner and circle the appropriate level of performance.

How thoroughly did the practitioner ask you about your symptoms?	Unsatisfactory	Satisfactory	Very Good
How well did the practitioner listen to what you had to say?	Unsatisfactory	Satisfactory	Very Good
How well did the practitioner put you at ease during your physical examination?	Unsatisfactory	Satisfactory	Very Good
How well did the practitioner explain your problem or your treatment?	Unsatisfactory	Satisfactory	Very Good
Was the practitioner concerned for your welfare?	Unsatisfactory	Satisfactory	Very Good

Do you have any other comments on the practitioner?



8 Significant Event Analysis

8.1 Significant Event Analysis (SEA) inclusion

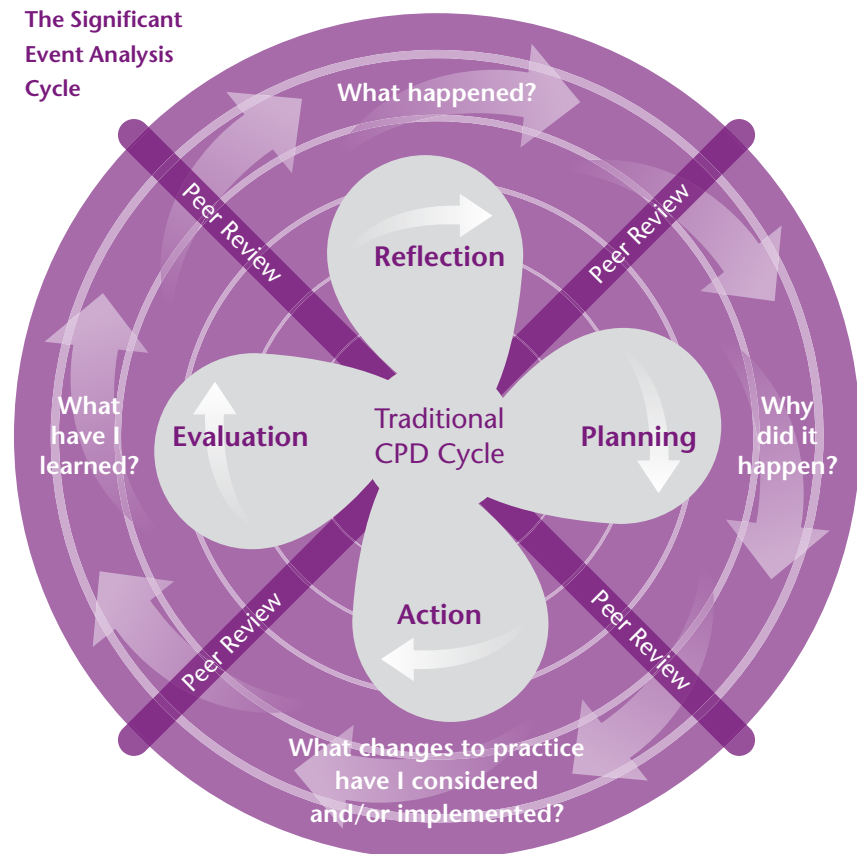
The evidence provided in the portfolio, so far, should have evidenced achievement of advanced clinical practice in Out of Hours Unscheduled Care. If a practitioner wishes to submit their portfolio for academic credit at advanced level, they must also demonstrate Masters Level academic work.

In order to do this, a 3,000 word Significant Event Analysis (SEA) should be included in the portfolio. Significant Events are those that the practitioner has observed or participated in and that have significance to them. These may be based on any event which has made a personal impact on the practitioner and may analyse positive or negative experiences. Healthcare practitioners have a tendency to focus on negative experiences, rather than events with a positive outcome, but it can be equally valuable to analyse why a particular incident had a favourable clinical outcome. An event may be chosen because it made an impact on the practitioner, it offered some insight into the care of patients or because it allows the practitioner to focus on specific actions and behaviours.

The SEA should consider an event from an Out of Hours Unscheduled Care context which the practitioner has been involved in. Within their analysis the practitioner should focus on the five attributes of advanced practice (**Autonomous practice, Decision making, Critical thinking, Values-based care and Improving practice**) and reflect on how they used these attributes to manage the event.

The analysis should be written in an academic style and should use a recognised form of referencing. Appropriate literature and research should be used to support the content. The SEA should be structured using the suggested template.

The Supervisor in Clinical Practice should complete a critical review of the SEA using the appropriate provided template. The accrediting HEI will provide the practitioner with the marking and grading criteria applied to Masters Level work within their institution.



8.2 SEA Case Presentation

Name of Practitioner

Title of SEA

Verification by Supervisor in Practice

Date

8.2.1 Description of Event

Provide a brief description of the event.

8.2.2 Why did it happen?

Explore the main and underlying reasons – both positive and negative – contributing to why the event happened. Consider, for instance, lack of knowledge, the complexity or uncertainty associated with the event, the behaviour of yourself and others.





8.2 SEA Case Presentation *continued*

8.2.3 What did you do?

Analyse how you managed the event. Focus on the five main attributes of advanced practice (**autonomous practice, decision making, critical thinking, values-based care and improving practice**) and reflect on your use of these attributes in managing the situation.

8.2.4 What have you learned?

Demonstrate that reflection and learning have taken place and that relevant team members have been considered in the analysis of the event. Consider, for instance, a lack of education or development, the need to follow procedures or guidelines, the vital importance of effective communication.

8.2.5 What have you changed?

Discuss the action(s) agreed and implemented, where this is relevant and feasible. Consider, in particular, where you need further learning and development in any of the five main attributes of advanced practice.

8.3 SEA Supervisor-in-Practice Review

Name of Practitioner

Title of SEA

Verification by Supervisor in Practice

Date

Please use the attached tool to critically review and rate the Significant Event Analysis. Feedback on how to improve should be constructive and given in the comments section at the end of each relevant area. Similarly, where an area of analysis has been undertaken well, please comment on this.

Rating

Please rate the level of analysis contained in the SEA for each of the criteria detailed below using the following rating scale:

- ① Very poor
- ② Poor
- ③ Fair
- ④ Good
- ⑤ Very good
- ⑥ Excellent

8.3.1 What happened?

1 The exploration of what happened

Rating

2 The description of all those involved

Rating

3 The setting where the event took place has been described

Rating

4 The impact or potential impact has been appraised

Rating

General Comments





8.3 SEA Supervisor-in-Practice Review *continued*

8.3.2 Why did it happen?

5 The underlying reason why the event happened has been analysed **Rating**

General Comments

8.3.3 Reflection and learning

6 Reflection on the event has been demonstrated **Rating**

7 Where possible, appropriate individuals have been included in the analysis **Rating**

8 Learning from the event has been demonstrated **Rating**

General Comments

over →

8.3 SEA Supervisor-in-Practice Review *continued*

8.3.4 Appropriate action taken

9 Appropriate action has been taken (where feasible) **Rating**

General Comments

8.3.5 Global rating scale

10 Please rate the overall analysis of the SE **Rating**

General Comments



Out of Hours Unscheduled Care: Advanced Clinical Practice Portfolio

Resources

Resources

NES Out of Hours Unscheduled Care Website

The recently developed NES Out of Hours Unscheduled Care website www.nes.scot.nhs.uk/ooh contains a wide range of resources for Out of Hours Unscheduled Care practitioners.

These include:

- A list of education providers and relevant courses.
- Useful links to a range of online resources including clinical skills simulations, policy documents and educational materials.
- Information relating to relevant forthcoming events such as conferences and seminars.
- A news forum for the dissemination and sharing of information between interested participants.

The website will be a dynamic and evolving one, tailored to meet the needs of Out of Hours Unscheduled Care professionals. It is anticipated that much of the content will be invaluable for those practitioners completing this portfolio.



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Appendix 1

NHS Education for Scotland

Out of Hours Unscheduled Care Steering Group Membership

Dorothy Armstrong (Chair), Programme Director, NHS Education for Scotland

Kathryn Burden, Clinical Education Lead, Emergency Care Framework, NHS Tayside

Dr Lawrence Bidwell, OOH Medical Director National OOHs Operations group

Karen Brown, OOH Lead Nurse, NHS Lothian

Margaret Brown, Education Project Manager, NHS Education for Scotland

Sarah Gill, Consultant Nurse, NHS Ayrshire & Arran

Caitrian Guthrie, Senior Lecturer – Professional Development, The Robert Gordon University

Linda Harper, Lead Nurse Unscheduled Care/Associate Director Practice Nursing, NHS Grampian

Ellen Hudson, Associate Director Learning and Development, Royal College of Nursing

Michele Jamieson, Associate Director of Nursing, NHS 24

Gerry Kelly, Head of Ambulance Education and Training, Scottish Ambulance Service

Dr Colville Laird, Director of Education, BASICS

Tracey Ligema, OOH Operational & Development Manager, NHS Highland

Dr Ronald MacVicar, Director of GP Post Graduate Education, NHS Education for Scotland

Barry Nelson, Paramedic Team Leader, Scottish Ambulance Service

Dr Graham Nimmo, Deputy Director, Scottish Clinical Simulation Centre

David Paul, Public Partner

Mike Sabin, Nursing Officer, Scottish Government Health Department

Eileen Wallace, Public Partner

Previous Members

Stephen Loch, Senior Nurse – Education and Training, NHS Highland

Colin McDowell, OOH Lead, NHS Ayrshire & Arran

Laurie Pearson, Nurse Practitioner, NHS Greater Glasgow and Clyde



Appendix 2

SCQF Level 11 Description (SHE Level 5, PG 1) *eg, PG Dip, PG Cert, MA, MSc, SVQ 5*

NB These descriptors set out the characteristic generic outcomes of each level. They are intended to provide a general, shared understanding of each level and to allow broad comparisons to be made between

qualifications and learning at different levels. They are not intended to give precise or comprehensive statements, and there is no expectation that every qualification or programme should have all of the characteristics.

The descriptors have been developed through a series of consultations and are offered as a first working guide which will be revised in the light of feedback on their use.

Characteristic outcomes of learning at each level include the ability to:

Knowledge and understanding

Demonstrate and/or work with:

- Knowledge that covers and integrates most, if not all, of the main areas of a subject/discipline, including their features, boundaries, terminology and conventions,
- A critical understanding of principal theories, principles and concepts,
- A critical understanding of a range of specialised theories, principles and concepts,
- Extensive, detailed and critical knowledge and understanding in one or more specialisms, much of which is at or informed by developments at the forefront,
- Critical awareness of current issues in a subject/discipline and one or more specialisms.

Practice: applied knowledge and understanding

- Use a significant range of the principal skills, techniques, practices and/or materials that are associated with subject/discipline,
- Use a range of specialised skills, techniques, practices and/or materials which are at the forefront or informed by forefront developments,
- Apply a range of standard and specialised research or equivalent instruments and techniques of enquiry,
- Plan and execute a significant project of research, investigation or development,
- Demonstrate originality or creativity in the application of knowledge, understanding and/or practices,
- Practise in a wide and often unpredictable variety of professional-level contexts.

Generic Cognitive Skills

- Apply critical analysis, evaluation and synthesis to issues which are at the forefront or informed by developments at the forefront of a subject/discipline,
- Identify, conceptualise and define new and abstract problems and issues,
- Develop original and creative responses to problems and issues,
- Critically review, consolidate and extend knowledge, skills, practices and thinking in a subject/discipline,
- Deal with complex issues and make informed judgements in situations in the absence of complete or consistent data/information.

SCQF Level 11 Description (SHE Level 5, PG 1) *continued*

Communications, ICT and numeracy skills

Use a range of advanced and specialised skills as appropriate to a subject/discipline, eg:

- Communicate, using appropriate methods, to a range of audiences with different levels of knowledge/expertise,
- Communicate with peers, more senior colleagues and specialists,
- Use a wide range of software to support and enhance work at this level and specify new software or refinements/improvements to existing software to increase effectiveness,
- Undertake critical evaluations of a wide range of numerical and graphical data.

Autonomy, Accountability and working with others

- Exercise substantial autonomy and initiative in professional and equivalent activities,
- Take responsibility for own work and/or significant responsibility for the work of others,
- Take responsibility for a significant range of resources,
- Demonstrate leadership and/or initiative and make an identifiable contribution to change and development,
- Practise in ways which draw on critical reflection on own and others' roles and responsibilities,
- Deal with complex ethical and professional issues and make informed judgements on issues not addressed by current professional and/or ethical codes or practices.



Appendix 3

NHS Career Framework

Level 9 More Senior Staff

Staff with the ultimate responsibility for clinical caseload decision-making and full on-call accountability.

Level 8 Consultant Practitioner

Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

Level 7 Advanced Practitioner

Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

Level 6 Senior Practitioner/Specialist Practitioner

Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

Level 5 Practitioner

Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.

Level 4 Assistant Practitioner/ Associate Practitioner

Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.

Level 3 Senior Healthcare Assistants/ Technicians

Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).

Level 2 Support Workers

Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician', probably studying for or has attained NVQ Level 2.

Level 1 Initial Entry Level Jobs

Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.